



May 11, 2012

Toby Douglas, Director
Department of Health Care Services
Director's Office
MS 0000
P. O. Box 997413
Sacramento, CA 95899-7413

Re: Medi-Cal Dental Prepaid Health Plans Immediate Action Expectations

Dear Mr. Douglas:

In accordance with your letter dated April 24, 2012 and received by SafeGuard Health Plans, Inc. ("SafeGuard" or the "Plan") on April 30, 2012, we are writing regarding the implementation of expected, immediate actions and efforts to improve access to children beneficiaries of the Medi-Cal Prepaid Health Plan program ("PHP"). SafeGuard is committed to working with the Department of Health Care Services ("DHCS"), other plans, patient advocates, and all stakeholders in the development of a comprehensive plan that will improve patient outcomes in accordance with the Plan's responsibilities under the terms of its contract with DHCS.

Attached, please find our preliminary findings and estimated implementation timeline ("*Attachment A*"). Please note that many of the expected items require considerable research and planning from our information technology and legal resources. Therefore, any timelines presented are subject to change as we move through the research and planning process. As new information is ascertained, we will provide you with an updated estimated implementation timeline.

1. **Beneficiary Letter** – For consistency purposes, SafeGuard modeled both the 0-5 and the 6-21 beneficiary letters from those posted by the Sacramento GMC carriers. These letters are in draft form and SafeGuard will wait for final DHCS and First Five approval before mailing to beneficiaries. The draft letters are labeled "*Attachment B.1*" and "*Attachment B.2*";
2. **Phone Call Campaign** – This campaign requires significant investigation for the most appropriate method that would yield satisfactory results. If possible, SafeGuard asks for guidance from DHCS on best practices and any benchmarks to set as a goal. Because SafeGuard is not a staff model plan, this campaign would most likely be outsourced to a third party therefore this campaign requires multiple



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levels of approval from internal partners. Please note that since SafeGuard uses an independent contracting model for its provider panel and has contractually agreed not to interfere with the provider's policies and procedures with respect to the practice of dentistry, we are concerned about the ability to effectively implement some of the requests being made by DHCS, such as provider compensation withholds, compensation adjustments, and requiring providers to report appointments made, kept and/or missed. SafeGuard may not be able to implement all of the requested actions for if the contracting dentist does not cooperate, SafeGuard may be without a contractual remedy to enforce such requests.

3. **Issue Resolution Reporting** – SafeGuard has in place a fully developed Issue Resolution Process (known as 'Grievance/Complaint Process') for any SafeGuard member that communicates a complaint to us in writing, verbally, or through other electronic means. For details, please see "*Attachment C*", which is the SafeGuard policy and procedures relating to the grievance process.
4. **Informational Flyer** – We understand that this flyer was completed recently (sample from the GMC program attached as "*Attachment D*") and will mail out this flyer once DHCS confirms the recipient list. Currently, SafeGuard currently can only mail to our members and providers however the expectations letter states that we are to send to advocates, stakeholders, county programs, etc. Absent additional information from DHCS, such as names and addresses of such entities to whom DHCS requests that SafeGuard mail this flyer, SafeGuard will not be able to comply with this request.
5. **Utilization Control with Enrollment** – SafeGuard is investigating the implementation of internal controls to automatically close off a provider to new PHP patients if they do not meet benchmarks at the end of specific time period. This campaign requires considerable research from our Information Technology, Network Development, and Legal departments. Therefore, we cannot, at this time, respond with a more definitive implementation commitment.
6. **Education Seminars** – Currently, our PHP members reside in Los Angeles, Riverside, and San Bernardino Counties. Considering the vast territory of these three counties and the over 250 dental facilities that provide dental services on this plan, SafeGuard looks to DHCS to arrange an all plan collaborative effort to achieve satisfactory provider education. Since many providers are providers for more than

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one plan participating on the PHP plan, SafeGuard is of the opinion that individual plan educational seminars are not in the best interests of our provider community as it would be a significant investment of time by each provider to participate in an educational seminar held by each of the plans. Since providers would not be practicing during such seminars, we believe that providers would be reluctant to participate in such seminars unless they were held by all the plans at the same time.

Moreover, requiring providers (and their staff) to be away from the practice of dentistry could actually work as a disincentive to providers participating on this program. It has been SafeGuard's experience when the administrative burdens placed on contracting provider becomes more than that required for the providers' practice in general, the providers seriously consider the possibility of disassociating themselves with the plan. That would be the exact opposite result the DHCS would be looking to achieve through these increased provider administrative responsibilities.

In addition, Denti-Cal holds multiple trainings on Denti-Cal policies and procedures for providers throughout the State of California and SafeGuard believes that adding education about policies/procedures for the PHP/GMC program may be a more efficient approach. SafeGuard offers to work in collaboration with other plans and DHCS to best achieve efficiencies in education delivery.

7. **Pay to Perform** – SafeGuard is investigating the implementation of two different payment strategies; first, the implementations of across-the-board increases for specific preventive and basic restorative procedures performed at the member's selected primary care dentist; and second, the development of an automatic payment enhancement process that pays the member's selected primary care dentist for reaching specific benchmarks. These two strategies are still in the beginning research phase and may be mutually exclusive upon implementation depending on costs and required approvals. Please see "*Attachment E*" for a working list of our suggested increase in provider reimbursements by dental procedure.
8. **Withholds on Provider Payments** – As with the Phone Call, Utilization Control, and Pay to Perform campaigns, SafeGuard is investigating the possibility of a process that would withhold provider capitation if a provider falls short of pre-set benchmarks

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within specific time frames. However, as mentioned above, such a program may not be possible due the terms of the provider agreements SafeGuard has with its contracting providers. Moreover, SafeGuard asks DHCS to provide guidance on best practices for this campaign as we have considerable concern about the ability to retain the PHP providers on this network should there be any kind of a provider withhold. Please also note that due to regulatory requirements and contractual limitations, all plans will be required to give their contracting providers at least 45 days notice of any kind of a material change in the compensation methodology used by a plan, once a strategy is selected and implemented.

9. **Federally Qualified Health Centers** – SafeGuard currently has active contracts with five Los Angeles FQHCs, with a total of 2,633 SafeGuard members as of April 1, 2012. Of the 2,633 SafeGuard members assigned to these facilities, 367 are PHP members. SafeGuard is in the process of outreaching all FQHCs in Los Angeles, San Bernardino, and Riverside Counties to contract for all of SafeGuard’s membership, including PHP beneficiaries.
10. **Timely Access Reports** – SafeGuard currently tracks the timely access for members in the form of provider service calls to verify appointment availability. The results are reported and reviewed by the Peer Review Committee (PRC), the Quality Management Committee (QMC) and the Public Policy Committee. The QMC tracks all grievances by category and reason, and then analyzes the data related to appointment availability and accessibility. Grievance summaries are analyzed monthly and reported quarterly to monitor access to care. SafeGuard currently tracks appointment availability on a quarterly basis for all of SafeGuard’s California membership, and SafeGuard is investigating whether it can implement tracking specific to PHP in order to provide DHCS’ requested monthly reporting. In the meantime, enclosed with this letter are "*Attachments F.1 and F.2*", which includes the quarterly appointment results for all SafeGuard members for 2011 and SafeGuard’s policy with respect to Appointment Accessibility.
11. **Increase Provider and Specialist Enrollment** – SafeGuard has in place a well-developed Network Development Department that has five full time Specialists focused on provider retention and recruitment. SafeGuard will work in conjunction with DHCS and other plans to enroll and contract with appropriately licensed and credentialed potential providers.



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12. Specialty Referral Process – SafeGuard will work in conjunction with DHCS in determining best practices for the Specialty Referral process. As requested, the SafeGuard Specialty Referral policy and procedures are enclosed as "*Attachment G.1, G.2, and G.3*".

SafeGuard looks forward to working with DHCS to develop and implement the tools that ensure the children for whom we arrange benefits receive the highest standard of care and quality of service. If you have any questions, please contact me at (949) 425.4167.

Sincerely,

SAFEGUARD HEALTH PLANS, INC

A handwritten signature in black ink, appearing to read 'Bruce Cacciapaglia, Jr.'.

BRUCE CACCIAPAGLIA, JR.
Director, Specialty Products

BC/kls

Enclosures

PLAN EXPECTATIONS SAFEGUARD GRID

Campaign	Description	SafeGuard Attachments	Estimated Implementation Timeline	Programming Needed for Implementation?	Required Report - Monthly	Required Report - Quarterly	Programming needed for Reports?
Beneficiary Letter	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.	Attachment B.1 Attachment B.2	By end of 4th Quarter 2012	Yes	REPORTING #1 - Monthly status report showing: a. Total calls received referencing the letter/flyer b. Appointments set as a result of the letter c. Other information given as a result of the letter d. Grievances/Complaints received as a result of the letter e. Total number of undeliverable mail pieces	None	Yes
Phone Call Campaign	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. All call results should be tracked, i.e. successful calls, appointments set, appointments kept, etc. All results are to be submitted to Medi-Cal Dental Services Division (MDS) based on the date designated in your implementation plan.	n/a	By end of 4th Quarter 2012	Yes	REPORTING #2 - Initial report showing: a. Total of left voicemails b. Total of appointments scheduled c. Total of bad phone numbers d. Total of phone numbers out of service e. Total of Members that declined f. Total of member hang ups REPORTING #3 - monthly report showing: a. Number of appointments kept from those that were scheduled in the initial call campaign b. Number of missed appointments from those that were scheduled in the initial call campaign	None	Yes
Issue Resolution Reporting	Plans are expected to have an issue resolution process when their Member Services line receives Medi-Cal Dental Managed Care beneficiary phone calls. The resolution process is expected to help solve problems from a neutral standpoint to ensure that members receive all necessary covered services for which plans are contractually responsible. It is expected that all Member Services phone calls are investigated if related to complaints and are expeditiously resolved. The issue resolution process is expected to be able to identify systemic issues leading to poor service or breaches of the beneficiaries' rights. Plans are expected to submit to MDS their issue resolution processes.	Attachment C	n/a	No	Nothing yet established	None	No
Informational Flyer	Plans are expected to work together to develop an informational flyer that can be distributed to plan members, advocates and community programs by the Department and DMC plans. The purpose of the flyer is to keep the flow of information continual and consistent to all avenues. It has come to MDS's attention that many of the members and advocates are not given the information to properly redirect the beneficiaries back to the Department or plans for resolution. This flyer will be a constant stream of information to all beneficiaries, stakeholders, advocates and community programs. This informational flyer shall be written from the standpoint of the beneficiary enrolled in a DMC Plan, and should include the following contact information: 1. Dental Plan (including grievance contact), 2. Plan and DHCS Ombudsman, and 3. HCO. Each contact should include: 1. Phone number and 2. A short description of the reasons you would call the number. This information shall be distributed via mail and/or email, to plan members, stakeholders, advocates, providers, throughout county community service programs, and any other entities that perform public services.	Attachment D	By end of 4th Quarter 2012	Yes	Same as REPORTING #1	None	n/a
Utilization Control with Enrollment	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.	n/a	TBD	Yes	REPORTING #6 - Quarterly & Monthly status reporting on a new report called "Provider Utilization Report" that will contain the following: a. Providers whose enrollment has been halted b. Providers whose enrollment has been reinstated c. Providers who have been placed on a Corrective Action Plan (CAP) d. Providers who have been released from a CAP e. Providers that have been removed from the network REPORTING #7 - a monthly provider utilization report that contains the following: a. Office Name b. Total Enrollment c. Claims (encounters) submitted in that month d. Provider Status (i.e. on a CAP, an enhanced provider, etc) REPORTING #8 - a monthly Utilization Rate report that includes the following: a. The report is to start using 1/1/2012 membership and encounters b. For the January report, count all active members (i.e. not just the ones that qualify for the HEDIS parameter) as the denominator c. For the January report, count all unique patients that received ANY dental procedure as the numerator d. This sets the rate for January. Each following month is to do the following: i. Repeat this process but remove uniques from January from the February denominator (which will allegedly shrink the denominator) ii. Count the new unique patients that received ANY dental procedure as the numerator e. This report will serve to show the total number of unique people that see the dentist and give a better utilization rate by the end of 12 months	REPORTING #6 - Quarterly & Monthly status reporting on a new report called "Provider Utilization Report" that will contain the following: a. Providers whose enrollment has been halted b. Providers whose enrollment has been reinstated c. Providers who have been placed on a Corrective Action Plan (CAP) d. Providers who have been released from a CAP e. Providers that have been removed from the network	Yes
Education Seminars	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. Seminars are expected to include at a minimum knowledge of what is covered in the beneficiary evidence of coverage, submitting encounter data, and what incentive programs that is available. Providers shall be aware of procedures that are covered under the Denti-Cal Manual of Criteria, as well as where to locate information about benefits, (i.e. Denti-Cal website). Plan should submit copies of materials and the schedule of seminars to DHCS.	n/a	TBD	No	REPORTING #9 - A monthly status report that includes: a. Number of providers educated b. Provider concerns and feedback c. Copies of educational materials and education strategy	None	No
Pay to Perform	Plans are expected to develop an incentive program for providers. Performance measures should be defined by the 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.	Attachment E				None	
Withholds on Provider Payments	Plans are expected to implement withholds from providers in association with the minimum thresholds for utilization established by the plan. Plans are expected to take preventive services into consideration. The withhold mechanism placed on provider payments should be substantial enough to incentivize providers to submit timely and accurate encounter data in order to ensure complete utilization data.	n/a	TBD	Yes	Same as REPORTING #6, 7, 8	None	Yes
Federally Qualified Health Centers (FQHC)	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. Number of FQHC's with enrollment and utilization data should be reported to MDS separately for tracking.	n/a	By end of 3rd Quarter 2012	No	REPORTING #10 - a monthly status report that includes a. FQHC's currently enrolled with number of enrollees b. FQHC's who were contacted as a part of outreach and the result c. FQHC's newly enrolled in the reporting month d. Any subsequent problem from FQHCs or plans in enrolling FQHCs	None	No

Campaign	Description	SafeGuard Attachments	Estimated Implementation Timeline	Programming Needed for Implementation?	Required Report - Monthly	Required Report - Quarterly	Programming needed for Reports?
Timely Access Reports	Plans are expected to submit annual timely access reports. Please submit with your implementation plans the last annual timely access report completed by your plan. From then moving forward please submit this report on an ongoing annual basis.	Attachment F.1 Attachment F.2	By end of 4th Quarter 2012	No	REPORTING #11 - A monthly status report that contains: a. Percentage of PHP providers surveyed in the measurement month b. MDS Timely Access Report Format Template	REPORTING #12 - Quarterly reports that contain: a. A roll-up of the last three monthly reports b. MDS Timely Access Report Format Template	No
Increase Provider and Specialist Enrollment	Plans and the Department will work together to establish credentialing criteria that will be used by plans to enroll potential providers without enrolling into the fee for service program as well as work on the Encounter Data file edits that reject data with un-enrolled providers. In addition plans should create an outreach campaign to increase provider and specialist enrollment into the DMC program.	n/a	By end of 4th Quarter 2012	No	REPORTING #13 - A monthly status report that contains: a. Providers that were contacted as part of outreach and the result (i.e. not interested, interested, packet sent, etc) b. Specialists that were contacted as a part of outreach and the result (i.e. not interested, interested, packet sent, etc) c. Providers/Specialists newly enrolled in the reporting month d. Any subsequent problems from the provider/specialist	None	No
Specialty Referral Process	Each plan is expected to work with the Department and other plans to develop a streamlined specialty referral process that will be uniform across all DMC plans. Plans are expected to submit their established specialty referral process to the Department with the implementation plan.	Attachment G.1 Attachment G.2 Attachment G.3	TBD	Yes	REPORTING #14 - A monthly status report that contains: a. Status of the workgroup's progress b. Status of each plan's adherence to the uniform Specialty Referral Process	None	No
Misc Items	Utilization Rate Report (new)	n/a	By end of 4th Quarter 2012	No	REPORTING #16 - A monthly report (see notes for formula details)	None	Yes

ATTACHMENT B.1



May ____, 2012

[Name]
[Address]
[City, State Zip]

Dear [Caregiver Name]:

SafeGuard Dental would like to remind you that your child has great dental benefits with the Los Angeles PHP and SafeGuard Dental Medi-Cal dental program in [enter county of residence name] 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 SafeGuard 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 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

SafeGuard Health Plans, Inc.

Government & Special Programs

ATTACHMENT B.1



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 PHP SafeGuard 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 SafeGuard Dental's Customer Service Department at 1-800-880-3080.

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

SafeGuard Dental

SafeGuard Health Plans, Inc.

Government & Special Programs

ATTACHMENT B.2



May ____, 2012

[Name]
[Address]
[City, State Zip]

Dear [Caregiver Name]:

SafeGuard Dental would like to remind you that your child/teenager has great dental benefits with the PHP and SafeGuard Dental Medi-Cal dental program in [enter county of residence] 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 SafeGuard 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.

SafeGuard Health Plans, Inc.

Government & Special Programs



ATTACHMENT B.2

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 SafeGuard 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 SafeGuard Dental's Customer Service Department at 1-800-880-3080.

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

SafeGuard Dental

SafeGuard Health Plans, Inc.

Government & Special Programs



DENTAL POLICY

Policy #	DP MS 018.12	Subject:	Grievance / Complaint Process (CA)					
Date:	02/14/12	References:	All Applicable Regulatory Requirements					
Application:	All Plans	States:	<input checked="" type="checkbox"/> CA	<input type="checkbox"/> FL	<input type="checkbox"/> TX	<input type="checkbox"/> NJ	<input type="checkbox"/> NY	<input type="checkbox"/> IL

Purpose

The purpose of this policy is to establish policies and procedures for resolution of member grievances.

Policy

A member shall be entitled to file grievances for at least 180 calendar days following any incident or action that is the subject of the member's dissatisfaction. SafeGuard will maintain grievance processing procedures to ensure that all grievances are acknowledged, in writing, within five (5) calendar days and resolved, in writing, within thirty (30) calendar days.

SafeGuard will include the Department of Managed Health Care's ("Department") toll free telephone number, toll free telephone number for the hearing or speech impaired, the internet web site address and notification of the member's right to contact the Department if the case has not been resolved within thirty (30) calendar days, and SafeGuard's toll free number on all written correspondence related to grievances.

Definitions

Inquiry - Any verbal or written contact with the member when the member is requesting information and or assistance, e.g., benefit clarification, provider information, provider directory, transfer of provider, request for reimbursement for authorized benefits for off-panel dental care services, request for reimbursement for emergency care benefits, status of authorization of benefits for specialty care services, eligibility status, change of name or address, etc.;

Grievance or Complaint, used interchangeably, mean a written or oral expression of dissatisfaction regarding the plan and/or provider, including quality of care concerns, and shall include a complaint, dispute, request for reconsideration or appeal made by an enrollee or the enrollee's representative regarding a SafeGuard decision to deny, modify or delay health care services. A single complaint may contain elements of appeal of health care determinations and any other dissatisfaction such as with the quality of care or service provided. Grievances may also involve a complaint involving SafeGuard's refusal to expedite a determination or reconsideration, a request for extension, complaint regarding timeliness of care, continuity of care, appropriateness of care, geographic availability of providers, timely access to services from contracted providers, language assistance, or any other complaints whereby a member expresses dissatisfaction regarding the delivery of covered health care services. Where SafeGuard is unable to distinguish between a grievance and an inquiry, it shall be considered a grievance.

Procedure

Verbal Inquiries

1. Upon receipt of telephone calls, the Customer Service ("CSC") Consultant will make every effort to resolve the member's concerns during the telephone call. If the inquiry is resolved, the CS Consultant will document NOVA of the nature of the inquiry and the resolution. If the inquiry is not resolved or

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Subject:	Grievance / Complaint Process (CA)	

Procedure

appears to be a grievance, the CSC Consultant shall provide the member with the option of filing a verbal, online grievance or written grievance. If this option is provided to the member, the procedures set forth below shall apply. If the member does not wish to file a grievance, he or she shall also be given the option of having an inquiry/complaint form sent to his or her address within five (5) calendar days of the date of the call.

2. The sending of an inquiry/complaint form shall not signify a grievance has been filed, as it is not guaranteed the member will ever send it back to SafeGuard. The inquiry/grievance form is simply a tool for SafeGuard members to file a grievance, if and when they decide to do so. The CSC Consultant will enter the action in the NOVA grievance system under the category "Inquiry/Grievance Form" using grievance type "MF – Grievance form sent."
3. If SafeGuard does not receive any additional information or a grievance from the member by the close of the next business day, the inquiry shall be considered closed. Administratively, however, the inquiry will remain open in the NOVA system for thirty (30) calendar days in the event any additional information is received during that time. If, at the end of thirty (30) calendar days, no additional information is received, SafeGuard shall send a letter to the member, notifying the member that SafeGuard has received no additional information and will consider the issue discussed with the member on the telephone, closed.
4. If SafeGuard receives the inquiry/complaint form, or a verbal, online grievance or written grievance from a member who has previously made an inquiry, SafeGuard will send an acknowledgement letter to the member within five (5) calendar days of receipt of the additional information, and shall follow all procedures for written grievances, including conveying the resolution of the grievance, in writing to the member, within thirty (30) calendar days of receipt of such additional information.

Verbal Grievances

1. Upon receipt of the member's telephone call, the CS Consultant will make every effort to resolve the member's issue during the telephone call. If the CS Consultant is unable to resolve the issue on the telephone and meets the definition of grievance above, the member shall be transferred to a CS Lead or Supervisor for additional handling. If, after speaking to the CS Lead or Supervisor, the member indicates he or she wants to file a verbal complaint, the CS Lead or Supervisor shall document the complaint in NOVA notes, fill out the "Verbal Grievance Referral to Quality Management Department" form and shall forward the form along with the NOVA notes and any additional information to the QM Department within 24 hours of the telephone call..
2. The QM Department shall document the grievance in the NOVA system by grievance type "Verbal Grievance" and an acknowledgement letter shall be sent within five (5) calendar days. In all other respects, the verbal grievance shall be resolved following the procedures for written grievances, including conveying the resolution of the grievance, in writing to the member, within thirty (30) calendar days.

Online Grievances

1. SafeGuard shall maintain grievance forms online at its website www.MetDental.com, with instructions for filing a grievance online. The member shall also have the option of downloading the Grievance Form and writing out their grievance and mailing the form to SafeGuard.
2. The member shall be notified, on SafeGuard's website, that in the event of an urgent grievance, which involves an imminent threat to the member's health, including but not limited to, severe pain, potential loss of life, limb or major bodily function, the member is not required to participate in SafeGuard's grievance process and may directly contact the California Department of Managed Health Care at 1.888.HMO.2219, TDD 1.877.688.9891, or at <http://www.hmohelp.ca.gov>.
3. Within five (5) calendar days of receipt of the member's grievance, either via the online portal or by mail, the QM Department will send a written acknowledgement letter and shall follow all procedures for written grievances including conveying the resolution of the grievance, in writing to the member, within thirty (30) calendar days.

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Subject:	Grievance / Complaint Process (CA)	

Procedure

Written Grievances

1. The QM Department will date stamp all written grievances received by SafeGuard with the date the grievance is received. The QM Department will log receipt of all grievances in NOVA with the grievance type that corresponds to the member's complaint: (1) coverage dispute; (2) disputes involving medical necessity; (3) quality of care; (4) access to care; (5) quality of service; or (6) other.
2. Within five (5) calendar days of receipt of the member's written grievance, the QM Department will send a written acknowledgement letter to the member.
3. In all grievances involving quality of care issues, Quality of Care and Continuity of Care categories, all records will be requested from the treating dentist(s) for review by the Dental Director or appropriately qualified specialty care dentist. If the requested records are not received within twenty (20) calendar days of receipt of the grievance, the Network Development Specialist will be notified and shall contact the office to obtain records. In the absence of records for review, SafeGuard will render its resolution based upon review of the documentation on file.
4. Grievances involving provider office issues, categories Facility/Office Reception and Treatment Areas, Doctor and Staff professional demeanor, Failure to Follow Policies and Procedures, and Accessibility shall be referred to the Dental Director or Network Development Department for review and corrective action as indicated.

Upon resolution of the grievance, SafeGuard will send written notification to the member that includes:

- The specific dental or contractual reason for the resolution;
- The specialty field of any dentist consulted, if applicable;
- If the resolution is to deny coverage of benefits for dental care services, SafeGuard will identify the clinical or contractual basis for denial of coverage of benefits; and
- The Department's toll free telephone number, the toll free telephone number for the hearing/speech impaired and the internet website address.

Expedited Review of Urgent Grievances

1. In the event of an urgent grievance, which SafeGuard defines as involving an imminent and serious threat to the health of a member, including, but not limited to, severe pain, potential loss of life, limb or major bodily function, SafeGuard shall immediately notify the member of his or her right to contact the California Department of Managed Health Care (the "Department") and inform the member that he or she is not required to participate in SafeGuard's grievance process prior to applying to the Department for review of the urgent grievance. SafeGuard will immediately advise the member in writing as well as a documented telephone call of the Department's toll free telephone number, toll free telephone number for the hearing or speech impaired, and the internet web site address, as well as SafeGuard's toll free number.
2. Notice of an urgent grievance need not be in writing, but may be accomplished by a documented telephone call or other method by the member, an authorized representative, or treating dentist. In the event a grievance is urgent, SafeGuard shall expedite its review of the grievance and shall submit a written statement to the Department and the member on the disposition or pending status of the urgent grievance within three (3) calendar days of receipt of the grievance by SafeGuard. SafeGuard shall consider the member's medical condition when determining response time, and shall expedite its response accordingly.
3. The QM Department shall document the expedited grievance in NOVA by grievance type "DMHC Expedited Grievance" if received from the Department of Managed Health Care and "Expedited Grievance" if received by CS, via mail, fax, or web. An acknowledgement/resolution letter shall be sent to the member and faxed to the DMHC within three (3) calendar days.

Policy #:	DP MS 018.12	Page 3 of 6
Subject:	Grievance / Complaint Process (CA)	

Procedure

The Dental Director ("DD") or his or her designee shall have the authority to authorize the provision of health care services covered under the member's plan in an appropriate and timely manner and shall be the contact person for SafeGuard in handling urgent grievances. The Department shall be able to contact SafeGuard regarding urgent grievances 24 hours a day, 7 days a week. During normal business hours, SafeGuard shall respond to the Department within 30 minutes after initial contact from the Department. During non-business hours, SafeGuard shall respond to the Department within 1 hour after initial contact from the Department. SafeGuard shall insure that all appropriate telephone numbers and/or pagers are provided to the Department.

The QM Department will run grievance reports on a monthly basis to tabulate, review, and analyze any trends, by grievance type and shall use such reports as training and management tools. The QM Department will also run grievance reports on a quarterly basis for review and analysis by the Quality Management Committee, Peer Review Committee and the Public Policy Committee.

Grievances Involving Appeal of Utilization Review Decisions to Deny, Modify or Delay Health Care Services

1. Members who wish to formally appeal utilization review decisions made by SafeGuard to deny, modify or delay health care services may request additional review of their request. Members, or their representatives on behalf of a member, may appeal such a decision orally or in writing. Members may submit written comments, documents or other information relating to their appeal. Members (or their representatives) have the right to appear in person for their appeal. Members are allowed to be represented by anyone they choose, including an attorney. Members are notified of the right to have a representative act on their behalf in the notification of the utilization review decision document. During the process of such an appeal, covered services will continue to be provided as medically indicated per the member's plan Schedule of Benefits.
2. As with all grievances, grievances involving appeals of health care decisions are resolved within 30 days and acknowledged within 5 days. The appeals acknowledgement letter shall contain information including the date of receipt, and the name and phone number of a SafeGuard representative who can be contacted regarding the status of the member's appeal. Expedited appeals are processed back to the member and practitioner within a timeframe not to exceed 72 hours after receipt of the request, or sooner if the member's condition requires. As with all grievances, expedited grievances involving appeals of health care decisions involve urgent care or when waiting for a standard decision may be detrimental to the member's life or health including but not limited to severe pain, potential loss of life, limb or major bodily function. Expedited grievance/appeal processes do not apply to a denial of payment for services already received.
3. Any such appeal of a previously made decision will be performed by a person who has not participated in any prior decisions related to the original request for health care services. SafeGuard will assign a different dentist consultant to review the appeal who was not involved in the initial determination. If the determination is one of medical necessity, and more than one dentist reviewer is used to review the appeal, at least one must be a practitioner in the same or similar specialty that typically treats the condition involved in the health care service request. Any reviewing dentist who reviews an appeal will not be a subordinate of the person involved in the initial determination.
4. If SafeGuard cannot make a determination within 30 calendar days after receiving all necessary information requested for a standard appeal or within 72 hours for an expedited appeal, the member will be contacted and notified in writing informing them of the anticipated timeframe for resolution. Any such notification includes the DMHC appeal language and an application for an Independent Medical Review (IMR).
5. If the appeal overturns the original denial, the member will be provided a notice in writing that includes the decision to overturn, the date the decision was made and the DMHC required language for appeal. If the appeal decision is to uphold or modify the initial determination, the member will be provided a notice in writing (the resolution letter) that includes a notification that the member can request a copy of the actual benefit provision, guideline, protocol or other similar criterion on which the appeal decision was based.

Policy #:	DP MS 018.12	Page 4 of 6
Subject:	Grievance / Complaint Process (CA)	

Procedure

6. All appeal response notifications shall include a clear and concise statement indicating the reasons for the determination, a description of the criteria and or guidelines used in making the determination, criteria used for making expedited appeal determinations can be made available to members and providers upon request, and instructions, process and application for requesting an IMR with the DMHC.
7. Notification is also included informing members that they are entitled to receive, upon request, reasonable access to and copies of all documents relevant to the appeal, including documents or records relied upon in making the appeal decision and documents and records submitted in the course of making the appeal decision. The notification to the member shall include a list of any and all titles and qualifications, including specialty of the individuals conducting the appeal review.

Grievance Processing and Tracking

1. All grievances, resolved, pending, or unresolved, shall be tracked and reported to management on a monthly basis. The substance of the grievance, including any aspects of clinical care involved, is investigated. A summary of the substance of the grievance the resolution and any grievance categories identified, are also documented in the tracking report. All resolved grievances shall be tracked, and corrective action shall be taken in accordance with DP QI 018.05. Any grievances that remain open (pending or unresolved) shall and include any reason as to why the grievance is pending and unresolved. All open (pending or unresolved) shall be resolved as soon as possible, and reported to the California Department of Managed Health Care in accordance with DP MS 031.04.

Availability of Grievance Forms

1. Grievance forms and a description of the grievance procedure shall be readily available to all SafeGuard members. The Grievance Forms should be available at each SafeGuard contracted facility. Grievance forms shall be provided promptly upon request. Grievance forms are also available for download on SafeGuard’s website. If a member requests information from a SafeGuard contracted facility with respect to how to file a grievance, and the facility has any questions, the facility should call 1.800.880.1800.

Records Retention

1. All grievances will be logged and monitored for compliance with this policy. All grievances, including all documents and radiographs, if applicable, used in SafeGuard’s review of the case to determine resolution shall be maintained on file for a period of five (5) years and available to the Department.

Workflow –

- Grievance received by telephone call
- Grievance received by written communication
- Dental Director – Corrective Action
- Network Development Department Corrective Actions

Policy #:	DP MS 018.12	Page 5 of 6
Subject:	Grievance / Complaint Process (CA)	

ATTACHMENT C

APPROVAL	
Vice President, Dental Product	Date
	<u>DATE</u>
Assistant Vice President, Dental Product	Date
	<u>DATE</u>
National Dental Director	Date
	<u>DATE</u>
Board of Directors (Representative)	Date
	<u>DATE</u>

HISTORY					
Originally Approved	Revised / Approved				
December 1998	December 2000	November 2004	February 2005	November 2010	February 2012

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!
- 1 in 4 elementary school age children have untreated tooth decay!



My Plan Name: _____

My Dentist's Name: _____

My Dentist's Phone #: _____

My Dentist's Address: _____

Attachment D

To make an appointment, call your dentist. If you don't know who your dentist is or would like to change dentists please call your dental plan at:



1-877-821-3234



1-800-764-5393



1-877-550-3875



1-877-550-3868



1-800-805-8000

If you are having trouble with your dental plan, or getting through to your dental plan please call, The Department of Managed Health Care at:

1-888-466-2219

If you do not know what dental plan you are in or would like to change dental plans please call Health Care Options at:

1-800-430-4263

Revision Date 05/2012



Dental Health Begins with Your Child's First Tooth

Department of Health Care Services 

dentalmanagedcare@dhcs.ca.gov

Sacramento County
Medi-Cal Dental Program

When Should Your Child See the Dentist?

Age 0-1 year

When?

You should choose a plan dentist as soon as your child has his/her first tooth or at his/her first birthday, whichever comes first. Please see the back of this brochure if you need help setting up an appointment with your dentist.

Why?

The first visit is a time to build a trusting and comfortable relationship between your dentist and child. The first visit should include an exam, as well as show you how to brush your child's teeth, and how putting fluoride on your child's teeth can prevent cavities. Use this visit to talk with your dentist about the simple things that you can do to prevent your child from getting cavities.

Age 2+ years

When?

Every six to twelve months, or as recommended by your child's dentist.

Why?

By the time kids are in kindergarten, 50% have dental problems. By visiting the dentist regularly you can help your child create good dental health habits and catch any signs of early 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 drinks that have been sweetened. 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 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 and water in between.



Age 2-6 years

How can you help?

Continue to brush your child's teeth twice a day with a pea-sized amount of fluoride toothpaste. Your child will need your help brushing until age 7-8 years old and he/she is old enough to do it alone. Encourage your child to practice brushing once you have done your part. Limit the number of sugary drinks and foods every day.

Age 6+ years

How can you help?

Help your child to brush and floss well twice a day. Talk to your child's dentist about dental sealants to prevent cavities in the permanent teeth. Continue to limit the number of sugary drinks and foods every day.

Age 12+ years

How can you help?

Continue to monitor your child's brushing at least twice a day. Limit sports drinks and sodas, and avoid energy drinks altogether. Talk to your child's dentist about dental sealants to prevent cavities in his/her permanent teeth

At any age

How can you help?

You, the parent, can help prevent cavities. Ask your medical doctor to apply fluoride varnish to your child's teeth at well-child checkup appointments. Avoid sharing a toothbrush. Don't be afraid to ask questions. Your doctor and dentist are there to help.

Attachment E



**PHP - Projected Cost Increase Exhibit
General Dentist Supplemental Reimbursement Exhibit - Children Only**

ADA Code	Description	Suggested Supplemental
Preventive/Diagnostic		
D9491	Office Visit Fee	\$2
D0120	Periodic oral evaluation - est patient	\$5
D0140	Limited oral evaluation - problem focused	\$5
D0145*	Oral evaluation for a patient under three years of age and counseling with the primary caregiver	\$25
D0150	Comprehensive oral evaluation - new or est patient	\$5
D0210	Intraoral - complete series (including bitewings)	
D0220	Intraoral - periapical first film	
D0230	Intraoral - periapical each additional film	
D0240	Intraoral - occlusal first film	
D0270	Bitewing - single film	
D0272	Bitewings - two films	
D0273	Bitewings - three films	
D0274	Bitewings - four films	
D0330	Panoramic film	
D0460	Pulp vitality tests	
D0470	Diagnostic casts	
D0474	Accession of tissue, gross and microscopic examination, Including assessment of surgical margins for presence of disease, preparation and transmission of written report	
D0476	Special stains for microorganisms	
D1110	Prophylaxis - adult	\$10
D1120	Prophylaxis - child	\$10
D1203	Topical application of fluoride - child	\$5
D1204	Topical application of fluoride - adult	
D1310	Nutritional counseling for the control of dental disease	
D1330	Oral hygiene instructions	
D1351	Sealant - per tooth	\$8
D1510	Space maintainer - fixed - unilateral	\$35
D1515	Space maintainer - fixed - bilateral	\$35
D1520	Space maintainer - removable - unilateral	
D1525	Space maintainer - removable - bilateral	
D1550	Recementation of space maintainer	
D1555	Removal of space maintainer	\$5
Basic Restorative		
D2140	Amalgam - one surface, primary or permanent	\$10
D2150	Amalgam - two surfaces, primary or permanent	\$12
D2160	Amalgam - three surfaces, primary or permanent	\$14
D2161	Amalgam - four or more surfaces, primary or permanent	\$15
D2330	Resin-based composite - one surface, anterior	
D2331	Resin-based composite - two surfaces, anterior	
D2332	Resin-based composite - three surfaces, anterior	
D2335	Resin-based composite - four or more surfaces or involving incisal angle (anterior)	

*D0145 is not currently a covered procedure but may be added in the future



Appointment Accessibility Summary
Q4 2011
California

	Goals / Standards	Q1 2011		Q2 2011		Q3 2011		Q4 2011	
Total Network Development Specialist Service Call Visits	467	393		673		367		420	
Percentage of Goal for Service Call Visits	90%	84%		144%		79%		90%	
Accessibility Category	Goals / Standards	% Compliant	Average						
Total Compliant Initial Exam	4 Weeks	100%	1.3 Weeks	100%	1.3 Weeks	100%	1.2 Weeks	100%	1.3 Weeks
Total Compliant Routine Exam	4 Weeks	100%	1.3 Weeks	100%	1.3 Weeks	100%	1.3 Weeks	100%	1.3 Weeks
Total Compliant Hygiene Exam	4 Weeks	100%	1.4 Weeks	100%	1.4 Weeks	100%	1.4 Weeks	100%	1.5 Weeks
Total Compliant Emergency Appointment	24 Hours	100%	24 Hours	100%	24 Hours	100%	24 Hours	100%	24 Hours
Total Compliant Average Wait - Office	30 Minutes	100%	9.9 Minutes	100%	9.4 Minutes	100%	9.3 Minutes	100%	9.4 Minutes
Total Compliant Average Wait - Operatory	10 Minutes	98%	6.2 Minutes	97%	5.1 Minutes	98.0%	5.5 Minutes	96%	5.2 Minutes

 SafeGuard DENTAL & VISION		DENTAL POLICY			
Policy #	DP AA 001.12	Subject:	Access to Care (CA)		
Date:	02/14/12	References:	Applicable Statutes and/or Regulations		
Application:	All Plans	States:	<input checked="" type="checkbox"/> CA	<input type="checkbox"/> FL	<input type="checkbox"/> TX
			<input type="checkbox"/> NJ	<input type="checkbox"/> NY	<input type="checkbox"/> IL

Purpose

The purpose of this policy is to establish access to care guidelines for all enrollees.

Policy

Adequacy of Provider Network

SafeGuard shall ensure that It has a sufficient number of contracted providers to ensure Appointment Availability standards. SafeGuard’s contracted provider network shall be within reasonable proximity of the business or personal residence of the enrollees and so located as to not result in unreasonable barriers to accessibility. SafeGuard’s contracted provider network accessibility shall be tracked to ensure it is being met, with the following standards as guidelines:

- All will have access to care for general dentists, within a fifteen (15) mile radius from home or work, in a ratio no less than one provider to every 2,000 members;
- All enrollees shall have access to specialty dental care services within a twenty-five (25) mile radius from home or work in a ratio no less than one provider to every 1,200 members.

SafeGuard shall provide accessibility to specialists who are certified or eligible for certification by the appropriate specialty board through staffing, contracting, or referral.

Appointment Availability and Accessibility of Provider Network

Within SafeGuard’s service area, dental care services shall be readily available and accessible to SafeGuard enrollees. Each SafeGuard contracted provider office’s hours of operation and provision of after-hour services shall be reasonable.

SafeGuard does not dictate hours of operation, however, will monitor access to care via the annual service call visits performed by the Network Development Department, enrollee assignment, and complaints to ensure that each contracted provider office is following these standards. At all times, SafeGuard shall arrange for the provision of covered dental services in a timely manner appropriate for the nature of the enrollee’s condition and consistent with good professional practice. The following standards of appointment availability shall be met by each contracted provider office:

- New patient, recall and routine appointments – within 4 weeks;
- Emergency appointments, within 24 hours, 7 days a week;
- Reception area – 30 minutes; and
- Operatory area – 10 minutes.

SafeGuard shall conduct periodic service calls to obtain appointment availability data for tracking and monitoring. For facilities with 300 or more members assigned, an on-site visit shall be conducted once a year. For facilities with fewer than 300 members assigned, a telephone call to the facility shall be conducted once a

Policy #:	DP AA 001.12	Page 1 of 4
Subject:	Access to Care (CA)	

Policy

year.

Appointment Rescheduling

When it is necessary for a SafeGuard contracted provider office or an enrollee to reschedule an appointment, the appointment shall be promptly rescheduled in a manner that is appropriate for the enrollee’s dental care needs, and ensures continuity of care consistent with good professional practice.

Answering Service in Contracted Provider Offices

All SafeGuard contracted provider offices s must employ an answering service or a telephone answering machine during non-business hours, which provide instructions regarding how enrollees may obtain urgent or emergency care including, when applicable, how to contact another provider who has agreed to be on-call to triage or screen by phone, or if needed, deliver urgent or emergency care.

Interpreter Services

Interpreter services required by Section 1367.04 of the Act and Section 1300.67.04 shall be coordinated with scheduled appointments for health care services in a manner that ensures the provision of interpreter services at the time of the appointment. All SafeGuard contracted provider offices shall call SafeGuard Customer Services at 1.800.880.1800 to facilitate an interpreter whenever one is needed by an enrollee. An interpreter will be provided, free of charge, to the enrollee upon request pursuant to SafeGuard’s Language Assistance Program.

SafeGuard Customer Service Accessibility

During normal business hours, the waiting time for an enrollee to speak by telephone with a SafeGuard Customer Service representative knowledgeable and competent regarding the enrollee’s questions and concerns shall not exceed ten minutes.

Procedure

Geographic Access

1. The Quality Management (“QM”) Committee shall review GEO access maps semi-annually to identify areas of deficiencies and make applicable recruiting recommendations to the Board of Directors and the Network Development Department.
2. The Network Development Department shall establish yearly recruitment patterns in accordance with recommendations from the BOD, QM Committee, and strategic business plans.
3. Should access to care be significantly adversely impacted due to the termination of provider(s) in any service area as noted by periodic review, the Network Development Department shall immediately recruit providers in the deficient service area.
4. In all instances where the enrollees have limited access to care, the Network Development Department shall process authorization of benefits in accordance with SafeGuard’s policy number DP AA 007.12, Limited Access to Care.

Network Development Specialist (“NDS”) service call

The NDS conducts periodic service calls to each contracting general dentist’s office. During the service call the NDS notes appointment availability by reviewing the appointment book or computer system. The NDS also may conduct a service call in response to significant complaint activity. In both scenarios, the NDS service call shall consist of a two-step process:

Policy #:	DP AA 001.12	Page 2 of 4
Subject:	Access to Care (CA)	

Procedure

- The NDS questions the front office staff regarding appointment availability; and
- The NDS verifies the response by viewing the appointment book/computer schedule, observes the reception area wait time and operatory wait time and documents verification source on the Service Call Report form.

In addition, SafeGuard’s Quality Management (“QM”) Department shall review grievance data to identify grievances related to appointment availability on a quarterly basis to identify any significant repeated access problems in any specific office. The QM Department will forward all complaints relating to appointment availability to the NDS for tracking.

When significant repeated appointment availability complaints exist that may indicate a systemic access problem in the office, the QM Department will request that the NDS visit the office and obtain verification of appointment availability.

1. This information shall be obtained by asking the staff what the appointment availability and wait time is **and** viewing the appointment book or computer appointment schedule or by observing wait time in the reception and operatory areas as indicated by the complaint. The NDS shall document the verification source on the service call report form.
2. In the event the facility is not compliant with any of the set access standards, the NDS shall counsel the facility and schedule a revisit for the following quarter to ensure all access standards are being met.
3. If the facility is not compliant with any of the set access standards for a period of two consecutive quarters, the facility will be placed on a closed status (temporary suspension of new enrollment) for a minimum of one quarter or until such time the facility can demonstrate compliance with accessibility standards.
4. All data collected will be forwarded to the QM Department for tracking and monitoring.
5. The QM Department will forward quarterly reports to the Dental Director (“DD”) or designee, for review and determination of corrective action.
6. Corrective actions may be in the form of:
 - Management counseling for appointment scheduling techniques;
 - Recommend increasing dental staff;
 - Temporary suspension of new enrollment;
 - Transfer of membership; or
 - Termination of contract.
7. The DD or dental consultant shall determine appropriate corrective action and return documentation to the QM Department for logging and distribution to appropriate personnel for follow-up.
8. The NDS shall report all follow-up activity to the QM department for tracking and monitoring. The QM department shall forward all such information to the DD or dental consultant for review and determination of adequacy of corrective action or need for additional corrective actions.

Call Center Statistics

Call Center statistics, including the waiting times for an enrollee to speak with a SafeGuard Customer Service representative shall not exceed 10 minutes, are monitored and reviewed daily by Customer Service with “Average Speed of Answer” as the defining metric.

Member Satisfaction Surveys

Quarterly Member Satisfaction Surveys will be conducted, with satisfaction related to access and availability, along with other items, will be measured.

Grievance Monitoring

On a quarterly basis, SafeGuard will review the trends of Accessibility grievances and recommend appropriate action, if warranted.

Policy #:	DP AA 001.12	Page 3 of 4
Subject:	Access to Care (CA)	

ATTACHMENT F.2

HISTORY					
Originally Approved	Revised / Approved				
August 1999	January 2002	March 2004	February 2005	February 2012	

Policy #:	DP AA 001.12	Page 4 of 4
Subject:	Access to Care (CA)	



DENTAL POLICY

Policy #	DP AA 003.12	Subject:	Referral for Specialty Dental Care Services and Emergency Dental Care Services					
Date:	02/14/12	References:						
Application:		States:	<input checked="" type="checkbox"/> CA	<input checked="" type="checkbox"/> FL	<input checked="" type="checkbox"/> TX	<input checked="" type="checkbox"/> NJ	<input checked="" type="checkbox"/> NY	<input checked="" type="checkbox"/> IL

Purpose

The purpose of this policy is to ensure the facilitation of specialty care and emergency dental care services in a timely manner. This policy shall establish guidelines for timeliness of specialty and emergency dental care referrals and referral authorization requests.

Definition

Specialty Dental Care: Dental services that are available to SafeGuard members from SafeGuard contracted specialists, including the following services: Endodontics, Oral Surgery, Pedodontics, Periodontics and Orthodontics. Most SafeGuard plans provide coverage for all Specialty Dental Care. Any exclusions or limitations to the availability of Specialty Dental Care are listed on the Member's Schedule of Benefits.

Policy

The SafeGuard contracted general dentist is responsible for performing services specifically listed on the member's Schedule of Benefits. However, in the course of patient treatment, a general dentist will encounter situations where he/she may recommend a referral for the services of a specialist to address the patient's dental needs. It is imperative that all SafeGuard members receive specialty care in a timely manner, as indicated by the specific dental condition. Whether or not a referral is required is stated clearly on the member's Schedule of Benefits.

Direct Referrals: In order to facilitate the efficient delivery of specialty dental care services no referral, with the exception of referrals for orthodontic services and pedodontic services under some plans, is needed to be generated by the referring dentist and submitted to SafeGuard. The general dentist is able to directly refer the member to receive services from any SafeGuard contracted specialist. A referral for SafeGuard's pre-authorization for treatment is not required. All direct referrals shall be made in a timely manner, as indicated by the member's dental condition.

The contracted general dentist is responsible for performing services specifically listed on the member's Schedule of Benefits. However, in the course of patient treatment, a general dentist will encounter situations where he/she may recommend a referral for the services of a dentist providing specialty dental care to address the patient's dental needs. In order to facilitate the delivery of specialty dental care services all referrals for specialty dental care services, with the exception of referrals for orthodontic services, shall be by the direct referral method,

The referring general dentist is responsible to maintain the continuity of care, which includes the coordination and follow up care of the patient for specialist services when indicated. SafeGuard encourages a close working relationship with communication between the treating dentist and the referring dentists to assure coordination of care and improve treatment outcomes. Specialty referral requests initiated by one contracted specialists to another specialist e.g. a periodontist recommending endodontic procedures, must be coordinated and requested through the contracted general dentist.

Policy #:	DP AA 003.12	Page 1 of 7
Subject:	Referral for Specialty Dental Care Services and Emergency Dental Care Services	

Policy

SafeGuard posts a periodically updated Specialist Directory on SafeGuard’s website; www.safeguard.net. Otherwise, general dentists may contact Customer Service via phone or their Network Development Specialist for assistance in locating a specialists in their area

In all situations, in order for benefits to apply, the member must be eligible for benefits at the time of service, the member’s plan must list the proposed dental care service as a covered service, and the service must meet specialty referral guidelines.

Direct referrals are subject to retrospective review by SafeGuard’s Dental Director or licensed dentist Dental Consultant to confirm that the referral guidelines and criteria were met. In cases where the referral was deemed inappropriate, SafeGuard will notify the referring dentist of such determination within thirty (30) days of the completed review. In such cases, the member will be financially responsible only for the applicable co-payment and the treating specialist shall receive payment of benefits for covered services. The referring dentist may be subject to a back charge to cover the costs SafeGuard incurred for the inappropriate referral. The referring dentist may appeal the determination in writing via letter, E-mail, or facsimile. SafeGuard will process the appeal request in accordance with any regulatory requirements and existing policies and procedures.

An inappropriate referral is defined as:

- A specialty dental care referral when the member is not eligible for benefits;
- A specialty dental care referral for services that do not meet the conditions listed for specialty care referral in the Facility Reference Guide or the Specialty Referral Quick Reference; or
- A specialty dental care referral to a non-contracted dentist providing specialty care without prior authorization of benefits from SafeGuard.

When a routine or emergent specialty care referral is indicated, the contracted general dentist should:

1. Verify the member’s eligibility and coverage of benefits for the proposed dental care services.
2. Select a contracted specialty care dentist from the current Specialty Care Provider Directory, SafeGuard’s website, or SafeGuard’s Customer Services Department.
3. Complete the Direct Specialty Referral form.
4. Give the Specialty Referral form and all clinical documentation to the patient for transmittal to the specialty care dentist. If time permits, the referring dentist may mail all documentation to the specialty care dentist.
5. Retain a copy of all documentation, including radiographs for the patient records.
6. Follow up with the patient to assure completion of referred specialty care.

When a routine or emergent specialty care referral is indicated, the specialist should:

1. Verify the member’s eligibility and coverage of benefits.
2. Determine if proposed treatment listed is an appropriate referral, which can be done by reviewing the Direct Specialty Referral Quick Reference Guide.
3. Consult with the contracted general dentists to clarify treatment objectives.
4. Provide treatment and submit a Dental Claim Form for payment along with the Specialty Referral Form and appropriate clinical documentation, e.g., radiographs, periodontal charting, etc. to SafeGuard.

Exhibit A: Direct Specialty Referral Quick Reference Guide

Non-Emergent Referrals requiring preauthorization from SafeGuard: When a non-emergent specialty referral requires preauthorization by SafeGuard, the requesting general dentist must submit the preauthorization request to SafeGuard in a timely manner, but in no event later than 10 (ten) days of the date the condition identified as requiring the services of a specialty care dentist is indicated. All requests for

Policy #:	DP AA 003.12	Page 2 of 7
Subject:	Referral for Specialty Dental Care Services and Emergency Dental Care Services	

Policy

authorization for specialty services of a non-emergent nature will be processed by SafeGuard within five (5) business days.

Emergency Referrals requiring preauthorization from SafeGuard: When an emergency referral is required for services not eligible for Direct Referral, the requesting general dentist must submit the preauthorization request to SafeGuard in a timely manner, but in no event later than 24 hours after performing dental services for the member from which the request for authorization for emergency services is based. All requests for authorization for emergency services will be processed by SafeGuard as soon as possible, but in no event at a time later than 72 hours from the receipt of the request.

As the referring general dentist is responsible to maintain the continuity of care, which includes the coordination and follow up care of the patient for specialist services when indicated, the referring general dentist is required to provide a signature on the referral request form. A signature from a dentist other than the treating general dentist, including that of a managing dentist or dental director, is not acceptable.

The purpose of providing coverage of benefits for specialty care emergency referrals is to assure that members have access to emergency specialty care when dental conditions are present that require the skill and expertise of an appropriately qualified dentist providing specialty care services in Endodontics, Oral Surgery, Orthodontics, Pediatric Dentistry or Periodontics.

For the purpose of this policy, emergency dental care services are defined as:

Dental procedures administered in a dentist's office, dental clinic, or other comparable facility, to evaluate and stabilize dental conditions of a recent onset and severity accompanied by excessive bleeding, severe pain, or acute infection that would lead a prudent layperson possessing an average knowledge of dentistry to believe that immediate care is needed.

In all situations, the member's plan MUST list the proposed emergency dental service as a covered benefit in order to authorize coverage of benefits for an emergency referral and meet specialty referral guidelines as described in SafeGuard's Facility Reference Guide.

REMEMBER: SafeGuard is a managed dental care plan that determines coverage of benefits for dental care services listed as covered benefit on the member's plan. All referrals for emergency dental care services shall be made within a timely fashion appropriate for the nature of the member's condition, not to exceed 48 hours after the receipt of all necessary information for processing the request.

Emergency Referrals are subject to retrospective review by the Dental Director or licensed dentist designee, to confirm that the referral guidelines and criteria were met. The retrospective review shall be conducted upon receipt of the claim for payment and, in cases where the referral was deemed inappropriate SafeGuard will notify the referring dentist of the determination within 30 days of receipt of the claim. In such cases the member will be financially responsible only for the applicable copayment and the treating dentist shall receive payment for benefits as originally authorized. The Dental Director or designee shall determine if any corrective action is required with the referring dentist. Such corrective action may include, but is not limited to, a back-charge to cover the costs SafeGuard incurred, a counseling letter explaining the appropriate referral protocols or a re-orientation by the Network Development Specialist.

In all cases, the contracting general dentist should perform appropriate emergency services such as, but not limited to:

- Complete an examination
- Take appropriate radiographs to send with the patient
- Make a preliminary diagnosis, attempt to provide dental care services to alleviate the symptoms and/or the relief of pain
- Stabilize the emergency condition
- Contact SafeGuard for authorization of benefits
- Advise the member and dentist providing specialty care services that the authorization of benefits is for emergency dental care services ONLY

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- If additional services are required, the treating dentist MUST contact SafeGuard for determination of benefits prior to providing dental care services.

All predeterminations of benefits for services other than emergency dental care services will be based on SafeGuard's specialty referral guidelines and criteria as described in SafeGuard's Facility Reference Guide. SafeGuard will decline to issue reimbursement for any dental care services provided that have not been pre-authorized for benefits.

In all cases, coverage of benefits is authorized ONLY for the tooth or area that is symptomatic.

On occasion, the member may present at the contracting specialist's office without a referral from the contracting general dentist. To expedite care and emergency relief of pain, SafeGuard may authorize benefits directly to the contracting specialist. In such cases, the Specialty Referral Advocate will provide the name of the member's primary care dentist so that the specialist may advise the primary care dentist of the proposed and completed treatment and to refer the member back to their general dentist after the emergency specialty treatment.

The following list identifies a sampling of common services for which benefits for an emergency referral may be authorized. This list is not meant to be complete:

Endodontic

- D3220 Therapeutic pulpotomy, primary and permanent teeth for the relief of acute pain
- D3310 Anterior root canal (excluding final restoration)
- D3320 Bicuspid root canal (excluding final restoration)
- D3330 Molar root canal (excluding final restoration)
- D7510 Incise and drain – intraoral soft tissue
- D9110 Palliative treatment for the relief of acute pain
- D9310 Consult only

Oral Surgery

- D7111– Extractions, for relief of acute pain only
7250
- D7270 Reimplantation and/or stabilization of accidentally evulsed tooth or displaced tooth
- D7510 Incise and drain - intraoral soft tissue
- D9110 Palliative treatment for the relief of acute pain
- D9310 Consult only

Oral surgery procedures such as full mouth extraction for placement of immediate dentures, extractions for orthodontic purposes, surgical exposures for orthodontic purposes, extraction of non-pathologic third molars, do not fall under the guidelines for authorization of benefits for emergency dental care services.

Pediatric Dentistry

- D3220 Therapeutic pulpotomy, primary and permanent teeth for the relief of acute pain
- D7111, Extraction
D7140
- D9110 Palliative treatment for relief of acute pain
- D9310 Consult only

An emergency referral to a dentist providing specialty care in pediatric dentistry based SOLELY on one or more of the following conditions do not fall under the emergency referral guidelines:

- behavior management;
- physically or mentally disadvantaged patients;
- early childhood caries ("baby bottle syndrome"); or

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- other such conditions.

Periodontics

- 9110 Palliative treatment for the relief of acute pain
- 9310 Consult only

Periodontal procedures such as full mouth periodontal scaling and root planing, osseous surgery, gingivectomy, grafts, and crown lengthening, do not fall under the guidelines for authorization of benefits for emergency dental care services.

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Exhibit A: Direct Specialty Referral Quick Reference Guide

Mail Claims/Referral Forms to:

P.O. Box 981987

El Paso, TX 79998

Eligibility Verification / Member Services: 800-880-1880

In order for benefits to apply, the member must be eligible at the time services are rendered; the member's plan must list the proposed dental care service(s) as a covered service and meet SafeGuard's specialty referral guidelines.

All referrals are subject to retrospective review by SafeGuard's Dental Director or Dental Consultants to confirm that referral guidelines were met. Claim forms must be submitted to SafeGuard within ninety (90) days from the date of service.

Specialty	Clinical Conditions / Treatment	Documentation	Non-covered services
Endodontics	<ul style="list-style-type: none"> ▪ Calcifications ▪ Extreme curvature of canals ▪ Re-treatment of root canal ▪ Incomplete apex formation ▪ Apical surgery ▪ Difficult access 	<ul style="list-style-type: none"> ▪ Pre-operative diagnostic radiographs 	<ul style="list-style-type: none"> ▪ Routine anterior / bicuspid root canals ▪ Root canals started prior to SafeGuard eligibility ▪ Treatment on teeth with a poor prognosis ▪ Consultations for endodontic treatments that are not covered under the enrollees plan
Oral Surgery	<ul style="list-style-type: none"> ▪ Complicated extractions ▪ Extraction of impacted teeth ▪ Persistent Infection ▪ Active periodontal disease ▪ Follicular cysts/tumors ▪ Biopsy ▪ Soft tissue surgeries ▪ Alveoloplasty, exostosis removal ▪ Teeth with resorption 	<ul style="list-style-type: none"> ▪ Pre-operative diagnostic radiographs ▪ Written documentation when pathology is not radiographically evident 	<ul style="list-style-type: none"> ▪ Routine simple extractions ▪ Prophylactic extraction of third molars ▪ Extraction of third molars for orthodontics ▪ Orthognathic surgery ▪ Treatment of TMJ disorders ▪ Treatment of malignancies, neoplasms ▪ Consultations for oral surgery treatments that are not covered under the enrollees plan
Pediatric Dentistry	<ul style="list-style-type: none"> ▪ Unsuccessful attempt to treat the patient ▪ Down's Syndrome ▪ Deafness ▪ Autism ▪ Multiple Sclerosis ▪ Mentally/physically disadvantaged ▪ Severe medical problems ▪ Baby Bottle Syndrome 	<ul style="list-style-type: none"> ▪ Pre-operative diagnostic radiographs ▪ Documentation of circumstances related to referral 	
Periodontics	<ul style="list-style-type: none"> ▪ Gingivectomy ▪ Soft tissue flap surgery ▪ Clinical Crown lengthening ▪ Mucogingival surgery ▪ Osseous surgery ▪ Soft tissue grafts ▪ Distal wedge procedure ▪ Root amputation/hemisection ▪ Consultations for aid in diagnosis 	<ul style="list-style-type: none"> ▪ Current full mouth series of radiographs ▪ Complete periodontal pocket depth charting (baseline and post-SRP) ▪ Dates of scaling and root planing / re-evaluation 	<ul style="list-style-type: none"> ▪ Consultations for non-covered services ▪ Splinting ▪ Occlusal guards ▪ Implant services ▪ Periodontal surgery for teeth with a guarded, poor, or hopeless endodontic, restorative or periodontal prognosis
Orthodontic	REQUIRES PREAUTHORIZATION OF BENEFITS		

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HISTORY					
Originally Approved	Revised / Approved				
November 2005	February 2012				

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 SafeGuard DENTAL & VISION		DENTAL POLICY			
Policy #	DP QI 001.12	Subject:	Initial Credentialing Review Criteria		
Date:	04/01/12	References:	Dental Policy		
Application:	All Plans	States:	<input checked="" type="checkbox"/> CA	<input checked="" type="checkbox"/> FL	<input checked="" type="checkbox"/> TX
			<input checked="" type="checkbox"/> NJ	<input checked="" type="checkbox"/> NY	<input checked="" type="checkbox"/> IL

Purpose

The purpose of this policy is to establish protocol for review of all qualifications of all dentists applying to SafeGuard to become a contracting dentists' to provide services to SafeGuard members.

Policy

All applicants with a history of regulatory disciplinary action and/or malpractice settlements and judgments will be asked to submit a letter or form describing the incident for review by the Credentialing Committee. When the application and/or credentialing report includes a statement from the dentist, the Credentialing Committee shall determine if additional information is needed prior to making a determination.

Verification of credentialing documents shall be conducted on a continuous basis in accordance with the expiration date of each certificate.

After a dentist has been initially credentialed, full recredentialing shall be completed triennially within 36 months of the initial or previous credentialing action.

Procedure

1. All applications and/or recredentialing reports will be reviewed by the Credentialing Committee.
2. Any applicant or contracting dentist not indicating a history of regulatory disciplinary action and/or malpractice suit on the attestation form for which a notification or report that an adverse action is obtained shall be asked to submit a brief description of the incident. The description must include:
 - a) A description of the incident, including pertinent clinical documentation
 - b) A statement indicating what action the dentist took to resolve the matter.
 - c) A statement indicating what corrective action the dentist took to prevent reoccurrence of a similar incident, e.g., continuing education course, training for staff members, change in protocol.
 - d) If the case involves endodontic treatment, the applicant may be asked to submit pre and post-operative radiographs for three cases performed since the date of the incident. The radiographs should be submitted without information that might identify the patient.
3. The description can be submitted on SafeGuard's form or office letterhead and must include the dentist's signature and date.
4. Allow twenty (20) business days for response.
5. If no response within above time periods, the Credentialing Committee shall decline the application and close the file. The Credentialing specialist will note this on the Credentialing Committee materials.
6. When the applicant's and/or contracting dentist's statement is received, the Credentialing Committee shall review the response for determination in compliance with credentialing criteria.
7. If applicant is accepted, Provider Data Management follows regular activation process.
8. If applicant is declined, Provider Data Management follows regular declination process
9. The QMD will monitor contracting dentists for compliance with any corrective actions given to the applying

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Subject:	Initial Credentialing Review Criteria	

Procedure

provider.

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HISTORY					
Originally Approved	Revised / Approved				
September 1998	March 2004	April 2012			

Policy #:	DP QI 001.12	Page 3 of 3
Subject:	Initial Credentialing Review Criteria	

 SafeGuard DENTAL & VISION		DENTAL POLICY			
Policy #	DP QI 002.12	Subject:	Recredential Review Criteria		
Date:	04/01/12	References:	Dental Policy		
Application:	All Plans	States:	<input checked="" type="checkbox"/> CA	<input checked="" type="checkbox"/> FL	<input checked="" type="checkbox"/> TX
			<input checked="" type="checkbox"/> NJ	<input checked="" type="checkbox"/> NY	<input checked="" type="checkbox"/> IL

Purpose

The purpose of this policy is to establish protocol for recredentialing review of all contracting dentists' qualifications to provide services to SafeGuard members.

Policy

When applicable, providers with a history of regulatory disciplinary action and/or malpractice actions will be asked to submit a letter describing the incident for review by the Credentialing Committee as described in this Policy and the Credentialing Criteria developed and incorporated in the Quality Improvement Program by reference.

Procedure

The Dental Director and the Credentialing Committee reviews the response to the inquiry on the regulatory disciplinary actions and/or malpractice settlements or judgments and recommends approval when a contracting dentist meets the current credentialing criteria as reviewed and approved annually by the Peer Review Committee:

The Dental Director and the Credentialing Committee reviews the response to any explanation provide on any inquiry form submitted regarding any licensing board sanction, regulatory disciplinary actions and/or malpractice suits and may recommend further clarification of the re-credentialing materials in accordance with currently approved re-credentialing criteria. The Dental Director and Credentialing committees may also review the following as part of the re-credentialing process:

- Detailed reports on all regulatory disciplinary actions and/or malpractice actions (all years in practice);
- Review of patient and official records for any regulatory disciplinary actions and/or malpractice actions pertaining to SafeGuard members;
- Review of official records for any regulatory disciplinary actions and/or malpractice actions pertaining to non-SafeGuard members;
- Focused office audit;
- Review of any education/training completed since regulatory disciplinary actions and/or malpractice suits; and/or
- Any and all other information SafeGuard determines to be necessary to complete its investigation.

The Dental Director and Credentialing Committee will review the detailed inquiry for recommendation of approval of the recredentialing or termination of the contract with such a contracting dentist based upon information obtained during investigation.

The recommendation will be forwarded to the Quality Management (QM) Committee as part of periodic reporting.

All information gathered in the above described process remains strictly confidential.

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Subject:	Recredential Review Criteria	

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Procedure

Any and all determinations to terminate a contracting dentist will provide for due process, including Notice and Hearing, as described in the current Credentialing Appeal policy as described in the current Re-credentialing criteria.

HISTORY					
Originally Approved	Revised / Approved				
September 1998	March 2004	April 2012			

Policy #:	DP QI 002.12	Page 2 of 2
Subject:	Recredential Review Criteria	