Western® Dental
BENEFITS DIVISION

May 8, 2012

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

Dear Mr. Douglas,

In response to the recent correspondence regarding Medi-Cal Dental Prepaid Health Plans from the Department of Health Care Services (DHCS) dated April 24, 2012, please find enclosed Western Dental's timeline and implementation plan. Furthermore, attached to Western Dental's implementation plan are several items Western Dental had previously put into action.

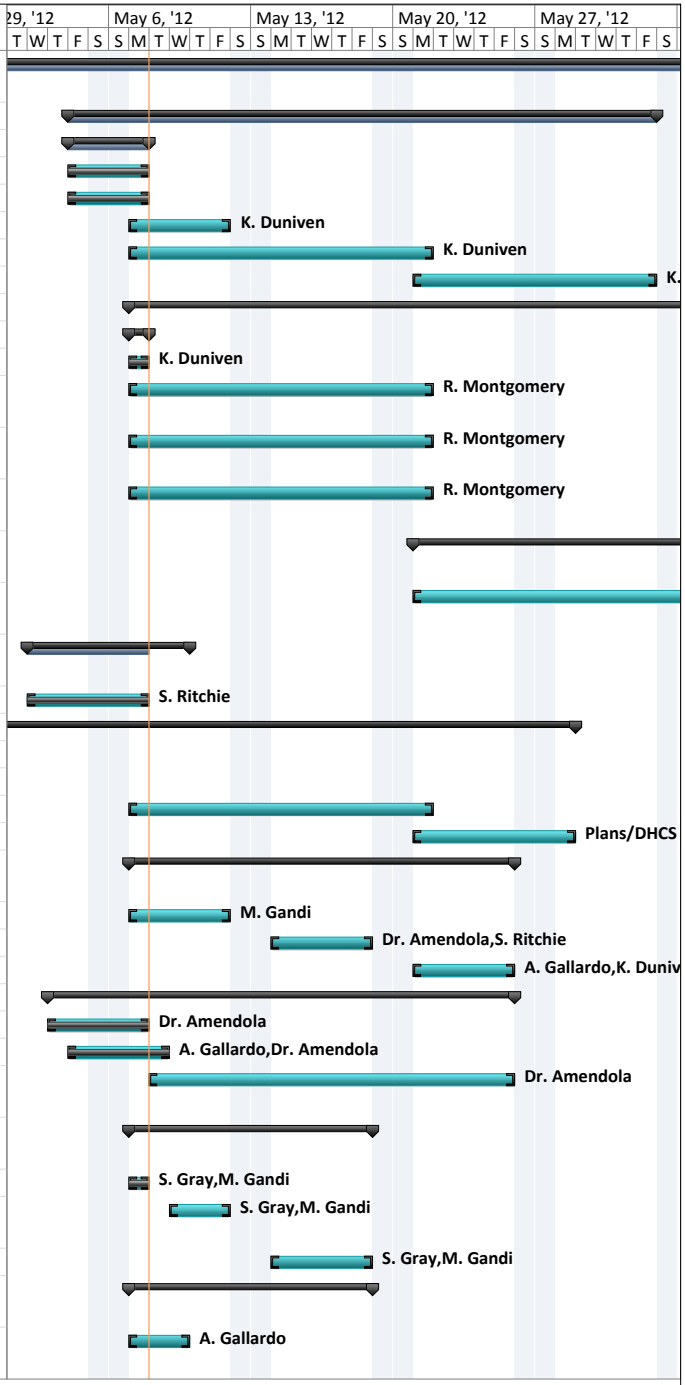
If you have any further questions please do not hesitate to contact me.

Sincerely,

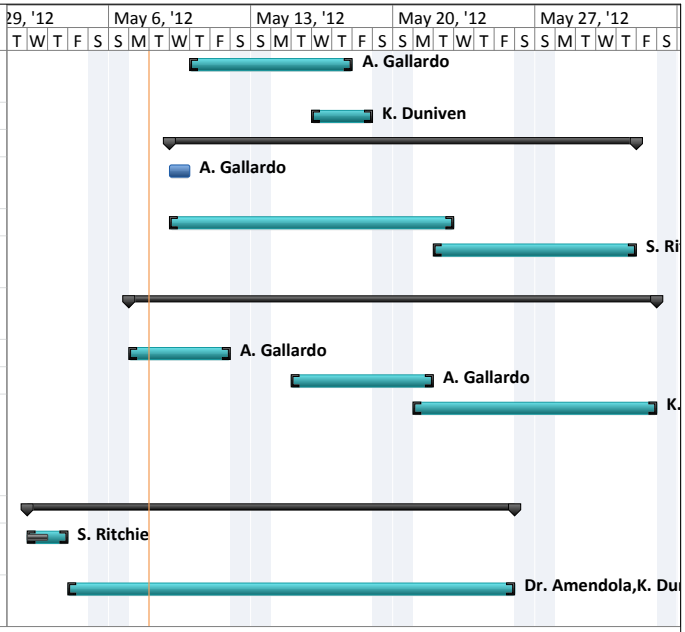
Stuart Gray
Chief Operating Officer, Benefits Division

530 s. main street, orange, california 92868 phone (714) 571-3625 fax (714) 571-3605

ID	Task Mode	Task Name	Duration	Start	Finish	Predece	Resource Names
1		**PHP Plan Action Implementation**	**51 days**	**Mon 4/9/12**	**Mon 6/18/12**		
2		**Beneficiary Letter**	**21 days**	**Fri 5/4/12**	**Fri 6/1/12**		**K. Duniven,Dr. Amendola**
3		**Create Letters**	**2 days?**	**Fri 5/4/12**	**Mon 5/7/12**		**K. Duniven,Dr. Amendola**
4		0 to 5 Letter	2 days	Fri 5/4/12	Mon 5/7/12		
5		6 to 21 Letter	2 days	Fri 5/4/12	Mon 5/7/12		
6		Submit Letters to DHCS	5 days	Mon 5/7/12	Fri 5/11/12		K. Duniven
7		Translate Letters	11 days	Mon 5/7/12	Mon 5/21/12		K. Duniven
8		Mail Letters	10 days	Mon 5/21/12	Fri 6/1/12		K. Duniven
9		**Phone Call Campaign**	**31 days**	**Mon 5/7/12**	**Mon 6/18/12**		
10		**Develop Call Campaign**	**1 day**	**Mon 5/7/12**	**Mon 5/7/12**		**K. Duniven,R. Montgomery**
11		Submit Scripts to DHCS	1 day	Mon 5/7/12	Mon 5/7/12		K. Duniven
12		Calls to Non-Utilizer ages 0 to 3	11 days	Mon 5/7/12	Mon 5/21/12		R. Montgomery
13		Calls to Non-Utilizer ages 4 to 5	11 days	Mon 5/7/12	Mon 5/21/12		R. Montgomery
14		Calls to Non-utilizer ages 6 to 21	11 days	Mon 5/7/12	Mon 5/21/12		R. Montgomery
15		**Ongoing Evaluation of Success Rate**	**21 days**	**Mon 5/21/12**	**Mon 6/18/12**		**K. Duniven**
16		Report Call Campaign Results	21 days	Mon 5/21/12	Mon 6/18/12		
17		**Enhance Ongoing Issue Resolution Reporting**	**6 days**	**Wed 5/2/12**	**Wed 5/9/12**		
18		Analyze PHP IRU Data	4 days	Wed 5/2/12	Mon 5/7/12		S. Ritchie
19		**Information Flyer**	**36 days**	**Mon 4/9/12**	**Mon 5/28/12**		
20		Coordinate with Plans	11 days	Mon 4/9/12	Mon 4/23/12		K. Duniven
21		Draft Flyer to Plans	6 days	Mon 4/9/12	Mon 4/16/12		K. Duniven
22		Translate Flyer	11 days	Mon 5/7/12	Mon 5/21/12		
23		Distribute Flyer	6 days	Mon 5/21/12	Mon 5/28/12		Plans/DHCS
24		**Utilization Control with Enrollment**	**15 days**	**Mon 5/7/12**	**Fri 5/25/12**		
25		Generate Report	5 days	Mon 5/7/12	Fri 5/11/12		M. Gandi
26		Report Analysis	5 days	Mon 5/14/12	Fri 5/18/12		Dr. Amendola,S. Ritchie
27		Follow Up Action Plan	5 days	Mon 5/21/12	Fri 5/25/12		A. Gallardo,K. Duniven
28		**Education Seminars**	**17 days**	**Thu 5/3/12**	**Fri 5/25/12**		
29		Research and Benchmark	3 days	Thu 5/3/12	Mon 5/7/12		Dr. Amendola
30		Establish ES Model	3 days	Fri 5/4/12	Tue 5/8/12		A. Gallardo,Dr. Amendola
31		Submit Seminar Materials to DHCS	14 days	Tue 5/8/12	Fri 5/25/12		Dr. Amendola
32		**Provider Reimbursement Plan**	**10 days**	**Mon 5/7/12**	**Fri 5/18/12**		
33		Pay to Perform	1 day	Mon 5/7/12	Mon 5/7/12		S. Gray,M. Gandi
34		Withholds on Provider Payments	3 days	Wed 5/9/12	Fri 5/11/12		S. Gray,M. Gandi
35		Risk Pool Analysis	5 days	Mon 5/14/12	Fri 5/18/12		S. Gray,M. Gandi
36		**Federally Qualified Health Centers**	**10 days**	**Mon 5/7/12**	**Fri 5/18/12**		
37		Identify FQHCs in PHP territory	3 days	Mon 5/7/12	Wed 5/9/12		A. Gallardo



ID		Task Mode	Task Name	Duration	Start	Finish	Predece	Resource Names
38			Initiate Contracting with FQHCs	6 days	Thu 5/10/12	Thu 5/17/12		A. Gallardo
39			Submit Status to DMHC	3 days	Wed 5/16/12	Fri 5/18/12		K. Duniven
40			**Timely Access Reports**	**17 days**	**Wed 5/9/12**	**Thu 5/31/12**		
41			Review Self Reporting Survey	1 day	Wed 5/9/12	Wed 5/9/12		A. Gallardo
42			Complete DHCS Template	10 days	Wed 5/9/12	Tue 5/22/12		
43			Submit 2010 & 2011 Timely Access Reports	8 days	Tue 5/22/12	Thu 5/31/12		S. Ritchie
44			**Increase Provider and Specialist Enrollment**	**20 days**	**Mon 5/7/12**	**Fri 6/1/12**		
45			Recruitment Mailing	5 days	Mon 5/7/12	Fri 5/11/12		A. Gallardo
46			Follow up with Provider	5 days	Tue 5/15/12	Mon 5/21/12		A. Gallardo
47			Establish new credentialing criteria in conjunction with DHCS and other plans	10 days	Mon 5/21/12	Fri 6/1/12		K. Duniven
48			**Specialty Referral Process**	**18 days**	**Wed 5/2/12**	**Fri 5/25/12**		
49			Provide Specialty Referral Process Flow	2 days	Wed 5/2/12	Thu 5/3/12		S. Ritchie
50			Establish Streamlined Process	16 days	Fri 5/4/12	Fri 5/25/12		Dr. Amendola,K. Duniven



2 Beneficiary Letter
Please See Attachment 1.

3 Create Letters
Letters were developed that describe each member's benefits through the PHP Program. Our legal team has approved the letters and WDS is currently waiting for DHCS' approval. After DHCS' approval, WDS will mail the letters.

11 Submit Scripts to DHCS
Please See Attachment 2.

12 Calls to Non-Utilizer ages 0 to 3
Going forward the Call Center will reach out to new members and non-utilizers on a quarterly basis.

13 Calls to Non-Utilizer ages 4 to 5
Going forward the Call Center will reach out to new members and non-utilizers on a quarterly basis.

14 Calls to Non-utilizer ages 6 to 21
Going forward the Call Center will reach out to new members and non-utilizers on a quarterly basis.

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

18 Analyze PHP IRU Data
Please See Attachment 3.

21 Draft Flyer to Plans
Please See Attachment 4.

27 Follow Up Action Plan
Please See Attachment 5.

29 Research and Benchmark
WDS will conduct educational seminars for both Providers and Provider's staff for its PHP enrollees.

Please See Attachment 6.

33 Pay to Perform
Please See Attachment 7.

37 Identify FQHCs in PHP territory
WDS will implement a recruiting plan to increase the number of general dentists and specialists in Los Angeles County. This recruitment effort will include contracting with additional FQHCs in the greater Los Angeles area.

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

43 Submit 2010 & 2011 Timely Access Reports
WDS will submit 2011 information by 05/31/2012 and Quarter 1 of 2012 by 06/15/2012.

45 Recruitment Mailing
In an effort to expand our Provider enrollment , A. Gallardo will mail out recruitment packages.

46 Follow up with Provider
A. Gallardo will follow up with each Provider who received a recruitment package.

49 Provide Specialty Referral Process Flow
Please See Attachment 8.

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

Western Dental's Implementation Plan Attachments

I. Attachment 1 –Beneficiary Letters

II. Attachment 2 –Call Scripts

III. Attachment 3 –Analysis of IRU Data

IV. Attachment 4 –Informational Flyer

V. Attachment 5 –Letter to Providers

VI. Attachment 6 –Education Seminars Outline

VII. Attachment 7 –Pay to Perform/Withholds on Provider Payments Model

VIII. Attachment 8 –Specialty Referral Process

ATTACHMENT 1

May, 2012

Dear Dental Plan Member:

DO YOU KNOW THAT DENTAL CARE IS COVERED UNDER MEDI-CAL FOR CHILDREN & TEENS?

Oral health is an important part of your children's overall health and well-being! **Your child should have their first dental exam by the 1st tooth or 1st birthday even if there are no teeth. Your child should have a dental exam at least every six months.** Your Medi-Cal benefits cover these exams through our dental plan.

Your child's assigned dentist is:

Dr. XXXXXXX
Address: xxx
Phone: xxxx

Please call your dentist to set up an appointment for your child's first visit. Then every year on your child's birthday, you should schedule their dental visits.

If your child is in need of dental services now and you are having problems getting an appointment, call our Customer Service Department for help. We will be happy to help you in making an appointment with your dentist or help you transfer to another dentist who will see your child.

If you need assistance, call our Customer Service Number:

- **1-888-256-0295**
- **Website: www.westerndental.com**

If you are unable to get needed dental services, you can get help from the **Department of Managed Health Care Help Center**:

- **Call: 888-466-2219**
- **TDD: 877-688-9891**
- **Email: helpline@dmhc.ca.gov**
- **Website: http://www.dmhc.ca.gov**

Thank you for being a member of our dental plan. We look forward to helping you obtain dental care for your children.

Sincerely,

Customer Service Department

Age 6-21 Beneficiaries

May 2012

Name
Address
City, State, Zip

Western Dental would like to remind you that your child has great dental benefits with Medi-Cal's dental program through Western Dental in Los Angeles County. Dental benefits include exams, x-rays, and teeth cleanings. Your child may also be able to get braces. Good health starts with good dental care. All kids should be seen by a dentist at least one time a year. An exam and x-rays can show decay or other problems in your child's mouth. Your child's dentist may also talk to you about *dental sealants*.

A *dental sealant* is a thin coating that covers the chewing part of back teeth to help stop decay. No shots are needed to place sealants. They are painted onto the chewing part of teeth – it is easy and pain free!

Teach your kids to limit snacks before and after meals. When they want a snack, good snacks such as fresh fruits, veggies and water are best.

Get to know your child's dentist. Make and keep dental check up appointments. The dentist will get to know your child and both of you can keep your child in good health. Call your child's dentist to make an appointment. Your child's main dentist is:

Provider Name
Address
City, State, Zip
Telephone Number

If you would like to change your child's dentist or need help calling for an appointment, call Western Dental's Customer Service Department at 1-888-256-0013.

If you have called our Customer Service line and were not helped in getting an appointment or if your child is denied services, you can call the Department of Managed Health Care's Help Center at (888)466-2219.

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

WESTERN DENTAL SERVICES, INC.

ATTACHMENT 2

WDS PHP Call Script

0 to 5 years old

Hello. This is Western Dental – your child's dental plan with the MediCal Dental program. Our records show that your child has not been seen by a dentist. Pediatricians suggest that children have a dental visit by age 1 or when they get their first tooth. Your child has great dental benefits. Can we help you make an appointment today? Call us today at 1-866-878-6714.

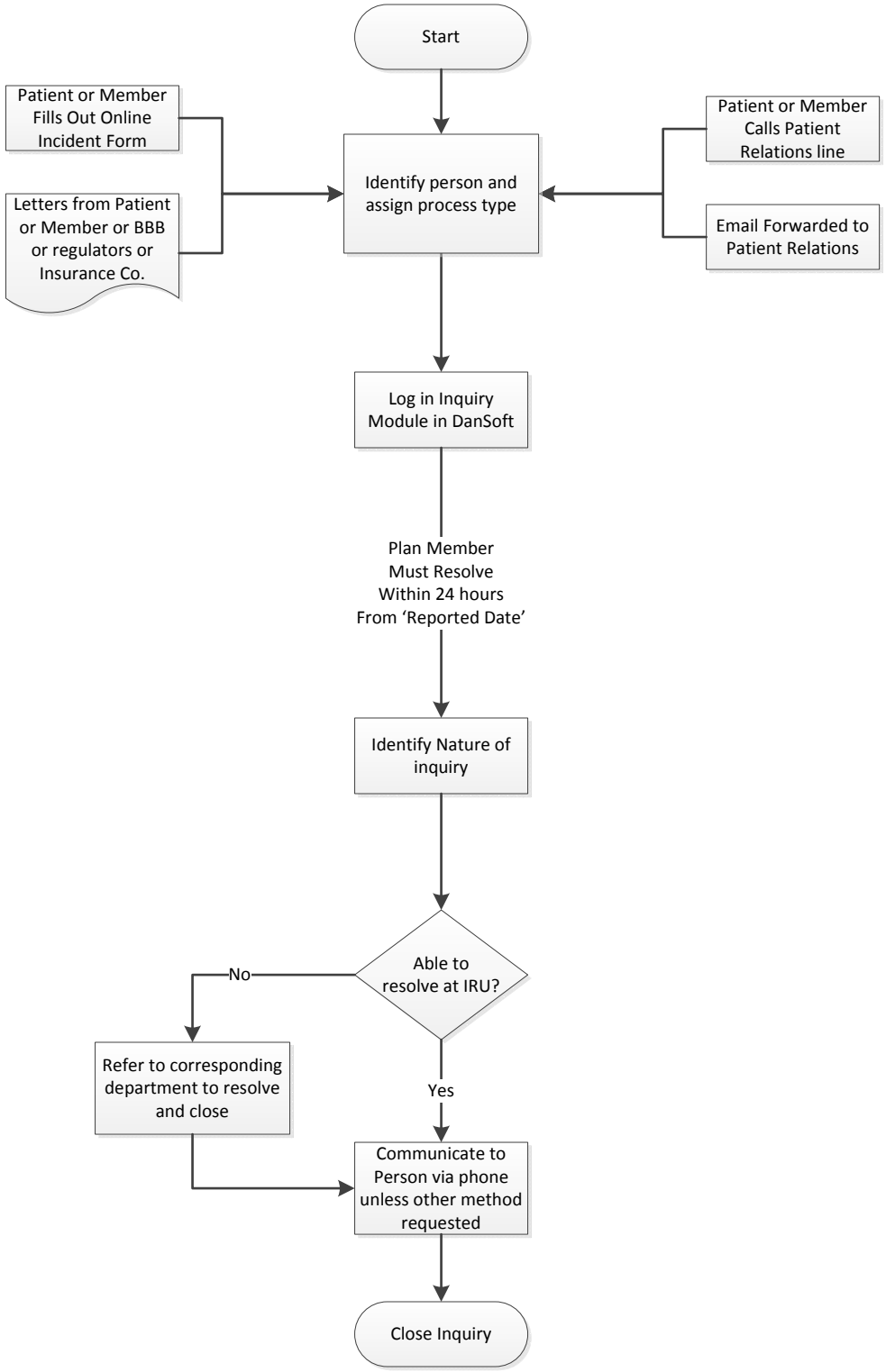
WDS PHP Call Script

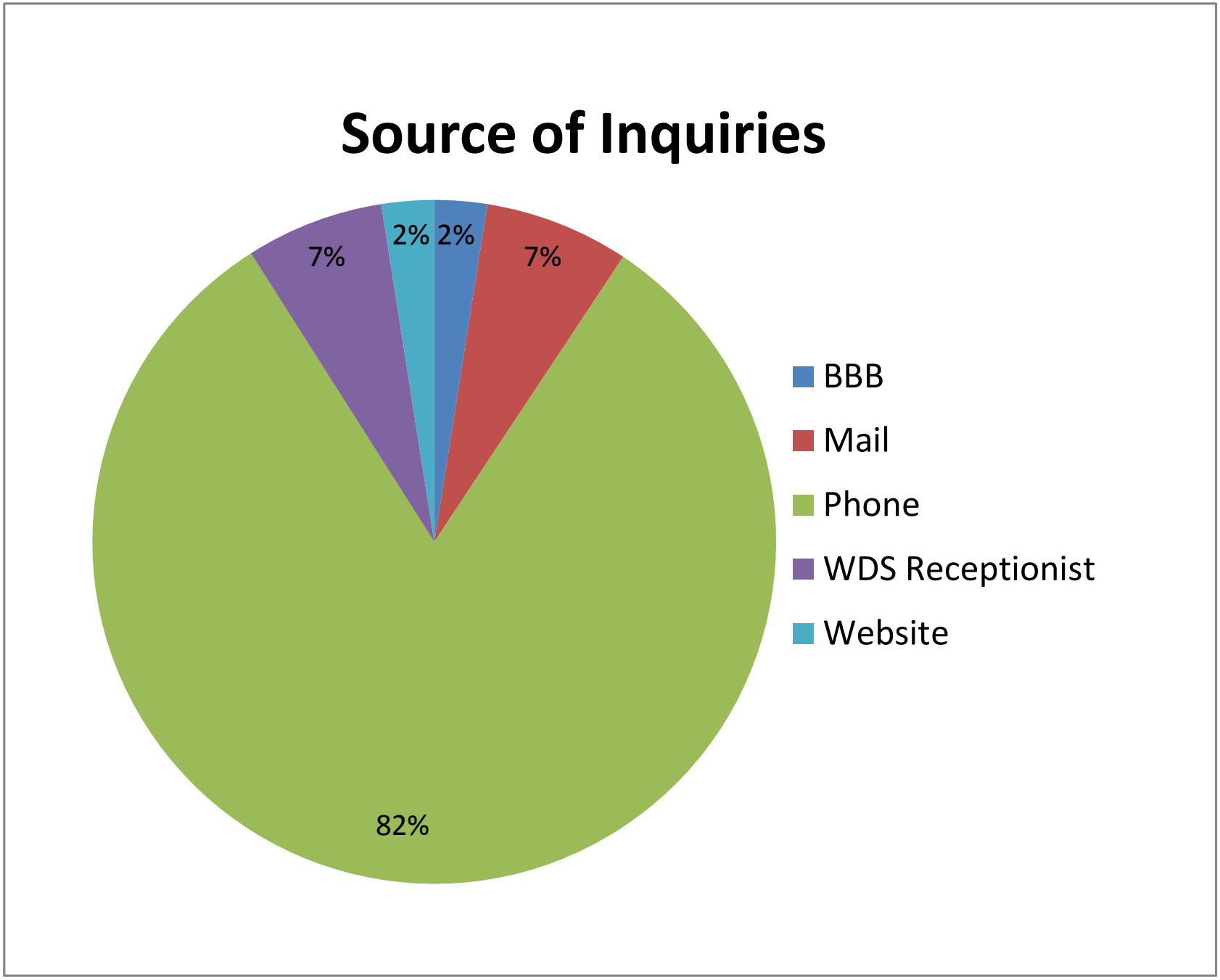
6 to 21 years old

Hello. This is Western Dental – your child's dental plan with the MediCal Dental program. Pediatricians and doctors suggest that children have an annual dental visit to help prevent cavities and mouth pain. Your child has great dental benefits. Can we help you make an appointment today? Call us today at 1-866-878-6714.

ATTACHMENT 3

PHP Inquiry Response Process




Source of Inquiries
2%
2%
7%
7%
82%
BBB
Mail
Phone
WDS Receptionist
Website

ATTACHMENT 4

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: _____

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:

Access Dental
1-877-821-3234

Community Dental Services
1-800-764-5393

Liberty Dental Plan
1-877-550-3875

Health Net Dental
1-877-550-3868

Western Dental Benefits
1-800-805-8000

Care 1st Health Plan
1-xxx-xxx-xxxx

SafeGuard
1-877-550-3868

American Health Guard
1-xxx-xxx-xxxx

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

Draft

Dental Health Begins with Your Child's First Tooth

Department of Health Care Services
dentalmanagedcare@dhcs.ca.gov

Los Angeles 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.

Draft

ATTACHMENT 5

Western® Dental
BENEFITS DIVISION

May, 2012

Prov #
Prov Name
Address
City, St Zip

Dear Provider:

As recently discussed with your Provider Relations Representative, Western Dental Services, Inc. (WDS) Utilization Management Committee recently met to review the quarterly utilization trends. The review revealed that your office submitted little utilization data for the quarter for your PHP Managed Care Medi-Cal Program members assigned to your office.

As a reminder, the submission of your utilization data provides compensation to you and allows WDS to analyze and review levels of compensation to our providers. If you have utilization data (for services within the last 90 days) that has not yet been submitted to WDS, please submit your data as soon as possible. Please keep in mind that WDS pays a supplemental payment for certain procedures, in addition to your monthly capitation.

The State of California Department of Health Care Services (DHCS) also reviews your utilization data. DHCS uses the utilization data as a tool to adjust the funding for the program. Without your data, and the data of other providers, DHCS is unable to justify the success of the program or any cost improvements for the program.

As a result of the low reporting of utilization data your office will be closely monitored each month. Should we continue to receive little utilization data, WDS will place your office on 'reserve' status thus no new members will be allowed to be assigned to your office. Repeated occurrences of low reporting of utilization data will result in a transfer of membership from your office and or provider contract termination.

Please remember that it is your contractual obligation to provide access to your PHP members (including children at age 1 or with their first tooth) within 3 weeks and emergency appointments within 24 hours.

Should you have any questions, please do not hesitate to contact WDS' Relations Department at 1-800-811-5111.

530 s. main street, orange, california 92868 phone (800) 811-5111 fax (714) 571-3650

Western® Dental
BENEFITS DIVISION

Thank you for your continued support of the PHP program.

Sincerely,

Araceli Gallardo
Manager, Provider Relations

c.c. Utilization Management Committee
Provider File

530 s. main street, orange, california 92868 phone (800) 811-5111 fax (714) 571-3650

ATTACHMENT 6

OUTLINE - WDS MEDI-CAL DENTAL PREPAID HEALTH PLAN BENEFITS SEMINAR

1) Introduction
- Welcome
- Purpose of Seminars: To improve the PHP enrollees' utilization of dental services by improving the understanding of PHP dental benefits at the WDS network provider offices

2) Overview of the PHP program structure
- Agreement between WDS and DHCS
- Agreement between Providers and WDS
    - Access and availability
    - Encounter reporting
    - Resources available to providers
- Beneficiaries/Agreement with Beneficiaries
- Goals of the program

3) Benefits for Children ages 0-5
- First tooth counseling/treatment D0120, D1203/D1206
- Other benefits
- Specialty referral

4) Benefits for children ages 6-21
- Preventive/sealants
- Other benefits
- Orthodontics
- Third molar benefits

5) Adult benefits
- FRADS
- Dental treatment precedent to a covered medical service

6) Pregnancy related and post-partum women's benefits
- Examinations
- Prophylaxis
- Periodontal treatments

7) Benefits for certain Aid Codes
- Skilled Nursing Facility/Intermediate Care Facility Residents
- DDS Regional Centers Consumers

8) Language assistance

9) Utilization expectations and compensation

- Monthly utilization percentage of assigned enrollees
- Supplemental payments for key procedures

10) Questions and Answers

ATTACHMENT 7

Western Dental –Pay to Perform / Withholds on Provider Payments

Pay To Perform/Withholds on Provider Payments:

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

1. WD will reduce capitation payments[1] paid to providers effective July 1, 2012:

   LAPHP – rates will reduce from $4.29 to $3.25

2. WD will eliminate $3 encounter payments to LAPHP providers and implement supplemental payments for specific services. See chart below:

CDT Code	Description	New Supplemental Payment
120*	Periodic Oral eval	$20
145**	Pediatric Oral eval	$25
150	Comp Oral eval	$30
1110***	Prophy	$25
1120***	Prophy	$25
1203***	Fluoride/Child	$30
1204***	Fluoride/Adult	$30
1351	Sealant	$15
3310	Anterior Root Canal	$50
3320	Bicuspid Root Canal	$70
3330	Molar Root Canal	$110
2799	Crowns	$70
2930	Stainless Steel Crown-Primary	$25
2931	Stainless Steel Crown-Permanent	$25

* Reimbursement is limited to two (2) times per year, per member.
**Reimbursement is limited to beneficiaries age 3 years and under and limited to once every six (6) months, through age 3.
***$25 supplemental fee for second prophy. Second prophy must occur 6-12 months after first prophy.

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

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

ATTACHMENT 8

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

IV.D1 – UM DECISION TIMEFRAMES POLICY

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

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

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

IV.D2 – UM DECISION TIMEFRAMES PROCEDURES

I. Routine Referrals

- For routine referrals, the decision to approve, modify, or deny requests by providers prior to, or concurrent with, the provision of dental health care services to enrollees, shall be made in a timely fashion appropriate for the nature of the enrollee's condition, not to exceed five business days, from the receipt of the information reasonably necessary and requested by WDS to make the determination.

- Decisions to modify, delay or deny requests by providers for authorization prior to, or concurrent with, the provision of dental health care services to enrollees shall be communicated to the requesting provider within 24 hours of the decision by email, facsimile or telephone, and all decisions will be communicated in writing within two business days.

- Decisions to approve, modify, delay or deny all or part of the requested dental health care services prior to the provision of services shall be communicated to the enrollee and/or the enrollee's authorized representative in writing within two business days of the decision.

- Communications regarding decisions to approve requests by providers prior to, retrospectively, or concurrent with the provision of dental health care services to enrollees shall specify the specific dental health care services approved.

II. Urgent Referrals

- For urgent referrals, the decision to approve, modify, or deny requests by providers prior to, or concurrent with, the provision of dental health care services to enrollees, shall not exceed 72 hours following receipt of the information reasonably necessary and requested by WDS to make the determination.

- Decisions to approve, modify, or deny requests by providers for authorization prior to, or concurrent with, the provision of dental health care services to enrollees shall be communicated to the requesting provider within 24 hours of the decision.

- Decisions resulting in denial, delay, or modification of all or part of the requested dental health care services shall be communicated to the enrollee and/or the enrollee's authorized representative in writing within two business days of the decision.

- Communications regarding decisions to approve requests by providers prior to, retrospectively, or concurrent with the provision of dental health care services to enrollees shall specify the specific dental health care services approved.

III. Retrospective Review

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

IV. Incomplete Submissions or Requests

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

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

In such situations,

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

V. Special Instructions for GMC and LA-PHP Programs

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

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

IV.D3 - SCOPE

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