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## Medi-Cal Dental LA Stakeholder Meeting

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### Meeting Agenda

Thursday, August 13, 2015

Time: 10:00 AM – 12:30 PM

Location: Maternal and Child Health Access

1111 W. Sixth Street, 4<sup>th</sup> Floor, Los Angeles, CA 90017

Call-In Number: 1-877-953-6729 Participant Passcode: 4731235

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Agenda		
1.	Introductions	All
2.	Department Updates	Kalanie Lipscomb
3.	Provider Capacity Survey	Deepika Raj
4.	FQHC Challenges	Children Now
5.	Mobile Dental Vans	Dental Plans
6.	Walk on Items	All
7.	Announcements	All
Next Meeting: Thursday, October 15, 2015		

**Los Angeles County Stakeholder Meeting  
June 11, 2015 - Meeting Summary Notes**

Topics	Discussion	Action Items
<b>Attendees</b>	<p>Alani Jackson, Monica Ochoa, Theresa, Sarah Benjamin, Debbie Hartman, Alisha Hightower, Jacob Vigil, Eileen McGee-Davidson, Tina Kim, Kalanie Lipscomb, Abby Aban, Chris Wordlaw, Latoya Brown, Edward Bynum, Jennifer Pilapil, Jenny Kattlove, Nicette Short, Kristina Clark, Sean O'Brien, Jim Cook, Frances Walsh, Anulkah Thomas, Lenatte Blouin, Khae Saetern, Raul Vasquez, John Carvelli, Matt Robinson, Norman Williams, Diane Limbo, Ria Berger, Chris Pulsipher, Jim Cook, Eileen Espejo, Dr. Duggar, Dr. Prabhu, Anulkah Thomas, Adam Dorsey, Yang Lee, Steve Riggio, Jamie Denison, Ruel Nolloedo , Robin Flynn</p>	
<b>1. Introductions</b>	<p>Introductions- All</p>	

## 2. Department Updates (Chris Wordlaw)

Chris Wordlaw: **DHCS Report to Legislature-** The Medi-Cal Dental Managed Care Report to the Legislature was released on May 6, 2015 and can be viewed on the DHCS website.

Chris Wordlaw: **Teledentistry-**

### **Phase I**

Teledentistry is still on track for July 1, 2015 implementation. A Teledentistry Provider Bulletin and updates to the Provider handbook have been released and can be viewed on the Denti-Cal website.

Existing Denti-Cal provider workshops, trainings, and seminars will be updated to include teledentistry information.

DHCS will be releasing a training video that will cover:

- Introduction to teledentistry as an alternative delivery system modality;
- Applicable teledentistry laws and regulations; and
- Billing instructions for teledentistry related claims in Denti-Cal.

All training materials are still under review and will be released once approved.

Additionally, a Quick Reference Billing Guide for Teledentistry will be released to accompany the comprehensive training video and will be posted to the Denti-Cal website once approved

### **Phase II**

SPA 15-010- Live Transmissions is currently being drafted. The implementation date is tentatively set for September 1, 2015 pending CMS SPA approval; all the training materials mentioned previously will be updated to incorporate the live transmission piece.

Jenny Kattlove: Stakeholders did not get a chance to review the provider bulletin before it was released, because of that stakeholders believe that there are many errors within the document such as missing codes.

Nicette Short- California Dental Association (CDA): Stakeholders will send feedback to DHCS regarding the bulletin.

Kalanie Lipscomb: All codes were included in the bulletin if the codes were available through store and forward. DHS will review stakeholder feedback to confirm that all codes were included in the bulletin.

Jenny Kattlove- Children's Partnership: Can stakeholders see future trainings and documents prior to DHCS releasing to the public?

Alani Jackson: DHCS does have timeframes that we must adhere to but stakeholder review will be discussed for future consideration.

### **Chris Wordlaw- Outreach Plans:**

As a result of the CSA audit, the Department engaged the fiscal intermediary (FI) contractor to develop beneficiary and provider education and outreach plans to describe how access to care problems in underserved areas would be remedied.

The Department is currently collaborating with the FI contractor to finalize the goals, tangible measurements, and activities within the beneficiary and provider education and outreach

	<p>plans.</p> <p>The Department will facilitate collaborative sessions with select stakeholders to refine the proposed outreach strategies and solicit information regarding best practices.</p> <p>Nicette Short –CDA: Will the sessions be for provider or beneficiary outreach?</p> <p>Chris Wordlaw: Both.</p> <p>Nicette Short-CDA: Stakeholders would like to be engaged in the conversation.</p> <p>Chris Wordlaw: Engagement will be “focused” so the intent is not to include every stakeholder.</p> <p>The beneficiary and provider education and outreach plans will be implemented throughout the 2015/2016 year.</p> <p>The FI contractor will continue to submit a beneficiary and provider education and outreach plan on an annual basis.</p>	
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**3. CSA Audit Updates  
(Chris Wordlaw)**

**Rate Study**-DHCS is currently working to complete the reimbursement study by July 2015. The results of the review can be used for consideration in the November 2015 Estimate. The findings of the rate review and implementation of any such changes will be subject to approval within the Administration, the Legislature, and with the federal Centers for Medicare and Medicaid Services for purposes of receiving federal reimbursement while ensuring proper and efficient administration of the program. The Department is looking to prepare a thorough analysis of access to care and the adequacy of the rates, which requires extraction from a wide array of data sources and is a resource-intensive assignment. In the interest of preparing a full and complete assessment, we need this timeframe.

Chris Wordlaw-The state will confirm the last time a rate study was conducted.

Nicette Short- CDA: Clark vs. Kaiser lawsuit – There was not parity between the two delivery systems, which led to a rate increase, and an increase in access to care. Will California be the emphasis of this study?

Alani Jackson- This rate study will be an analysis of rates across various states. Steps after that are unknown.

**Beneficiary Utilization Performance Measures-**  
In its recent audit of the Medi-Cal Dental program, the California State Auditor (CSA) recommended the Department of Health Care Services (Department) establish criteria for assessing beneficiary utilization in the fee-for-service delivery system. In its response, the Department agreed to develop criteria for assessing beneficiary utilization as well as benchmarks that relate to the utilization measures. The Department committed to reporting the data annually and consulting with the stakeholder community throughout the development process.

The Department developed beneficiary utilization measures and collaborated with stakeholders during two (2) stakeholder engagement sessions in the month of April 2015. The Department analyzed the stakeholder feedback received and finalized the beneficiary utilization measures in May 2015.

**4. CSA Audit Updates  
Cont.  
(Chris Wordlaw)**

**Beneficiary Measures:**

- Annual Dental Visit: Percentage of enrolled beneficiaries who had at least one dental visit during the measurement period
- Use of Preventive Services: Percentage of enrolled beneficiaries who received any preventive dental service during the measurement period
- Use of Sealants: Percentage of enrolled beneficiaries ages 6-9 and 10-14 continuously enrolled in fee-for-service during the measurement period with no more than a one-month gap in eligibility, who received a dental sealant on at least one permanent molar.
- Exams/Oral Health Evaluations: Percentage of enrolled beneficiaries who received a comprehensive or periodic oral health evaluation or, for Medi-Cal beneficiaries under three years of age, who received an oral evaluation and counseling with the primary care giver, during the measurement period
- Usual Source of Care: Percentage of beneficiaries enrolled for two consecutive years who received at least one [dental/oral health] service in both years who visited the same practice or clinical entity in both years

**Parameters:**

- 90 days continuous enrollment
- Stratified by County, age and ethnicity

The Department will report data quarterly (with the exception of Usual Source of Care, which will be updated annually due to required two consecutive years of enrollment) and published in accordance with the Department's Public Aggregate Reporting Policy.

<p><b>5. CSA Audit Updates Cont. (Chris Wordlaw)</b></p>	<p><b>Corrective Action Plans-</b></p> <ul style="list-style-type: none"> <li>• CSA provided an extension to DHCS for the 6-month update. The updates are currently under review within the Department. We expect these 6- month updates will be posted on the CSA website in August 2015.</li> <li>• DHCS has finalized criteria for assessing provider participation and further assessing beneficiary utilization in the FFS delivery system.</li> <li>• We anticipate more than half of the CSA recommendations will be fully implemented by July 2015, they include: <ul style="list-style-type: none"> <li>○ Establishment of dental measures and procedures to intervene for counties not meeting criteria</li> <li>○ Fiscal intermediary’s Beneficiary/Provider outreach and education program plan</li> <li>○ Finalization of reimbursement rate study</li> </ul> </li> </ul>	
<p><b>6. FFS Data Reporting (Chris Wordlaw)</b></p>	<p>DHCS will begin reporting on final provider participation and beneficiary utilization measures in the FFS delivery system in 2015. Quarterly reporting will commence in October 2015.</p>	
<p><b>7. Free Care Bulletin (Chris Wordlaw)</b></p>	<p>The Free Care bulletin was release in June 2015. Providers may not submit a claim to, or demand or otherwise collect reimbursement from, a Medi-Cal beneficiary, or from other persons on behalf of the beneficiary, for any service covered as a benefit of the Medi-Cal program (other than share of cost). The bulletin also stated that reimbursement is available for covered services provided to beneficiaries who attend free care events, such as the free clinics, organized y CDA Cares.</p> <p>Nicette Short-CDA: Surprised by the insertion of “CDA Cares” verbiage. Chris Wordlaw: The use of “CDA Cares” was just an example used.</p>	

**8. Beneficiary  
Transportation  
Criteria  
(Chris Wordlaw)**

Presently, California’s Medi-Cal dental fee-for-service program (Denti-Cal) provides non-emergency transportation services to eligible Medi-Cal beneficiaries who request transportation from their homes to appointed dental locations or other facilities.

The Denti- Cal provider shall provide a prescription documenting medical necessity to the NEMT company to submit a Treatment Authorization Report (TAR) to the Department of Health Care Services (DHCS), Clinical Assurance and Administrative Support Division (CAASD). DHCS will then review and approve the TAR if medical necessity is demonstrated.

Beneficiaries must meet the following requirements before said requests can receive a prior authorization and eventually be approved:

- Be a Medi-Cal beneficiary on the date of intended service
- Obtain a prescription note from a physician or dentists. The prescription requirement must include the following:
  - Purpose of the trip
  - Frequency of necessary medical visits/trips or the inclusive dates of the requested medical transportation
  - Medical or physical condition that makes normal public or private transportation inadvisable

Denti-Cal has provided a list of pre-designated transportation companies in each county for dental providers to contact in the June 2015 publication of the Denti-Cal Provider Bulletin. Dental providers are encouraged to work with the NEMT companies if dental providers have questions about the approval process.

Nicette Short-CDA: Does medical provide reimbursement for non- medical transportation? How is transportation coordinated for non-DMC beneficiaries through the county?

Can stakeholders get clarification on the transportation for non-medical transportation?

Chris Wordlaw- DHCS will follow-up with all stakeholders regarding clarifying non-medical transportation.

Nicette Short-CDA:

Can DHCS provide links to the county websites with information on accessing transportation?

Provide clarification on the process for non-emergency transportation

Can DHCS provide links to the county websites with information on accessing transportation?

**2. Mobile Van for Underserved Populations (Dental Plans)**

Alisha Hightower- Access Dental: Access does have mobile van services. All vans are shared with the Access Dental centers.

Eileen McGee-Davidson- Health Net: Health Net and LIBERTY contract with Queens Care for mobile van services at ten locations. Queens Care has not been reporting every time they see Medi-Cal beneficiaries. Queens Care is paid on a FFS rate schedule for services provided. Health Net and LIBERTY will provide more updates at the next stakeholder meeting.

Edward Bynum-LIBERTY: The ideal is for “Brick and Mortar” sites to be used in concert with mobile van services. If the dental plans contract with mobile van companies that do not have a “brick and Mortar” site, issues arise in regards to referrals for additional services that cannot be provided in a mobile van setting.

Ria Berger-Healthy Smiles: Healthy Smiles has two mobile units that service sixty-eight title one schools and is linked to the Garden Grove clinic. Approximately 300,000 children were provided service over the last twelve years. Additionally, Healthy Smiles has a partnership with FHQCs in Orange County. Healthy Smiles is willing to share their methods on providing mobile van services.

Bahar- Alameda County: Two vans currently service the county and work with FQHCs. What kinds of services are feasible in a mobile van setting?

Ria Berger-Health Smiles: Each van has two dental chairs and services that will be provided are planned before vans are deployed to a location. Typical services are education, sealants, and pain relief. Beneficiaries are referred to FQHCS or Garden Grove clinic if complex treatment is needed. Health Smiles also has two chairs in a hospital if sedation is needed.

Big Smile: Portable units are used in schools and seem to be more effective than mobile van services. Big Smile has a comprehensive referral process.

Nicette Short-CDA: The dental board will be creating regulations regarding the use of mobile van services and portable equipment to address gaps in current gaps in the language. Please monitor the dental board’s website for updates on these regulations to ensure that all entities providing these services are in compliance.

<p><b>3. Medical –Dental Collaboration (Sarah Benjamin)</b></p>	<p>Sarah Benjamin- Children Now: There is a multi- year effort to gather data for ages 0-6 for medical- dental referrals. DMC plans have collaborated as well.</p> <p>Barrier: How will families identified get care needed because Child Health and preventive care does not have the capacity to handle additional referrals for appointments, any suggestions?</p> <p>Teresa -CHDP160 for referrals?</p> <p>Sarah Benjamin-Children Now: Not all referred beneficiaries are enrolled in the CHDP program.</p>	
<p><b>4. FQHC Oral Health Challenges (Eileen Espejo)</b></p>	<p>Eileen Espejo- Children Now: Children Now is currently working with FQHCs to strengthen capabilities to serve ages 0-5. FQHCS currently have the ability to bill medical for fluoride varnish on the wellness and immunization visits but FQHCs are unsure of how to bill for the third varnish allowed on the medical side since the varnish cannot be billed alone. Additionally, how does the FQHCs bill for the two varnishes allowed on the dental side?</p> <p>Alameda County- Alameda County currently has a Health Kids and Health Teeth incentive campaign for providers to provide two more fluoride varnishes at \$20.00 each. Additionally, Alameda County has a Healthy Smile program that is specifically targeted to the underinsured children. Providers submit TARS for approval and reimbursement is at Medi-Cal rates.</p> <p>Tracy- Fluoride varnish is not expensive and should be provided at the wellness visits. I think the real issue is the need for more auxiliary costs.</p> <p>Chris Wordlaw- All services are billed by FQHCs are billed through a dental encounter code.</p> <p>Alisha Hightower-Access Dental- If a third varnish is medically necessary it can be approved. Please refer to the CHDP periodicity table for what services can be approved.</p> <p>Jennifer Pilapil-Center for Oral Health: Works on the Medical-Dental Collaboration and has some fluoride varnish information to share with the group. Will reply all to the meeting invite to forward the information.</p>	

<p><b>5. Walk On Items (All)</b></p>	<p>Jacob Vigil- Children’s Partnership-<b>Pregnancy Data Update?</b> Latoya Brown- No updates to provide at this time. DHCS will follow –up with the requester of the PRA for any updates.</p> <p>Representative for Ed Hernandez - <b>SB342 Bill</b> is dead, currently working on the budget. Discussed upcoming budgetary changes.</p>	
	<p><b>Next Meeting:</b> Thursday, August 13, 2015</p>	