

State of California—Health and Human Services Agency Department of Health Care Services



EDMUND G. BROWN JR. GOVERNOR

DATE: December 27, 2017

## TO: ALL MEDI-CAL DENTAL MANAGED CARE PLANS

## SUBJECT: APL 17-012: 2018 Deliverables Schedule

The purpose of this Dental All Plan Letter (APL) is to notify all Medi-Cal Dental Managed Care (DMC) plans of the 2018 deliverables schedule for both the Geographic Managed Care (GMC) and Pre-Paid Health Plan (PHP) contracts.

Please note this schedule includes the following changes or additional deliverables, in accordance with recent federal Medicaid managed care regulations:

- Plan Provider Network Report, and Changes to Provider Network Report: These monthly deliverables must now include an additional field describing each provider's specialty type. Please refer to APL 17-010 for additional information.
- **Timely Access and Specialty Referrals Report:** Two deliverables, for Timely Access and Specialty Referral reporting, have been combined into one deliverable. This combined report is now due one hundred twenty (120) days after the end of each reporting quarter. For the quarters ending June 30, 2017, and September 30, 2017, this report is due January 31, 2018. A forthcoming APL will provide additional information.
- **Grievance Reporting:** DMC plans must now submit a completed Grievance Report forty-five (45) days after the end of each quarter using a revised DMC Grievance Appeal Report Template. A forthcoming APL will provide additional information.
- Quality Improvement System and Accreditation Status: DMC plans' Quality Improvement Annual Reports are due on February 1, 2018. This report must also include information about plan accreditation. A forthcoming APL will provide additional information. In addition, starting January 1, 2018, DMC plans shall resume quarterly reporting on Quality Improvement Projects (QIPs), as established by APL 15-018.
- **Transition of Care Policy:** DMC plans must submit a Transition of Care policy no later than February 1, 2018, in accordance with the DHCS Transition of Care policy, described in APL 17-011 posted on December 18, 2017.

• Linquistic Services Report: DMC plans must continue to submit the Linguistic Services Report per APL 013-009. A forthcoming APL will provide additional information about any changes to the template for this report.

If you have any questions, please contact the Department of Health Care Services, Medi-Cal Dental Services Division, at <u>dmcdeliverables@dhcs.ca.gov</u>.

Sincerely,

Alani C. Jackson, MPA Chief, Medi-Cal Dental Services Division Department of Health Care Services

## Dental Managed Care Contract Deliverable Due Dates for Calendar Year 2018

Deliverable	Provision	Frequency	Submission Date Guideline	Submission Due Date for CY 2018
Key Personnel (Disclosure Form)	Exhibit A, Att. 2, Provision B	Annually	No later than thirty (30) calendar days after the beginning of every calendar year	February 1, 2018
Annual Certified Financial Statement (audited by a Certified Public Accounted)	Exhibit A, Att. 3, Provision B	Annually	No later than one-hundred and twenty (120) calendar days after the close of Contractor's Fiscal Year	Access/Health Net: May 1, 2018* LIBERTY November 1, 2018*
Annual Financial Statements (DMC financial reporting forms)	Exhibit A, Att. 3, Provision B	Annually	No later than one-hundred and twenty (120) calendar days after the close of Contractor's Fiscal Year	Access/Health Net: May 1, 2018* LIBERTY November 1, 2018*
Quarterly Financial Statements	Exhibit A, Att. 3, Provision B	Quarterly	No later than forty-five (45) calendar days after the close of Contractor's Fiscal Quarter	Access/Health Net: May 15, 2018 (1 <sup>st</sup> qtr.) August 15, 2018 (2 <sup>nd</sup> qtr.) November 15, 2018 (3 <sup>rd</sup> qtr.) LIBERTY: February 15, 2018 (2 <sup>nd</sup> qtr.) May 15, 2018 (3 <sup>rd</sup> qtr.) August 15, 2018 (4 <sup>th</sup> qtr.)
Monthly Financial Statements	Exhibit A, Att. 3, Provision C	Monthly, if required by DMHC	No later than thirty (30) calendar days after each reporting month	March 1, 2018 (January) March 30, 2018 (February) May 1, 2018 (March) June 1, 2018 (April) June 30, 2018 (May)

				July 31, 2018 (June) August 30, 2018 (July) October 1, 2018 (August) October 30, 2018 (September) November 30, 2018 (October) December 30, 2018 (November) January 30, 2019 (December)
Medi-Cal Only Financial Statements	Exhibit A, Att. 3, Provision B, Sub provision 4 (annual) and Provision B, Sub provision 9 (quarterly)	Annually and Quarterly	No later than one-hundred and twenty (120) calendar days after the close of Contractor's Fiscal Year/no later than forty-five (45) calendar days after the close of Contractor's Fiscal Quarter	Access/Health Net May 15, 2018 (1 <sup>st</sup> qtr.) August 15, 2018 (2 <sup>nd</sup> qtr.) November 15, 2018 (3 <sup>rd</sup> qtr.) LIBERTY February 15, 2018 (2 <sup>nd</sup> qtr.) May 15, 2018 (3 <sup>rd</sup> qtr.) August 15, 2018 (4 <sup>th</sup> qtr.)
Encounter Data	Exhibit A, Att. 4, Provision B	Monthly	Every second Wednesday of the month	January 10, 2018 February 14, 2018 March 14, 2018 April 11, 2018 May 9, 2018 June 13, 2018 July 11, 2018 August 15, 2018 September 12, 2018 November 14, 2018 December 12, 2018

Quality Improvement Committee Meeting Minutes	Exhibit A, Att. 5, Provision D	Quarterly	No later than thirty (30) calendar days after the end of the reporting quarter	April 30, 2018 July 30, 2018 October 30, 2018 January 30, 2019
Quality Improvement Annual Report, including Plan Accreditation Information**	Exhibit A, Att. 5, Provision I	Annually	No later than thirty (30) calendar days after the beginning of every calendar year	February 1, 2018*
Quality Improvement Project Status**	Exhibit A, Att. 5, Provision H	Quarterly	No later than thirty (30) calendar days after the end of the reporting quarter	April 30, 2018 July 30, 2018 October 30, 2018 January 30, 2019
External Quality Review Compliance Audit Provider Monitoring Report	Exhibit A, Att. 5, Provision J Exhibit A, Att. 5, Provision K, Sub provision 4	Annually Quarterly	No later than December 15 <sup>th</sup> of every calendar year No later than thirty (30) days after the end of the reporting quarter	July 15, 2018 (GMC)* December 15, 2018 (PHP)* April 30, 2018 (1 <sup>st</sup> qtr.) July 30, 2018 (2 <sup>nd</sup> qtr.) October 30, 2018 (3 <sup>rd</sup> qtr.) January 30, 2019 (4 <sup>th</sup> qtr.)
Review of Utilization Data	Exhibit A, Att. 7, Provision D	Annually	No later than thirty (30) calendar days after the beginning of every calendar year	February 1, 2018*
Self-Reported Monthly Utilization Data (Pay for Performance)	Exhibit A, Att. 7, Provision D	Monthly	No later than thirty (30) calendar days after the end of the reporting month (Due to Run-Out, Plans were allowed an additional 20 days for Submission.)	March 21, 2018 (January) March 30, 2018 (February) May 1, 2018 (March) June 1, 2018 (April) June 30, 2018 (May) July 31, 2018 (June) August 30, 2018 (July)

				October 2, 2018 (August) October 30, 2018 (September) November 30, 2018 (October) December 30, 2018 (November) January 30, 2019 (December)
Self-Reported Monthly Utilization Data (Performance Measures & Benchmarks)	Exhibit A, Att. 7, Provision D	Quarterly	No later than thirty (30) calendar days after the end of the reporting quarter (Due to Run-Out, Plans were allowed an additional 20 days for Submission.)	April 30, 2018 (1 <sup>st</sup> qtr.) July 30, 2018 (2 <sup>nd</sup> qtr.) October 30, 2018 (3 <sup>rd</sup> qtr.) January 30 2019 (4 <sup>th</sup> qtr.)
Changes to Provider Network Report (template revised as a result of APL 17-010)	Exhibit A, Att. 8, Provision G	Monthly	Within fifteen (15) calendar days following the end of the reporting month	February 15, 2018 (January) March 15, 2018 (February) April 17, 2018 (March) May 15, 2018 (April) June 15, 2018 (May) July 17, 2018 (June) August 15, 2018 (July) September 15, 2018 (August) October 16, 2018 (September) November 15, 2018 (October) December 15, 2018 (November)
Plan Provider Network Report (template revised as a result of APL 17-010)	Exhibit A, Att. 8, Provision H	Monthly	No later than fifteen (15) calendar days following the end of the reporting month or within ten (10) calendar days of DHCS request.	February 15, 2018 (January) March 15, 2018 (February) April 17, 2018 (March) May 15, 2018 (April) June 15, 2018 (May) July 17, 2018 (June) August 15, 2018 (July) September 15, 2018 (August)

Provider Education	Exhibit A, Att. 9, Provision E	Quarterly	No later than thirty (30) calendar days after the end of the reporting quarter	October 16, 2018 (September)   November 15, 2018 (October)   December 15, 2018 (November)   April 30, 2018 (1 <sup>st</sup> qtr.)   August 30, 2018 (2 <sup>nd</sup> qtr.)   October 30, 2018 (3 <sup>rd</sup> qtr.)   January 30, 2019 (4 <sup>th</sup> qtr.)
Federally Qualified Health Center (FQHC) Reporting	Exhibit A, Att. 10, Provision F	Monthly	No later than thirty (30) calendar days from the beginning of the reporting month	February 6, 2018 (January) March 6, 2018 (February) April 5, 2018 (March) May 5, 2018 (March) June 5, 2018 (April) July 5, 2018 (May) July 5, 2018 (June) August 7, 2018 (July) September 5, 2018 (August) October 5, 2018 (September) November 6, 2018 (October) December 5, 2018 (November)
Time and Distance**	Exhibit A, Att. 8, Provision E	Annually	No later than thirty (30) calendar days after the beginning of every calendar year	February 1, 2018
Timely Access and Specialty Referral Report**	Exhibit A, Att. 11, Provision B, Sub provisions 3 and 5	Quarterly	No later than one hundred twenty (120) calendar days after the end of the reporting quarter	January 30, 2018 (Jul-Sep 2017) April 30, 2018 (Oct-Dec 2017) July 30, 2018 (Jan-Mar 2018) October 30, 2018 (Apr-Jun 2018)
Specialty Referral Report (report combined with Timely Access above)	Exhibit A, Att. 11, Provision B, Sub provision 5	Biannually	No later than January 31 <sup>st</sup> and July 31 <sup>st</sup>	January 31, 2018 July 31, 2018

Linguistic Services Report	Exhibit A, Att. 11, Provision H	Biannually	No later than January 31 <sup>st</sup> and July 31 <sup>st</sup>	January 31, 2018 July 31, 2018
Health Education Programs	Exhibit A, Att. 12, Provision D, Sub provision 1	Annually	No later than thirty (30) calendar days after the beginning of every calendar year	February 1, 2018*
Transition of Care Policy**	Exhibit A, Att. 13, Provision A	Annually	No later than thirty (30) calendar days after the beginning of every calendar year	February 1, 2018
Member Phone Call Report	Exhibit A, Att. 14, Provision B	Monthly	No later than thirty (30) calendar days after the end of the reporting month	March 1, 2018 (January) March 30, 2018 (February) May 1, 2018 (March) June 1, 2018 (April) June 30, 2018 (May) July 31, 2018 (June) August 30, 2018 (July) October 2, 2018 (August) October 30, 2018 (September) November 30, 2018 (October) December 30, 2018 (November) January 30, 2019 (December)
Call Center Reports	Exhibit A, Att. 14, Provision C	Biannually	No later than January 31st and July 31 <sup>st</sup>	January 31, 2018 July 31, 2018
Member Services Guide (Evidence of Coverage)	Exhibit A, Att. 14, Provision D, Sub provision 4	Annually	No later than thirty (30) calendar days after the beginning of every calendar year	February 1, 2018
Member Reminder Template	Exhibit A, Att. 14, Provision D, Sub provision 6	Annually	No later than thirty (30) calendar days after the beginning of every calendar year	February 1, 2018

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Grievance Report (revised template)	Exhibit A, Att. 15, Provision C, Sub provision 2	Quarterly	No later than forty-five (45) calendar days after the end of the reporting quarter	February 15, 2018 (Oct-Dec 2017) May 15, 2018 (Jan-Mar 2018) August 15, 2018 (Apr-Jun 2018.) November 15, 2018 (Jul-Sep 2018)
Marketing Plan	Exhibit A, Att. 17, Provision C. Sub provision 1.	Annually	No later than thirty (30) calendar days after the beginning of every calendar year	February 1, 2018