

DEPARTMENT OF HEALTH CARE SERVICES
AUDITS AND INVESTIGATIONS
CONTRACT AND ENROLLMENT REVIEW DIVISION
SACRAMENTO SECTION

REPORT ON THE DENTAL AUDIT OF

Liberty Dental Plan of California
2023

Contract Number: 12-89343
13-90117

Audit Period: July 1, 2022
through
June 30, 2023

Dates of Audit: November 27, 2023
through
December 8, 2023

Report Issued: March 13, 2024

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PLAN: Liberty Dental Plan of California

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III. INTRODUCTION

Liberty Dental Plan of California (Plan) has a contract with the California Department of Health Care Services (DHCS) to provide dental services to members in Sacramento and Los Angeles counties. The Plan has a license in accordance with the provisions of the Knox-Keene Health Care Service Plan Act of 1975.

The Plan is a specialty dental health plan with its own statewide network of contracted general and specialty dental providers. The Plan provides dental services to members under their Sacramento Geographic Managed Care (GMC) and Los Angeles Prepaid Health Plan (PHP) programs.

The Plan has approximately 296 general providers and 72 specialists for Sacramento County and has approximately 1,157 general providers and 323 specialists for Los Angeles County.

The Plan currently serves 326,808 Medi-Cal members in California. As of December 2023, the Plan's membership was composed of 228,568 GMC and 98,240 PHP members.

❖ COMPLIANCE AUDIT FINDINGS ❖

PLAN: Liberty Dental Plan of California

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II. EXECUTIVE SUMMARY

This report presents the audit findings of the DHCS dental audit for the audit period of July 1, 2022 through June 30, 2023. The audit was conducted from November 27, 2023 through December 8, 2023. The audit consisted of document review, verification studies, and interviews with the Plan’s personnel.

An Exit Conference with the Plan was held on February 14, 2024. The Plan was allowed 15 calendar days from the date of the Exit Conference to provide supplemental information addressing the draft audit report findings. The findings in the report reflect the evaluation of all relevant information received prior and subsequent to the Exit Conference.

The audit evaluated six categories of performance: Utilization Management, Case Management and Coordination of Care, Access and Availability of Care, Members’ Rights, Quality Management, and Administrative and Organizational Capacity.

There were no material findings for the audit period.

❖ COMPLIANCE AUDIT FINDINGS ❖

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III. SCOPE/AUDIT PROCEDURES

SCOPE

DHCS, Contract and Enrollment Review Division, conducted this audit to ascertain whether the dental services provided to Plan members comply with federal and state laws, Medi-Cal regulations and guidelines, and the State's GMC/PHP Contract.

PROCEDURE

An audit was conducted from November 27, 2023 through December 8, 2023. The audit included a review of the Plan's Contract with DHCS, its policies for providing services, the procedures used to implement the policies, and verification studies of the implementation and effectiveness of the policies. Documents were reviewed and interviews were conducted with the Plan's administrators and staff.

The following verification studies were conducted:

Category 1 – Utilization Management

Prior Authorizations: 11 dental services prior authorization files were reviewed. This included two modified, and nine denied prior authorizations. The sample was selected to cover the different specialties of dentistry, different age range of members, and to reflect both Sacramento and Los Angeles counties.

Appeals: Seven dental services appeals were reviewed and included the different specialties in dentistry, children and adults, and to reflect both Los Angeles and Sacramento counties.

Category 2 – Case Management and Coordination of Care

Case Management: Five case management files, and ten special health care needs files were reviewed. Four care coordination files were also reviewed.

Oral Health Assessment: Seven Oral Health Assessment files were reviewed.

Continuity of Care: Four fee-for-service to managed care files were reviewed.

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Category 4 – Members’ Rights

Grievance Procedures: Seven quality of care and 20 quality of service grievances were reviewed for timely resolution, compliance, and submission to the appropriate level of review.

Category 5 – Quality Management

Potential Quality Issues: Seven potential quality issue files were reviewed.

Provider Training: 20 provider training files were reviewed.

Category 6 – Administrative and Organizational Capacity

Fraud, Waste, and Abuse: 20 overpayments, 15 recoveries, and four fraud waste and abuse files were reviewed.