

**DEPARTMENT OF MANAGED HEALTH CARE
HELP CENTER
DIVISION OF PLAN SURVEYS**

TECHNICAL ASSISTANCE GUIDE

**MEDI-CAL DENTAL MANAGED CARE
ADDITIONAL CONTRACT REQUIREMENTS
ROUTINE DENTAL SURVEY
OF**

PLAN NAME

(A Medi-Cal Dental Managed Care Plan)

DATE OF SURVEY:

PLAN COPY

Issuance of this January 15, 2016 Technical Assistance Guide renders all other versions obsolete.

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ADDITIONAL DHCS CONTRACT REQUIREMENTS

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Requirement MDMC-001: Provider Compensation Arrangements – Compensation

CONTRACT CITATIONS

Medi-Cal Dental GMC Program Exhibit A, Attachment 10, Provision A

A. Compensation

The Contractor shall not enter into any subcontract if the compensation or other consideration which the subcontractor shall receive under the terms of the subcontract is determined by a percentage of the Contractor's payment from the State. This subsection shall not be construed to prohibit subcontracts in which compensation or other consideration is determined on a capitation basis.

All providers, FQHCs, RHCs, Indian Health Service Facilities and specialist's compensation arrangements must be submitted to DHCS prior to start of operations. Any additional provider compensation agreements must be submitted to DHCS within thirty (30) days of effective date. DHCS reserves the right to approve or deny any and all compensation agreements.

INDIVIDUAL(S)/POSITION(S) TO BE INTERVIEWED

Staff responsible for the activities described above, for example:

- CEO
- CFO
- Provider Network or Contract Manager

DOCUMENTS TO BE REVIEWED

- Provider Agreement/Contract
- Provider Compensation Addendum (if not in Provider Agreement)
- Policies and procedures describing contractual agreements

MDMC-001 - Key Element 1:

1. The Plan submits compensation arrangements to DHCS prior to the start of operations or 30 days prior to the effective date.

Medi-Cal Dental GMC Program Exhibit A, Attachment 10, Provision A

Assessment Questions	Yes	No	N/A
1.1 Does the Plan have processes in place to ensure timely submission of compensation arrangements?			
1.2 Do the Plan's processes or policies and procedures identify the responsible person in the organization who is accountable for ensuring timely submissions?			

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MDMC-001 - Key Element 2:

- 2. All compensation arrangements are approved by DHCS.
Medi-Cal Dental GMC Program Exhibit A, Attachment 10, Provision A**

Assessment Questions	Yes	No	N/A
2.1 Does the Plan have DHCS approved compensation rates with providers?			
2.2 Does the Plan have processes in place to ensure that compensation is not implemented until DHCS approval has been received?			

MDMC-001 - Key Element 3:

- 3. The Plan's provider compensation, or other consideration which the provider receives under the terms of the provider contract, is determined by capitation or another method, but not based upon a percentage of the Plan's payment from the State.
Medi-Cal Dental GMC Program Exhibit A, Attachment 10, Provision A**

Assessment Questions	Yes	No	N/A
3.1 Is the Plan's compensation methodology used in its provider agreements determined by a method other than a percentage of the payment the Plan receives from the State?			

End of Requirement MDMC-001: Provider Compensation Arrangements – Compensation

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Requirement MDMC-002: Provider Compensation Arrangements – Provider Incentive Plan

CONTRACT CITATIONS

Medi-Cal Dental GMC Program Exhibit A, Attachment 10, Provision C

C. Provider Incentive Plan

Contractor may develop an incentive program for providers. The incentive program must define performance measures, including a measure for preventive services. Contractor must calculate the incentive based upon the percentage of enrolled Medi-Cal Members (ages 0-under 21) that received services.

INDIVIDUAL(S)/POSITION(S) TO BE INTERVIEWED

Staff responsible for the activities described above, for example:

- Dental Director responsible to supervise the implementation of the QA Program.
- QA Director or equivalent
- Provider Relations or Contract Manager

DOCUMENTS TO BE REVIEWED

- Written Incentive Plan if available
- Provider Agreement/Contract
- Addendums/Exhibits to Provider Agreements
- Policies and procedures related to contracting and/or incentive programs
- Reports and tracking tools related to performance measures and/or metrics

MDMC-002 - Key Element 1:

1. The Plan's Provider Incentive Plan defines performance measures as required in the DHCS Contract, Exhibit A, Attachment 10. Medi-Cal Dental GMC Program Exhibit A, Attachment 10, Provision C

Assessment Questions	Yes	No	N/A
1.1 Does the Plan's Incentive Program include predefined performance measures?			
1.2 Does the Plan include a measure for preventive services in the performance measures?			

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MDMC-002 - Key Element 2:

- 2. The Plan calculates incentives based upon the percentage of enrolled Medi-Cal Members (ages 0-under 21) that have received services.
Medi-Cal Dental GMC Program Exhibit A, Attachment 10, Provision C**

Assessment Questions	Yes	No	N/A
2.1 Does the Plan's method for incentive payment to its providers include consideration of the percentage of the number of enrolled Medi-Cal Members (ages 0-under 21)?			

End of Requirement MDMC-002: Provider Compensation Arrangements – Provider Incentive Plan

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Requirement MDMC-003: Marketing – Training and Certification of Market Representatives
This provision applies only if the Plan conducts marketing.

CONTRACT CITATIONS

Medi-Cal Dental GMC Program Exhibit A, Attachment 17, Provision A (1)

A. Training and Certification of Marketing Representatives

If Contractor conducts marketing, Contractor shall develop a training and certification program for marketing representatives, as described in Exhibit A, Attachment 17, and ensure that all staff performing marketing activities or distributing marketing material is appropriately certified.

1. Contractor is responsible for all marketing activity conducted on behalf of the Contractor.

Contractor will be held liable for any and all violations by any marketing representatives.

Marketing staff may not provide marketing services for more than one Contractor. Marketing representatives shall not engage in marketing practices that discriminate against an eligible beneficiary or potential enrollee because of race, color, national origin, creed, ancestry, religion, language, age, gender, marital status, sexual orientation, health status or disability, or practices that reasonably may be interpreted as intended to influence an eligible beneficiary to not enroll in, or disenroll from another plan.

Medi-Cal Dental GMC Program Exhibit A, Attachment 17, Provision A (2)

A. Training and Certification of Marketing Representatives

If Contractor conducts marketing, Contractor shall develop a training and certification program for marketing representatives, as described in Exhibit A, Attachment 17, and ensure that all staff performing marketing activities or distributing marketing material is appropriately certified.

2. Training Program

Contractor shall develop a training program that will train staff and prepare marketing representatives for certification. Contractor shall develop a staff orientation and marketing representative's training/certification manual. The manual shall, at a minimum, cover the following topics:

a. An explanation of the Medi-Cal Dental Program, including both Medi-Cal Dental FFS and capitated Contractors, and eligibility.

b. Medi-Cal Dental Scope of Services.

c. An explanation of the Contractor's administrative operations and dental health delivery system program, including the service area covered, excluded services, additional services, conditions of enrollment and aid categories.

d. An explanation of Utilization Management (how the beneficiary is obligated to obtain all non-emergency dental care through the Contractor's provider network and describing all precedents to receipt of care like referrals, prior authorizations, etc.).

e. An explanation of the Contractor's grievance procedures.

f. An explanation of how a Member disenrolls from the Contractor and conditions for both voluntary and mandatory disenrollment reasons.

g. An explanation of the requirements of confidentiality of any information obtained from Members including information regarding eligibility under any public welfare or social services program.

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- h. An explanation of how marketing representatives will be supervised and monitored to assure compliance with regulations.
- i. An explanation of acceptable communication and sales techniques. This shall include an explanation of prohibited marketing representative activities and conduct.
- j. An explanation of the consequences of misrepresentation and marketing abuses (i.e., discipline, suspension of marketing, termination, civil and criminal prosecution, etc.). The marketing representative must understand that any abuse of marketing requirements can also cause the termination of the Contractor's contract with the State.
- k. An explanation that discrimination in enrollment and failure to enroll a Member due to a pre-existing dental condition are illegal.

Medi-Cal Dental GMC Program Exhibit A, Attachment 17, Provision B, Sub provision 2 B. DHCS Approval

2. Contractor shall notify DHCS at least thirty (30) calendar days in advance of Contractor's participation in all marketing events. In cases where Contractor learns of an event less than thirty (30) calendar days in advance, Contractor shall provide notification to DHCS immediately. Notifications received less than forty-eight (48) hours prior to the event will not be approved by DHCS.

INDIVIDUAL(S)/POSITION(S) TO BE INTERVIEWED

Staff responsible for the activities described above, for example:

- CEO or other senior leader within the organization with responsibility for oversight of marketing and sales.
- Marketing Director or equivalent
- Marketing/Sales staff

DOCUMENTS TO BE REVIEWED

- Marketing Plan
- Marketing/sales training manual
- Training materials/certification requirements
- Policies and procedures related to marketing and sales
- Job descriptions for marketing reps
- Records that reflect who, what and when related to training and certification
- Organization chart for Marketing

MDMC-003 - Key Element 1:

1. The Plan provides a mandatory Orientation Program which that trains and certifies all marketing representatives.

Medi-Cal Dental GMC Program Exhibit A, Attachment 17, Provision A (1)

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Assessment Questions	Yes	No	N/A
1.1 Does the Plan have a structured Orientation Program for marketing representatives to train and certify?			
1.2 Does the Plan ensure that all staff performing marketing activities or distributing marketing materials are appropriately certified by requiring and documenting attendance by the marketing staff at an Orientation Program?			
1.3 Does the Plan ensure that their marketing representatives do not concurrently provide marketing services for any other Medi-Cal Dental GMC plan?			
1.4 Does the Plan ensure that their marketing representatives do not engage in marketing practices that discriminate against an eligible beneficiary or potential enrollee because of race, color, national origin, creed, ancestry, religion, language, age, gender, marital status, sexual orientation, health status or disability, or practices that reasonably may be interpreted as intended to influence an eligible beneficiary to not enroll in, or dis-enroll from another plan?			
1.5 Does the Plan utilize a DHCS approved Training And Certification Program?			
1.6 Are changes in the Training and Certification Program approved in writing by DHCS prior to implementation?			

MDMC-003 - Key Element 2:

2. The Plan has developed a marketing representative’s training/certification manual which includes all subjects outlined in Exhibit A, Attachment 17, Provision A, (2). Medi-Cal Dental GMC Program Exhibit A, Attachment 17, Provision B, (2)

Assessment Questions	Yes	No	N/A
2.1 Has the Plan developed a marketing representative’s training/certification manual which is approved by DHCS?			
2.2 Does the Plan’s training/certification manual contain all of the required elements as outlined in the DHCS contract, Exhibit A, Attachment 17, Provision A, (2)(a)-(k)?			
a. An explanation of the Medi-Cal Dental Program, including both Medi-Cal Dental FFS and capitated Plans, and eligibility?			
b. Medi-Cal Dental Scope of Services?			
c. An explanation of the Plan’s administrative operations and dental health delivery system program, including the service area covered, excluded services, additional services, conditions of enrollment and aid categories?			
d. An explanation of utilization management (how the beneficiary is obligated to obtain all non-emergency dental care through the Plan’s provider network and describing all precedents to receipt of			

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Assessment Questions	Yes	No	N/A
care like referrals, prior authorizations, etc.)?			
e. An explanation of the Plan’s grievance procedures?			
f. An explanation of how a Member dis-enrolls from the Plan and conditions for both voluntary and mandatory disenrollment reasons?			
g. An explanation of the requirements of confidentiality of any information obtained from Members including information regarding eligibility under any public welfare or social services program?			
h. An explanation of how marketing representatives will be supervised and monitored to assure compliance with regulations?			
i. An explanation of acceptable communication and sales techniques? This shall include an explanation of prohibited marketing representative activities and conduct?			
j. An explanation of the consequences of misrepresentation and marketing abuses (i.e., discipline, suspension of marketing, termination, civil and criminal prosecution, etc.)? The marketing representative must understand any abuse of marketing requirements can also cause the termination of the Plan’s contract with the State?			
k. An explanation that discrimination in enrollment and failure to enroll a Member due to a pre-existing dental condition are illegal?			

End of Requirement MDMC-003: Marketing – Training and Certification of Market Representatives

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Requirement MDMC-004: Marketing – Marketing Plans and Activities
This provision applies only if the Plan conducts marketing.

CONTRACT CITATIONS

Medi-Cal Dental GMC Program Exhibit A, Attachment 17, Provision B

B. DHCS Approval

1. Contractor shall not conduct marketing activities without written approval of its marketing plan, or changes to its marketing plan, from DHCS. In cases where the Contractor wishes to conduct an activity not included in the marketing plan, Contractor shall submit a request to include the activity and obtain written, prior approval from DHCS. Contractor must submit the written request within thirty (30) calendar days prior to the marketing event, unless DHCS agrees to a shorter period. The absence of any written notifications indicates the Contractor does not have any additional marketing activities the Contractor wishes to conduct.
2. Contractor shall notify DHCS at least thirty (30) calendar days in advance of Contractor's participation in all marketing events. In cases where Contractor learns of an event less than thirty (30) calendar days in advance, Contractor shall provide notification to DHCS immediately. Notifications received less than forty-eight (48) hours prior to the event will not be approved by DHCS.
3. All marketing materials, and changes in marketing materials, including but not limited to, all printed materials, illustrated materials, videotaped and media scripts, shall be approved in writing by DHCS prior to distribution.

Medi-Cal Dental GMC Program Exhibit A, Attachment 17, Provision C (1)(b)

C. Marketing Plan

If Contractor conducts marketing, Contractor shall develop a marketing plan as specified below. The marketing plan shall be specific to the Medi-Cal Dental Managed Care Program only. Contractor shall ensure that the marketing plan, all procedures and materials, are accurate and do not mislead, confuse or defraud.

1. Contractor shall submit a marketing plan to DHCS for review and approval on an annual basis no later than thirty (30) calendar days after the beginning of each calendar year. The marketing plan, whether new, revised, or updated, shall describe the Contractor's current marketing procedures, activities and methods. No marketing activity shall occur until the marketing plan has been approved by DHCS.

b. Contractor's marketing plan shall contain the following items and exhibits:

- 1) Mission Statement or Statement of Purpose for the marketing plan.
- 2) Organization Chart and Narrative Description

The organizational chart shall include the marketing director's name, address, telephone and facsimile number and key staff positions.

The description shall explain how the Contractor's internal marketing department operates, identifying key staff positions, roles and responsibilities, and, reporting relationships including, if applicable, how the Contractor's commercial marketing staff and functions interface with its Medi-Cal marketing and functions.

- 3) Marketing Locations

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All sites for proposed marketing activities such as annual health fairs, and community events, in which the Contractor proposes to participate, shall be listed.

4) Marketing Activities

All marketing methods and marketing activities Contractor expects to use, or participate in, shall be described. Contractor shall comply with the guidelines described, as applicable, in 22 CCR 53880 and 53881, Welfare and Institutions Code Sections 10850(b), 14407.1, 14408, 14409, 14410, and 14411, and as follows:

- a) Contractor shall not engage in door to door, cold call, telephone, or other marketing for the purpose of enrolling Members or potential enrollees.
- b) Contractor shall obtain DHCS approval to perform in-home marketing presentations and shall provide strict accountability, including documentation of the prospective Member's request for an in-home marketing presentation or a documented telephone log entry showing the request was made.
- c) Contractor shall not conduct marketing presentations at primary dental care sites.
- d) Include a letter or other document that verifies cooperation or agreement between the Contractor and an organization to undertake a marketing activity together and certify or otherwise demonstrate that permission for use of the marketing activity/event site has been granted.

5) Marketing Materials

Copies of all marketing materials the Contractor will use for both English and non-English speaking populations shall be included.

Marketing materials shall not contain any statements that indicate that enrollment is necessary to obtain or avoid losing Medi-Cal benefits, or that the Contractor is endorsed by DHCS, the Centers for Medicare and Medicaid Services, or any other local, state or federal government entity.

A sample copy of the marketing identification badge and business card that will clearly identify marketing representatives as employees of the Contractor shall be included. Marketing identification badges and business cards shall not resemble those of a government agency.

6) Marketing Distribution Methods

A description of the methods the Contractor will use for distributing marketing materials.

7) Monitoring and Reporting Activities

Written formal measures to monitor performance of marketing representatives to ensure marketing integrity pursuant to Welfare and Institutions Code Section 14408(c).

8) Miscellaneous

All other information requested by DHCS to assess the Contractor's marketing program.

- a) Contractor shall not seek to influence enrollment in conjunction with the sale or offering of any private insurance.
- b) The conduct of activities or procedures not included in an approved marketing plan shall constitute a violation of Welfare and Institutions Code Section 14408 and be subject to sanctions in accordance with Section 14409.

Welfare and Institution Code Section 14408(c)

(c)The marketing plan shall meet the standards established by the department. The marketing plan shall include, but not be limited to, an explicit description of the specific marketing activities, the method of identifying individual enrollments by marketing representative, and

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formal measures to monitor performance of marketing representatives and verify both of the following:

- (1) The prepaid health plan's marketing activities and practices do not violate subdivision (a) of Section 14409.
- (2) Beneficiaries receive complete and accurate information about the benefits and limitations of receiving health care services through the prepaid plan in a manner that considers the beneficiary's level of comprehension.

Welfare and Institution Code Section 14409(a)

(a) No prepaid health plan, marketing representative, or marketing organization shall in any manner misrepresent itself, the plans it represents, or the Medi-Cal program or the Healthy Families Program. Violations of this section shall include, but are not limited to:

- (1) False or misleading claims that marketing representatives are employees or representatives of the state, county, or anyone other than the prepaid health plan or the organization by whom they are reimbursed.
- (2) False or misleading claims that the prepaid health plan is recommended or endorsed by any state or county agency, or by any other organization which has not certified its endorsement in writing to the prepaid health plan.
- (3) False or misleading claims that the state or county recommends that a Medi-Cal beneficiary enroll in a prepaid health plan.
- (4) Claims that a Medi-Cal beneficiary will lose his or her benefits under the Medi-Cal program or any other health or welfare benefits to which he or she is legally entitled, if he or she does not enroll in a prepaid health plan.

INDIVIDUAL(S)/POSITION(S) TO BE INTERVIEWED

- Marketing Director
- Marketing staff
- Compliance Officer or equivalent

DOCUMENTS TO BE REVIEWED

- Written Marketing Plan and related policies and procedures
- Marketing calendar
- Monitoring and tracking reports related to marketing activities
- Marketing vendor contracts if applicable

MDMC-004 - Key Element 1:

- 1. If Plan conducts marketing, the Plan's Marketing Plan includes all items and exhibits as outlined in the DHCS contract, Exhibit A, Attachment 17, Provision C (1)(b). Medi-Cal Dental GMC Program Exhibit A, Attachment 17, Provision C (1)(b).**

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Assessment Questions	Yes	No	N/A
1.1 Does the Plan’s Marketing Plan contain a Mission Statement or Statement of Purpose for the Marketing Plan?			
1.2 Does the Plan’s Marketing Plan contain an Organizational Chart and Narrative Description, including the Marketing Director’s name, address, telephone and facsimile number and key staff positions?			
1.3 Does the Narrative Description explain how the Plan’s internal Marketing Department operates, identifying key staff positions, roles and responsibilities, and reporting relationships including, if applicable, how the Plan’s commercial marketing staff and functions interface with its Medi-Cal marketing staff and functions?			
1.4 Does the Plan’s Marketing Plan contain marketing locations for proposed marketing activities such as annual health fairs and community events in which the Plan proposes to participate?			
1.5 Does the Plan’s Marketing Plan contain all marketing methods and marketing activities the Plan expects to use or participate in?			
1.6 Does the Plan’s Marketing Plan contain copies of all marketing materials the Plan will use for both English and non-English speaking populations?			
1.7 Does the Plan’s Marketing Plan contain a description of the methods the Plan will use for distributing marketing materials?			
1.8 Does the Plan’s Marketing Plan contain written formal measures to monitor performance of marketing representatives to ensure marketing integrity pursuant to Welfare and Institutions Code Section 14408(c)?			
1.9 Does the Plan ensure that they do not seek to influence enrollment in conjunction with the sale or offering of any private insurance?			

MDMC-004 - Key Element 2:

2. The Plan only uses DHCS-approved marketing plans and materials, and engages only in DHCS approved marketing activities in marketing the Medi-Cal Dental GMC plan to consumers.

Medi-Cal Dental GMC Program Exhibit A, Attachment 17, Provisions B and C (1)(b)

Assessment Question	Yes	No	N/A
2.1 Does the Plan ensure that marketing materials do not contain any statements that indicate that enrollment is necessary to obtain or avoid losing Medi-Cal benefits?			
2.2 Does the Plan ensure that marketing materials do not contain any statements that indicate that the Plan is endorsed by DHCS, the Centers for Medicare and Medicaid Services, or any other local, state, or federal government entity?			
2.3 Does the Plan’s Marketing Plan contain a sample copy of the marketing identification badge and business card that will clearly			

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Assessment Question	Yes	No	N/A
identify marketing representatives as employees of the Plan?			
2.4 Does the Plan ensure that the badge does not resemble those of a government agency?			
2.5 Has the Plan's current Marketing Plan been approved by DHCS?			
2.6 Does the Plan ensure that it only conducts activities or procedures that are in the approved Marketing Plan?			
2.7 Does the Plan receive approval from DHCS prior to conducting any activity not included in the Marketing Plan? (The absence of written notification indicates the Plan does not have any additional marketing activities the Plan wishes to conduct.)			
2.8 Does the Plan notify DHCS in the required time frame when participating in marketing events? (At least thirty (30) calendar days in advance of Plan's participation in all marketing events, or immediately when the Plan learns of an event less than thirty (30) calendar days in advance.)			
2.9 Are all marketing materials, and changes in marketing materials, including but not limited to, all printed materials, illustrated materials, videotaped and media scripts, approved in writing by DHCS prior to distribution?			
2.10 Are the Plan's Training And Certification Program, and any changes made thereto, approved in writing by DHCS prior to implementation?			

MDMC-004 - Key Element 3:

3. The Plan complies with the marketing guidelines the provisions in the Medi-Cal Dental GMC Program contract including formal written measures to monitor performance of marketing representatives to ensure marketing integrity. Medi-Cal Dental GMC Program Exhibit A, Attachment 17, Provision C, (1)(b)(4) and 1(b)(7); Welfare Institutions Code Section 14408(c).

Assessment Question	Yes	No	N/A
3.1 Does the Plan have a process in place to ensure compliance with the guidelines outlined in the DHCS contract?			
a. Does the Plan ensure that it DOES NOT engage in door to door, cold call, telephone, or other marketing for the purpose of enrolling Members or potential enrollees?			
b. Does the Plan maintain documentation of prospective Members' request for an in-home marketing presentation?			
c. Does the Plan obtain DHCS approval prior to performing in-home marketing presentations?			
d. Does the Plan maintain policies that ensure that it DOES NOT conduct marketing presentations at primary dental care sites?			
3.2 Does the Plan comply with Welfare and Institutions Code section 10850(b) which prohibits the Plan from disclosing or publishing lists			

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Assessment Question	Yes	No	N/A
of persons receiving public social services or any other confidential information?			
3.3 Does the Plan have written measures to monitor performance of marketing representatives to ensure marketing integrity pursuant to Welfare and Institutions Code section 14408(c)?			
a. Does the Marketing Plan contain an explicit description of the specific marketing activities, the method of identifying individual enrollments by marketing representative?			
b. Does the Marketing Plan contain formal measures to monitor performance of marketing representatives and verify that beneficiaries receive complete and accurate information about the benefits and limitations of receiving health care services through the prepaid plan in a manner that considers the beneficiary's level of comprehension?			
c. Does the Marketing Plan contain formal measures to monitor performance of marketing representatives and to verify that he prepaid health plan's marketing activities and practices do not violate Welfare and Institutions Code section 14409 by ensuring the following:			
i. Does the Plan's Marketing Plan monitor and verify that marketing representatives do not make false or misleading claims of representing a government agency or anyone other than the Plan or the organization by whom they are reimbursed?			
ii. Does the Plan's Marketing Plan monitor and verify that marketing representatives do not make false or misleading claims that the prepaid health plan is recommended or endorsed by any government agency, or other organization which has not certified its endorsement in writing to the prepaid health plan?			
iii. Does the Plan's Marketing Plan monitor and verify that marketing representatives do not make false or misleading claims that the State or county recommends that a Medi-Cal beneficiary enroll in a prepaid health plan?			
iv. Does the Plan's Marketing Plan monitor and verify that marketing representatives do not make claims that a Medi-Cal beneficiary will lose his or her benefits under the Medi-Cal Program or any other health or welfare benefits to which he or she is legally entitled, if he or she does not enroll in a prepaid health plan?			

End of Requirement MDMC-004: Marketing – Marketing Plan

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Requirement MDMC-005: Member Services

CONTRACT CITATIONS

42 CFR 438.10(f)(4)

The State, its contracted representative, or the MCO, PIHP, PAHP, or PCCM must give each enrollee written notice of any change (that the State defines as “significant”) in the information specified in paragraphs (f)(6) of this section and, if applicable, paragraphs (g) and (h) of this section, at least 30 days before the intended effective date of the change.

42 CFR 438.10(f)(6) The State, its contracted representative, or the MCO, PIHP, PAHP, or PCCM must provide the following information to all enrollees:

- (i) Names, locations, telephone numbers of, and non-English languages spoken by current contracted providers in the enrollee's service area, including identification of providers that are not accepting new patients. For MCOs, PIHPs, and PAHPs this includes, at a minimum, information on primary care physicians, specialists, and hospitals.
- (ii) Any restrictions on the enrollee's freedom of choice among network providers.
- (iii) Enrollee rights and protections, as specified in § [438.100](#).
- (iv) Information on grievance and fair hearing procedures, and for MCO and PIHP enrollees, the information specified in § [438.10\(g\)\(1\)](#), and for PAHP enrollees, the information specified in § [438.10\(h\)\(1\)](#).
- (v) The amount, duration, and scope of benefits available under the contract in sufficient detail to ensure that enrollees understand the benefits to which they are entitled.
- (vi) Procedures for obtaining benefits, including authorization requirements.
- (vii) The extent to which, and how, enrollees may obtain benefits, including family planning services, from out-of-network providers.
- (viii) The extent to which, and how, after-hours and emergency coverage are provided, including:
 - (A) What constitutes emergency medical condition, emergency services, and poststabilization services, with reference to the definitions in § [438.114\(a\)](#).
 - (B) The fact that prior authorization is not required for emergency services.
 - (C) The process and procedures for obtaining emergency services, including use of the 911-telephone system or its local equivalent.
 - (D) The locations of any emergency settings and other locations at which providers and hospitals furnish emergency services and poststabilization services covered under the contract.
 - (E) The fact that, subject to the provisions of this section, the enrollee has a right to use any hospital or other setting for emergency care.
- (ix) The poststabilization care services rules set forth at § [422.113\(c\)](#) of this chapter.
- (x) Policy on referrals for specialty care and for other benefits not furnished by the enrollee's primary care provider.
- (xi) Cost sharing, if any.
- (xii) How and where to access any benefits that are available under the State plan but are not covered under the contract, including any cost sharing, and how transportation is provided. For a counseling or referral service that the MCO, PIHP, PAHP, or PCCM does not cover because of moral or religious objections, the MCO, PIHP, PAHP, or PCCM need not furnish information on

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how and where to obtain the service. The State must provide information on how and where to obtain the service.

42 CFR 438.10(g) through (h)

(g) Specific information requirements for enrollees of MCOs and PIHPs. In addition to the requirements in § [438.10\(f\)](#), the State, its contracted representative, or the MCO and PIHP must provide the following information to their enrollees:

(1) Grievance, appeal, and fair hearing procedures and timeframes, as provided in §§ [438.400](#) through [438.424](#), in a State-developed or State-approved description, that must include the following:

(i) For State fair hearing—

(A) The right to hearing;

(B) The method for obtaining a hearing; and

(C) The rules that govern representation at the hearing.

(ii) The right to file grievances and appeals.

(iii) The requirements and timeframes for filing a grievance or appeal.

(iv) The availability of assistance in the filing process.

(v) The toll-free numbers that the enrollee can use to file a grievance or an appeal by phone.

(vi) The fact that, when requested by the enrollee—

(A) Benefits will continue if the enrollee files an appeal or a request for State fair hearing within the timeframes specified for filing; and

(B) The enrollee may be required to pay the cost of services furnished while the appeal is pending, if the final decision is adverse to the enrollee.

(vii) Any appeal rights that the State chooses to make available to providers to challenge the failure of the organization to cover a service.

(2) Advance directives, as set forth in § [438.6\(i\)\(2\)](#).

(3) Additional information that is available upon request, including the following:

(i) Information on the structure and operation of the MCO or PIHP.

(ii) Physician incentive plans as set forth in § [438.6\(h\)](#) of this chapter.

(h) Specific information for PAHPs. The State, its contracted representative, or the PAHP must provide the following information to their enrollees:

(1) The right to a State fair hearing, including the following:

(i) The right to a hearing.

(ii) The method for obtaining a hearing.

(iii) The rules that govern representation.

(2) Advance directives, as set forth in § [438.6\(i\)\(2\)](#), to the extent that the PAHP includes any of the providers listed in § [489.102\(a\)](#) of this chapter.

(3) Upon request, physician incentive plans as set forth in § [438.6\(h\)](#).

Medi-Cal Dental GMC Program Exhibit A, Attachment 14, Provision B

B. Member Services Staff

1. Contractor shall maintain the level of knowledgeable and trained staff sufficient to provide covered services to Members and all other services covered under this contract.

2. Contractor shall ensure Member services staff are trained on all contractually required Member service functions including, policies, procedures, and scope of benefits of this contract.

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3. Contractor shall ensure that Member Services staff provides necessary support to Members with chronic conditions (such as asthma, diabetes, congestive heart failure) and disabilities, including assisting Members with complaint and grievance resolution, access barriers, and disability issues.
4. Contractor shall ensure that Member Services staff will refer potential Members to the DHCS enrollment broker when potential Members make a request for enrollment with Contractor.
5. Contractor shall conduct phone calls to Members who have not seen their Primary Care Dentist in the last 12 months. Contractor shall ensure that Members are set up with an appointment, if requested, and Members understand their rights to access to care and services. Contractor shall report the results to DHCS no later than thirty (30) calendar days following the end of the reporting month.
6. Contractor shall ensure that the average wait time during business hours for a Member to speak by telephone with Member services staff does not exceed ten minutes, in accordance with 28 CCR 1300.67.2.2(c)(10).

Medi-Cal Dental GMC Program Exhibit A, Attachment 14, Provision C

C. Call Center Reports

Contractor shall report biannually, no later than January 31st and July 31st of each calendar year, in a format outlined in Exhibit A, Attachment 20, Deliverable Templates, the number of calls received by call type (questions, grievances, access to services, request for dental health education, etc.); the average speed to answer Member services telephone calls with a live voice; and the Member services telephone calls abandonment rate.

Contractor must maintain a weekly average “P” factor of no more than seven (7) percent. “P” factor is defined as the percentage of connected calls versus non-connected calls and/or busy signals.

Medi-Cal Dental GMC Program Exhibit A, Attachment 14, Provision D

D. Written Member Information

1. Contractor shall provide all new Members, and potential enrollees on request only, with written Member information as specified in 22 CCR 53926.5. Contractor shall develop and provide each Member, or family unit, a Member services guide that constitutes a fair disclosure of the provisions of the covered services including, but not limited to, dental health education.
2. Contractor shall distribute the Member information no later than seven (7) calendar days following enrollment. Contractor shall distribute Member information annually to each Member or family unit.
3. Contractor shall ensure that all written Member information is provided to Members at a sixth (6th) grade reading level. The written Member information shall ensure Members’ understanding of the covered services, processes and ensure the Member’s ability to make informed dental health decisions.

Written Member-informing materials shall be translated into the identified threshold and concentration languages discussed in Exhibit A, Attachment 11, Access and Availability, Provision H, Linguistic Services.

Written Member informing materials shall be provided in alternative formats (including Braille, large size print, and audio format) upon request and in a timely fashion appropriate for the format being requested.

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Contractor shall establish policies and procedures to enable Members to make a standing request to receive all informing material in a specified alternative format.

4. The Member services guide shall be submitted to DHCS annually no later than thirty (30) calendar days after the beginning of each calendar year for review prior to distribution to Members. The Member services guide shall meet the requirements of an Evidence of Coverage and Disclosure Form (EOC/DF) as provided in 22 CCR 53920.5, 28 CCR 1300.51(d) and its Exhibit T (EOC) or U (Combined EOC/DF). In addition, the Member services guide shall meet the requirements contained in Health and Safety Code Section 1363, and; (a), as to print size, readability, and understandability of text, and shall include the following information:
 - a. The plan name, address, telephone number and service area covered by the dental health plan.
 - b. A description of the full scope of Medi-Cal Dental Managed Care covered benefits and all available services including dental health education as prescribed in Exhibit A, Attachment 12, Scope of Services, Provision D, Services for All Members, interpretive services provided by plan personnel and at service sites, and “carve out” services and an explanation of any service limitations and exclusions from coverage, or charges for services. Include information and identify services to which the Contractor or subcontractor has a moral objection to perform or support. Describe the arrangements for access to those services.
 - c. Procedures for accessing covered services including that covered services shall be obtained through the plan’s providers unless otherwise allowed under this contract. Include a description of the Member identification card issued by the Contractor, if applicable, and an explanation as to its use in authorizing or assisting Members to obtain services.
 - d. Compliance with the following may be met through distribution of a provider directory: The address and telephone number of each service location (e.g., locations of hospitals, Primary Care Dentists (PCD), Federally Qualified Health Centers (FQHC), Rural Health Clinics and Indian Health Service Facilities). The hours and days when each of these facilities is open, the services and benefits available to include but not limited to: the telephone number to call after normal business hours, the languages spoken, whether the office will see children 0-3, pregnant women and children with special health care needs.
 - e. Procedures for selecting or requesting a change in PCD at any time; any requirements that a Member would have to change PCD; reasons for which a request for a specific PCD may be denied; and reasons why a provider may request a change.
 - f. The purpose and value of scheduling an initial dental health assessment appointment.
 - g. The appropriate use of dental care services in a managed care system.
 - h. The availability and procedures for obtaining after hours services (24-hour basis) and care, including the appropriate provider locations and telephone numbers. This shall include an explanation of the Members’ right to interpretive services, at no cost, to assist in receiving after-hours services.
 - i. Procedures for obtaining emergency dental care from specified plan providers or from non-plan providers, including outside Contractor’s service area.
 - j. Process for referral to specialists in sufficient detail so Member can understand how the process works, including timeframes.
 - k. Procedures for obtaining any transportation services to service locations that are offered by Contractor or available through the Medi-Cal program, and how to obtain such services. Include

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a description of both medical and non-medical transportation services and the conditions under which non-medical transportation is available.

Medi-Cal Dental GMC Program Exhibit A, Attachment 14, Provision E

E. Member Notification of Changes in Access to Covered Services

Contractor shall ensure Members are notified in writing of any changes in the availability or location of covered services, or any other changes in information listed in 42 CFR 438.10(f)(4), at least thirty (30) calendar days prior to the effective date of such changes. In the event of a natural disaster or emergency, Contractor shall provide notice to Members as soon as possible, but no later than fourteen (14) calendar days. The notification to Members must be presented to and approved in writing by DHCS prior to its release.

Medi-Cal Dental GMC Program Exhibit A, Attachment 14, Provision F

F. Primary Care Dentist Selection

1. Contractor shall implement and maintain DHCS approved procedures to ensure that each new Member has an appropriate and available PCD. Contractor shall ensure that Members are allowed to change a PCD, upon request, by selecting a different Primary Care Dentist from Contractor's network of providers.
2. Contractor shall disclose to affected Members any reasons that their selection or change in PCD could not be made.
3. Contractor shall ensure that Members with an established relationship with a provider in Contractor's network, who have expressed a desire to continue their patient/provider relationship, are assigned to that provider without disruption in their care.

Medi-Cal Dental GMC Program Exhibit A, Attachment 14, Provision G

G. Primary Care Dentist Assignment

1. If the Member does not select a Primary Care Dentist within thirty (30) calendar days of the effective date of enrollment, Contractor shall assign that Member to a Primary Care Dentist and notify the Member and the assigned Primary Care Dentist no later than forty (40) calendar days after the Member's enrollment. When assigning a Primary Care Dentist to a Member, the Contractor must take into consideration the age, location and linguistics of the Member and provider. The Contractor shall ensure that adverse selection does not occur during the assignment process of Members to Primary Care dentists. If, at any time, a Member notifies the Contractor of a primary care dentist or subcontracting dental plan choice, such choice shall override the Member assignment to a Primary Care Dentist or subcontracting dental plan.
2. Contractor shall notify the Primary Care Dentist that a Member has selected or been assigned to the provider within ten (10) calendar days from when selection or assignment is completed by the Member or the Contractor, respectively. The Contractor shall provide to the PCD the address, phone number and all contact information the plan has on the Member.

INDIVIDUAL(S)/POSITION(S) TO BE INTERVIEWED

Staff responsible for the activities described above, for example:

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- Member Services Manager
- Member services Representative
- Network Manager
- Provider Representative

DOCUMENTS TO BE REVIEWED

- Policies and procedures related to Member Services
- Member Services Guide or equivalent
- Job descriptions
- Training materials/orientation guide used to train member services staff
- Quality metrics specific to Member Services and related monitoring, including those specific to call center operations and performance measures
- Policies and procedures related to provider directory, including distribution.
- Tracking tools to determine compliance with distribution of member materials within 7 days of enrollment
- Processes used to ensure grade level materials and communications
- Outreach log or other tracking tool

MDMC-005 - Key Element 1:

1. Member Services Staff: The Plan maintains knowledgeable and trained staff sufficient to provide covered services to Members and all other services covered under this contract.

Medi-Cal Dental GMC Program Exhibit A, Attachment 14, Provision B

Assessment Questions	Yes	No	N/A
1.1 Does the Plan maintain knowledgeable and trained staff sufficient to provide covered services to Members and all other services covered under the Medi-Cal Dental GMC Program?			
1.2 Does the Plan ensure that Member Services staff are trained on all contractually required member service functions including policies, procedures, and scope of benefits of the Medi-Cal Dental GMC Program?			
1.3 Does the Plan ensure that Member Services staff provide necessary support to Members with chronic conditions and disabilities, including assisting Members with complaint and grievance resolution, access barriers, and disability issues?			

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Assessment Questions	Yes	No	N/A
1.4 Does the Plan ensure that Member Services staff will refer potential Members to the DHCS enrollment broker when potential Members make a request for enrollment with Plan?			
1.5 Does the Plan conduct phone calls to Members who have not seen their Primary Care Dentist in the last 12 months? And ensure that Members are set up with an appointment, if requested, and understand their rights to access to care and services?			
1.6 Does the Plan report the results of the above referenced phone calls to DHCS no later than 30 calendar days following the end of the reporting month?			
1.7 Does the Plan ensure that the average wait time during business hours for a Member to speak by telephone with Member Services staff does not exceed 10 minutes?			

MDMC-005 - Key Element 2:

- 2. Written Member Information: The Plan provides all new Members with written Member information as specified in 22 CCR 53926.5, including a Member Services Guide.
Medi-Cal Dental GMC Program Exhibit A, Attachment 14, Provision D**

Assessment Questions	Yes	No	N/A
2.1 Has the Plan developed a Member Service Guide that provides a fair disclosure of the provisions of the covered services, including, dental health education?			
2.2 Does the Plan provide the Member Services Guide to Members no later than 7 calendar days following enrollment? And annually thereafter?			
2.3 Does the Plan ensure that all written Member information is provided to Members at a 6 th grade reading level?			
2.4 Does the Plan translate written member informing materials into the identified threshold and concentration languages?			
2.5 Does the Plan provide written Member informing materials in alternative formats (including Braille, large size print, and audio format) upon request and in a timely fashion appropriate for the format requested?			
2.6 Does the Plan have policies and procedures which enable Members to make a standing request to receive all informing material in a specified alternative format?			
2.7 Does the Plan submit the Member Services Guide to DHCS annually, no later than 30 calendar days after the beginning of each calendar year, and prior to distribution to Members?			
2.8 Does the Plan submit a one page annual Member Reminder to DHCS for approval no later than 30 days after the beginning of each year for			

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Assessment Questions	Yes	No	N/A
distribution to members during their enrollment anniversary?			
2.9 Does the Plan send a new identification card to each Member, which identifies the Member and authorizes the covered services, including a statement that emergency services rendered to the Member by non-contracting providers are reimbursable by the Plan without prior authorization?			

MDMC-007 - Key Element 3:

- 3. Primary Care Dentist Selection: The Plan implements and maintains DHCS approved procedures to ensure that each new Member has an appropriate and available PCD, and may change their PCD, upon request, by selecting a different Primary Care Dentist from Plan’s network of providers.
Medi-Cal Dental GMC Program Exhibit A, Attachment 14, Provision F**

Assessment Questions	Yes	No	N/A
3.1 Has the Plan implemented DHCS approved procedures to ensure that each new Member has an appropriate and available PCD?			
3.2 Does the Plan have processes in place to allow Members, upon request, to change their Primary Care Dentist to another in-network Primary Care Dentist?			
3.3 Does the Plan have processes in place to disclose to affected Members any reasons that their selection or change in Primary Care Dentist could not be made?			
3.4 Does the Plan have processes in place to ensure Members with an established relationship with an in-network provider, and who have expressed a desire to continue their patient/provider relationship, are assigned to that provider without disruption in their care?			

MDMC-007 - Key Element 4:

- 4. The Plan assigns Members to a Primary Care Dentist in accordance with the Medi-Cal Dental Managed Care Contract when no selection is made.
Medi-Cal Dental GMC Program Exhibit A, Attachment 14, Provision G**

Assessment Questions	Yes	No	N/A
4.1 Does the Plan have processes in place to assign the Member to a Primary Care Dentist, if the Member does not select a Primary Care Dentist within thirty (30) calendar days of the effective date of enrollment?			
4.2 Does the Plan have processes in place to notify the Member and the assigned Primary Care Dentist no later than forty (40) calendar days after the Member’s enrollment?			

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Assessment Questions	Yes	No	N/A
4.3 Does the Plan have processes in place to ensure that the age, location and linguistics of the Member and provider are taken into consideration when assigning a Primary Care Dentist to a Member?			
4.4 Does the Plan have processes in place to ensure that when a Member notifies the Plan of a Primary Care Dentist or subcontracting dental plan choice, such choice overrides the Member assignment to a Primary Care Dentist or subcontracting dental plan?			
4.5 Does the Plan notify the Primary Care Dentist that a Member has selected or been assigned to the provider within ten (10) calendar days from when selection or assignment is completed by the Member or the Plan?			
4.6 Upon notification of selection/assignment, does the Plan provide the Primary Care Dentist with the address, phone number and all contact information the Plan has on the Member?			

MDMC-007 - Key Element 5:

**5. Member Notification of Changes in Access to Covered Services: The Plan ensures Members are notified in writing of any changes in the availability or location of covered services, or any other changes in information listed in 42 CFR 438.10(f)(4), in the timeframes outlined in the DHCS Contract.
Medi-Cal Dental GMC Program Exhibit A, Attachment 14, Provision E;
42 CFR 438.10(f)(4), 42 CFR 438.10(g)-(h)**

Assessment Questions	Yes	No	N/A
5.1 Does the Plan notify members in writing of any changes in availability or location of covered services at least thirty days prior to the effective date of the change?			
5.2 Does the Plan provide written notice to its enrollees about changes in the information listed in 42 CFR 438.10(f)(4) at least thirty days prior to the effective date of the changes to?			
a. Names, locations, telephone numbers of and non-English languages spoken by current contracted providers in the enrollee's service area?			
b. Providers that are not accepting new patients?			
c. Any restrictions on the enrollee's freedom of choice among network providers?			
d. Procedures for obtaining benefits including authorization requirements?			
e. Processes and procedures regarding access to emergency services?			
i. The extent to which and how after-hours and emergency care is provided?			

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Assessment Questions	Yes	No	N/A
ii. What constitutes an emergency dental condition, emergency services, and poststabilization services?			
iii. The fact that prior authorization is not required for emergency services?			
iv. The process and procedures for obtaining emergency services including the use of the 911- telephone system or its equivalent?			
v. The locations of any emergency settings and other locations at which providers and hospitals furnish emergency services and poststabilization services covered under the contract?			
vi. The fact that the enrollee has a right to use any hospital or other setting for emergency care?			
vii. The definition of emergency or poststabilization care?			
f. Policy on referrals for specialty care and for other benefits not furnished by the enrollee's primary care provider?			
g. Physician incentive plans?			
5.3 Does the Plan have policies in place to notify a member of any changes in the State fair hearings and grievance and appeals information specified in 42 CFR 438.10(g) at least thirty days prior to the effective date of the change?			
a. Grievance, appeal and fair hearing procedures and timeframes including?			
b. The right to a State fair hearing?			
c. The method for obtaining a hearing?			
d. The rules that govern representation at a hearing?			
e. The right to file grievance and appeals?			
f. The requirements and timeframes for filing a grievance and appeal?			
g. The availability of assistance in the filing process?			
h. The toll-free numbers that the enrollee can use to file a grievance or appeal by phone?			
5.4 Does the Plan inform the enrollee if requested benefits will continue if the enrollee files an appeal or a request for a State hearing within the specified timeframes?			
5.5 If the enrollee requests benefit to continue, is the enrollee informed that they may be required to pay the cost of services furnished while the appeal is pending, if the final decision is averse to the enrollee?			
5.6 Does the Plan inform the enrollee of any changes in the appeal rights that the State chooses to make available to providers to challenge the failure of the organization to cover a service?			

End of Requirement MDMC-007: Member Services