

STATE OF CALIFORNIA
Budget Change Proposal - Cover Sheet
 DF-46 (REV 08/15)

Fiscal Year 2016-17	Business Unit 4260	Department Health Care Services	Priority No.
Budget Request Name 4260-011-BCP-DP-2016-GB		Program 3960010	Subprogram

Budget Request Description
 Medi-Cal Dental Program Integrity

Budget Request Summary

The DHCS, Medi-Cal Dental Services Division (MDS), requests 4.0 positions and expenditure authority of \$503,000 (\$222,000 General Fund (GF) and \$281,000 Federal Trust Fund). The staff will address current and anticipated workload increases due to findings and recommendations of the California State Auditor (CSA) and Office of Inspector General (OIG) audits.

Requires Legislation <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Code Section(s) to be Added/Amended/Repealed	
Does this BCP contain information technology (IT) components? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <i>If yes, departmental Chief Information Officer must sign.</i>	Department CIO	Date

For IT requests, specify the date a Special Project Report (SPR) or Feasibility Study Report (FSR) was approved by the Department of Technology, or previously by the Department of Finance.

FSR SPR Project No. Date:

If proposal affects another department, does other department concur with proposal? Yes No
Attach comments of affected department, signed and dated by the department director or designee.

Prepared By <i>[Signature]</i>	Date 1.5.16	Reviewed By <i>[Signature]</i>	Date 1/6/16
Department Director <i>[Signature]</i>	Date 1/6/16	Agency Secretary <i>[Signature]</i>	Date 1/7/16

Department of Finance Use Only

Additional Review: Capital Outlay ITCU FSCU OSAE CALSTARS Dept. of Technology

BCP Type: Policy Workload Budget per Government Code 13308.05

PPBA <i>Manicris B. Acos</i>	Date submitted to the Legislature 1/8/16
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BCP Fiscal Detail Sheet

BCP Title: Medi-Cal Dental Program Integrity

DP Name: 4260-011-BCP-DP-2016-GB

Budget Request Summary

	FY16					
	CY	BY	BY+1	BY+2	BY+3	BY+4
Positions - Permanent	0.0	4.0	4.0	4.0	4.0	4.0
Total Positions	0.0	4.0	4.0	4.0	4.0	4.0
Salaries and Wages						
Earnings - Permanent	0	261	261	261	261	261
Total Salaries and Wages	\$0	\$261	\$261	\$261	\$261	\$261
Total Staff Benefits	0	126	126	126	126	126
Total Personal Services	\$0	\$387	\$387	\$387	\$387	\$387
Operating Expenses and Equipment						
5301 - General Expense	0	24	16	16	16	16
5302 - Printing	0	8	8	8	8	8
5304 - Communications	0	8	8	8	8	8
5322 - Training	0	4	4	4	4	4
5324 - Facilities Operation	0	36	36	36	36	36
5344 - Consolidated Data Centers	0	4	4	4	4	4
5346 - Information Technology	0	4	4	4	4	4
539X - Other	0	28	0	0	0	0
Total Operating Expenses and Equipment	\$0	\$116	\$80	\$80	\$80	\$80
Total Budget Request	\$0	\$503	\$467	\$467	\$467	\$467
Fund Summary						
Fund Source - State Operations						
0001 - General Fund	0	222	206	206	206	206
0890 - Federal Trust Fund	0	281	261	261	261	261
Total State Operations Expenditures	\$0	\$503	\$467	\$467	\$467	\$467
Total All Funds	\$0	\$503	\$467	\$467	\$467	\$467
Program Summary						
Program Funding						
3960010 - Medical Care Services (Medi-Cal)	0	503	467	467	467	467
Total All Programs	\$0	\$503	\$467	\$467	\$467	\$467

Personal Services Details

Salary Information

Positions	Min	Mid	Max	<u>CY</u>	<u>BY</u>	<u>BY+1</u>	<u>BY+2</u>	<u>BY+3</u>	<u>BY+4</u>
5393 - Assoc Govtl Program Analyst (Eff. 07-01-2016)				0.0	2.0	2.0	2.0	2.0	2.0
5731 - Research Analyst II (Eff. 07-01-2016)				0.0	1.0	1.0	1.0	1.0	1.0
5734 - Research Mgr I (Eff. 07-01-2016)				0.0	1.0	1.0	1.0	1.0	1.0
Total Positions				0.0	4.0	4.0	4.0	4.0	4.0

Salaries and Wages	<u>CY</u>	<u>BY</u>	<u>BY+1</u>	<u>BY+2</u>	<u>BY+3</u>	<u>BY+4</u>
5393 - Assoc Govtl Program Analyst (Eff. 07-01-2016)	0	124	124	124	124	124
5731 - Research Analyst II (Eff. 07-01-2016)	0	65	65	65	65	65
5734 - Research Mgr I (Eff. 07-01-2016)	0	72	72	72	72	72
Total Salaries and Wages	\$0	\$261	\$261	\$261	\$261	\$261

Staff Benefits	<u>CY</u>	<u>BY</u>	<u>BY+1</u>	<u>BY+2</u>	<u>BY+3</u>	<u>BY+4</u>
5150350 - Health Insurance	0	62	62	62	62	62
5150600 - Retirement - General	0	64	64	64	64	64
Total Staff Benefits	\$0	\$126	\$126	\$126	\$126	\$126
Total Personal Services	\$0	\$387	\$387	\$387	\$387	\$387

Analysis of Problem

A. Budget Request Summary

The Department of Health Care Services (DHCS), Medi-Cal Dental Services Division (MDSD), requests 4.0 full-time permanent positions and \$503,000 (\$222,000 General Fund (GF) and \$281,000 Federal Fund). The staff is needed to address current and anticipated increases in workload due to ongoing efforts in connection with the findings and recommendations of the California State Auditor (CSA) and Office of Inspector General (OIG) audits. Pursuant to the CSA audit recommendations, MDSD plans to implement additional tangible measurements to more effectively oversee and monitor the Fiscal Intermediary's (FI) contractual obligations and plans to increase monitoring of beneficiary utilization and provider network adequacy to ensure adequate access to care, which will increase workload in all units within MDSD. Additionally, as a result of the OIG audit findings, an increased workload is anticipated in connection with pertinent administrative modifications to help mitigate fraudulent billings, and an increased workload is anticipated in connection with work on program integrity assurance efforts and expanded utilization monitoring responsibilities as required by the Center for Medicaid and Medicare Services (CMS) and the State Legislature. With the new positions, MDSD will be able to meet operational needs in order to ensure compliance with State law and Medicaid State Plan requirements and will be able to maintain transparency with the stakeholder community and the general public.

B. Background/History

MDSD is responsible for overseeing the provision of dental services to Medi-Cal beneficiaries through two different delivery systems: Dental Fee-for-Service (FFS) and Dental Managed Care (DMC). Under the FFS model, MDSD contracts with a dental FI to provide dental care to over 11,500,000 Medi-Cal beneficiaries statewide. Under the DMC model, MDSD contracts with several DMC plans that provide dental care to over 800,000 Medi-Cal beneficiaries in Sacramento and Los Angeles counties. The Medi-Cal population has continued to grow through transitions, as well as expanded services. The Medi-Cal program has additionally expanded the scope of dental services to the adult population, resulting in increased programmatic utilization of benefits and support services.

The Medi-Cal Dental Program is funded at a minimum of 50 percent Federal Financial Participation (FFP) for both the DMC and FFS contracts. FFP in the state Medicaid dental program is contingent upon compliance with CMS requirements, including but not limited to:

- Reporting Requirements
 - CHIP Annual Report Template System (CARTS)
 - DMC Performance Measures and Benchmarks per Welfare and Institutions code (W&I) 14459.6
 - FFS Performance Measures and Quality and Access Criteria per W&I 14132.915
- Other Reporting
 - Updates to the California Oral Health Action Plan

Additionally, the state Medicaid dental program is allocating resources towards advancing the following CMS goals:

- Increase in each state by ten percentage points the proportion of children enrolled in Medicaid who receive a preventive dental service; and

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- Increase by 10 percentage points the proportion of children ages six to nine enrolled in Medicaid who receive a dental sealant on a permanent molar tooth.

The Medi-Cal Dental Program has continued to see an increasing number of beneficiaries enroll in the program particularly in connection with the Affordable Care Act that became effective January 1, 2014. Additionally, select adult optional dental benefits were restored effective May 1, 2014 for approximately 5,000,000 adults, necessitating the need for increased monitoring to proactively address any access to care issues particularly as they apply to the findings of the 2014 CSA audit and the dental program's ability to monitor the program performance. As a result of these changes, expanded responsibilities have been required by CMS and the State Legislature which include but are not limited to:

- Monitoring and reporting of Fee-for-Service (FFS) 11 performance measures per W&I 14132.915 as mentioned above
- Monitoring and reporting of grievances and outcomes per W&I 14132.915
- Monitoring and reporting on access to care
- Regularly establishing and updating appropriate quality and access criteria and benchmarks
- Consulting with the stakeholder community to ensure appropriate measures are being considered and that potential access issues are recognized and corrected proactively

**Medi-Cal Dental Services Division
Resource History**

(Dollars in thousands)

Program Budget	2010-11	2011-12	2012-13	2013-14	2014-15
Authorized Expenditures	2,597	2,597	2,859	3,176	3,470
Actual Expenditures	2,478	2,465	2,665	3,176	3,470
Revenues	N/A	N/A	N/A	N/A	N/A
Authorized Positions	32.0	32.0	32.0	35.0	35.0
Filled Positions	27.2	26.4	29.2	29.1	30.0
Vacancies	4.8	5.6	2.8	5.9	5.0

Workload History

Workload Measure	2010-11	2011-12	2012-13	2013-14	2014-15	2015-16
TSC Access to Care Monitoring Report	0	0	0	5	12	12
CARTS reporting	0	0	0	1	1	1
Request for Proposals	0	1	0	1	2	2
DMC Deliverables	144	144	144	480	480	480
Stakeholder Committees	2	2	2	3	6	9
Audits	41	67	29	16	40	40
Beneficiary Dental Exception (BDE)	0	0	287	331	594	850
BDE Reporting	0	0	10	12	12	12

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Workload Measure	2010-11	2011-12	2012-13	2013-14	2014-15	2015-16
State Hearing Review	724	738	622	846	1,419	1,730
Beneficiary Reimbursement Packet (Conlan)	77	71	60	48	65	80
General Beneficiary Inquiries	0	0	1,867	2,302	3,349	4,800

C. State Level Considerations

This proposal, if approved, would assist DHCS in reaching its commitments outlined in the most recent strategic plan:

- Improve and maintain health and well-being through effective prevention and intervention
 - Additional analytics, fiscal, and contract management staff would be used to improve the quality and timeliness of data collection, analysis, and monitoring to enable rapid-cycle quality improvement.

- Develop effective, efficient, and sustainable health care delivery systems
 - Additional analytics and contract management staff would be used to adopt and utilize evidence based health care policies and utilization management criteria.

- Maintain effective open communication and engagement with the public, our partners, and other stakeholders
 - The beneficiary unit analyst and contract management staff would be used to implement processes to better manage stakeholder communication and message coordination in advance of and during the Department's initiatives.

- Hold the Department and providers, plans, and partners accountable for performance
 - The additional provider services and contract management staff would be able to ensure all contracts contain metrics of accountability; use metrics tied to payment to drive value and quality; strengthen contracts with managed care plans to raise their role in oversight and monitoring of their contractors; and report publicly on our performance as a department.

- Be prudent, responsible fiscal stewards of public resources
 - Additional staff would be used to maximize the use of project management tools to encourage improvement in quality and efficiency; identify and prioritize areas to reduce waste, fraud, and abuse; and ensure oversight and compliance in: 1) state and federal laws and regulations; 2) program standards; 3) contractual requirements.

D. Justification

The Medi-Cal dental program currently provides services for the largest population of beneficiaries that the dental program has ever experienced. Due to added scrutiny regarding

Analysis of Problem

program performance from CMS and as a result of the CSA and OIG Audit findings, additional program integrity assurance efforts will be necessary through increased contractor oversight in order to adequately comply with CMS', CSA's, and OIG's expectations. MDSD anticipates that this will result in increased dental program quality and accountability and reduce program fraud and abuse that could generate long-term program savings. Consistent monitoring of the contractors will provide MDSD the opportunity for early intervention in making proactive program improvements.

Beneficiary Services Unit (BSU) 1.0 position:

MDSD would utilize 1.0 Associate Governmental Program Analyst (AGPA) to supplement the Beneficiary Services Unit (BSU). This unit is responsible for tasks such as: monitoring the Beneficiary Dental Exception (BDE) phone line which provides assistance to Sacramento dental managed care beneficiaries who are unable to secure access to services through their dental managed care plan, processing and responding to general telephone and written correspondences from fee-for-service beneficiaries; processing and approving beneficiary State Hearing cases pursuant to statute; processing and approving of beneficiary reimbursement cases (Conlan); analyzing access to care data and developing access and utilization reports for the Department and its stakeholders; coordinating the Department's beneficiary outreach campaign(s); and analyzing the fiscal intermediary and dental managed plans' adherence to contractual requirements related to beneficiary services.

In its 2014 audit of the Medi-Cal Dental program, CSA recommended DHCS establish criteria for assessing beneficiary utilization, establish procedures for periodically identifying geographic areas where utilization fails to meet established criteria, and implement actions to resolve any declining trends identified during its monitoring efforts. The BSU is currently working with stakeholders to finalize the department's criteria for assessing utilization and will use the final criteria to perform ongoing monitoring of utilization throughout the state. As areas with low utilization rates are identified, the BSU will be responsible for establishing mitigation strategies to include targeted beneficiary outreach and education efforts within underserved areas to expand beneficiary knowledge of the Medi-Cal dental program and importance of timely dental care. The BSU will also be responsible for reporting utilization rates publicly on a quarterly basis.

CSA also recommended that DHCS monitor the number of beneficiaries having difficulty accessing appointments with providers. The BSU will be responsible for performing this monitoring and reporting any issues identified to DHCS leadership and stakeholders. The BSU will need to develop survey instruments and processes for periodic data collection on beneficiary access and will also be responsible for performing monthly reporting of referral data on timely appointment access collected via the Denti-Cal Telephone Service Center.

As a result of the increased monitoring, care coordination, and efforts to improve utilization (including increased beneficiary and provider outreach), the Beneficiary Services Unit anticipates an increase in the number of beneficiaries who need assistance through general correspondences, the BDE, State hearings and the beneficiary reimbursement process. This requested position will assist in the administration of the BSU and to provide beneficiary support as required per the CSA's recommendations and Legislature's call to action.

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Provider Services Unit (PSU) 1.0 position:

MDSD would utilize 1.0 AGPA to support the expansion of the Provider Services Unit (PSU), which is responsible for monitoring the provider network, including outreach, utilization review, monitoring of the Surveillance and Utilization Review Subsystem (S/URS), program integrity operations, provider enrollment functions, provider referral list operations, and provider support and training. An important responsibility of this unit is the ability to effectively counteract fraud within the provider network and ensure the timely enrollment of prospective providers, including the ability to immediately suspend and/or dis-enroll suspected fraudulent providers, and the option to re-enroll such providers after suspension.

Additional measures for continuous monitoring of the provider network and policies to address underserved areas will be implemented in 2015 and 2016 as part of MDSD's response to the CSA Audit findings. The PSU is also responsible for the evaluation of its network to assess whether an existing exemption would apply to its participating providers. The PSU is also responsible for the policy and exemption development for other provider groups based on access to care analyses and upcoming work related to the removal of the Assembly Bill (AB) 97 (Chapter 3, Statutes of 2011) ten percent payment reductions. Moreover, the PSU is responsible for capturing information about provider capacity and implementing modifications to the referral database according to its results to provide more robust services to the beneficiary population. Furthermore, the monitoring and reporting of participating providers in the network will need to be further developed and increased. With the influx of over 3,500,000 beneficiaries into the program, this unit will need to be adequately staffed to manage the increasing need of both beneficiaries and providers.

Analytics Group 2.0 positions:

1.0 Research Manager (RM) I and 1.0 Research Analyst (RA) II are needed to increase the capabilities of the Analytics group. MDSD currently has an Analytics Group consisting of 2.0 RA IIs. The RAs are the sole resource for MDSD data driven reporting through DHCS' Management Information System Decision Support System (MISDSS) and other data software. The population expansion of the Medi-Cal dental program as a result of implementation of the ACA and the additional coverage of certain adult dental services effective May 1, 2014, have heightened the importance of ongoing monitoring of the provider network strength and trends in beneficiary utilization to ensure early identification of indicators of network inadequacy/barriers to access. Furthermore, a number of CSA audit findings necessitate an increase in data assessment and/or reporting performed by the Department, including the establishment/adoption of criteria for assessing provider participation and beneficiary utilization and an annual dental reimbursement rate study as delineated in W&I 14079.

The Analytics Group will be responsible for performing Tableau software system revisions to facilitate ongoing reporting of beneficiary utilization data based on the newly developed criteria for assessing utilization (including modifications/additions to data stratification e.g. age/ethnicity/etc.). The Analytics Group will also be responsible for pulling data required for assessment of provider participation and regional deficiencies in the Denti-Cal network. Most importantly, the Analytics group will be solely responsible for the research, data pulling, and analysis of this rate study and will need to ensure that the factual comparative information put forth from the rate study not only comply with the requirements of W&I but also serves to inform and provide the Legislature with a clear picture of how California's rates compare to like states across a multitude of data sets.

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As a result of CSA's recent report on the Medi-Cal Dental program, DHCS has seen a substantial increase in the interest and data inquiries from both executive management as well as the stakeholder community. In addition to stakeholder data inquiries via the Public Records Act requests, the Analytics Unit will be responsible for regularly reporting on various measures, including utilization, access to care, and provider participation. Per the CSA audit recommendations, this increased monitoring, oversight, and quarterly reporting will incur a substantial increase in workload for the Analytics Group, and the two additional positions will be key in ensuring appropriate and timely data for program and contractor monitoring is completed on a regular and ongoing basis.

E. Outcomes and Accountability

Approval of the requested 4.0 positions will enable the Division to comply with federal and state law and Medicaid State Plan requirements, as well as maintain transparency with the stakeholder community and the general public.

Projected Outcomes

Workload Measure	2015-16	2016-17	2017-18	2018-19	2019-20	2020-21
TSC Access to Care Monitoring Report	12	12	12	12	12	12
CARTS reporting	1	1	1	1	1	1
Access to Medi-Cal Covered Health Care	1	1	1	1	1	1
DMC Deliverables	14	14	14	14	14	14
Stakeholder Committees	9	9	9	9	9	9
Audits	24	36	40	40	40	40
FFS Deliverables	340	340	340	340	340	340
Dental Dashboard Updates	24	24	24	24	24	24
BDE Calls/Correspondence	850	850	850	850	850	850
General Beneficiary Inquiries (Calls/Correspondence)	4,800	4,800	4,800	4,800	4,800	4,800
State Hearings	1,730	1,730	1,730	1,730	1,730	1,730
Beneficiary Reimbursements	80	80	80	80	80	80

F. Analysis of All Feasible Alternatives

Alternative 1: Approve 4.0 full-time permanent positions and \$503,000 (\$222,000 GF, \$281,000 FF).

Pros:

- Would allow the MDSD to be able to meet operational needs in order to ensure compliance with federal and State law and Medicaid State Plan requirements and to maintain transparency with the stakeholder community and the general public.

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- Would allow the MDSO to quickly and effectively implement changes to address the CSA audit findings within the FFS program.
- Would allow the MDSO to maintain staff focused on dental audit recoveries which currently yield about \$1.9 million (\$950,000 GF) annually.

Con:

- Necessitates General Fund to fund these positions.

Alternative 2: Approve 3.0 full-time permanent positions and \$383,000 (\$161,000 GF, \$222,000 FF). This Alternative excludes 1.0 AGPA from Alternative 1.

Pros:

- Costs less than alternative 1.
- Would allow MDSO to be able to meet some operational needs in order to ensure compliance with federal and State law and Medicaid State Plan requirements and to maintain transparency with the stakeholder community and the general public.

Cons:

- Necessitates GF to fund the remaining requested positions.
- Failure to supply adequate staffing for Departmental priorities, legislatively mandated requirements, and day-to-day operations may result in lack of compliance with State and federal requirements, CSA audit recommendations, inability to provide adequate contractor and program oversight, inability to work towards CMS goals, and may result in loss of Federal Financial Participation for the program estimated to be more than \$450,000,000.

Alternative 3: Approve 2.0 full-time permanent positions and \$250,000 (\$111,000 GF, \$139,000 FF). This Alternative excludes 1.0 RM I from Alternative 2.

Pros:

- Costs less than alternative 1.
- Would allow the MDSO to be able to meet some operational needs in order to ensure compliance with federal and State law and Medicaid State Plan requirements and to maintain transparency with the stakeholder community and the general public.

Cons:

- Necessitates GF to fund the remaining positions.
- Would not adequately staff the Analytics Unit, which is responsible for tasks that rely heavily on data mining and analysis necessary to complete mandated reports.
- Existing Research Analysts within MDSO would continue to lack a Research Manager to assist on the most complex data analytic assignments.
- Failure to supply adequate staffing for Departmental priorities, legislatively mandated requirements, and day-to-day operations may result in lack of compliance with State and federal requirements, CSA audit recommendations, inability to provide adequate contractor and program oversight, inability to work towards CMS goals, and may result in loss of Federal Financial Participation for the program estimated to be more than \$450,000,000.

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G. Implementation Plan

Upon approval of this request, MDSD will work with DHCS Human Resources Branch to hire staff.

H. Supplemental Information

DHCS is currently at capacity and will need cubicle build outs including cabling at an estimated one-time cost of \$28,000.

I. Recommendation: Alternative 1

MDSD recommends the approval of the 4.0 full-time permanent positions and \$503,000 (\$222,000 GF/ \$281,000 FF).

With the approval of the requested full time positions, MDSD will be able to comply with federal and State law and Medicaid State Plan requirements without disrupting services to the Medi-Cal dental program beneficiaries and providers. However, if MDSD's proposal is denied, MDSD will fail to adequately balance the increased daily workload, competing priorities, and the impromptu highly visible requests from the Department, federal and State organizations, stakeholders, and the Legislature to implement new or modified policies and procedures to improve the Medi-Cal dental program pursuant to the recommendations of the CSA audit. Failure to supply adequate staffing for Departmental priorities, legislatively mandated requirements, and day-to-day operations may result in lack of compliance with State and federal requirements, with CSA recommendations, and with the ability to work towards CMS goals. Failure to successfully carryout the aforementioned responsibilities may result in loss of Federal Financial Participation for the program estimated to be more than \$450,000,000. Furthermore, inadequate staffing would strain DHCS's ability to continue dental audit recoveries currently yielding about \$1.9 million (\$950,000 GF) annually.

WORKLOAD STANDARDS
Medical Dental Services Division
Analytics Group
1.0 Research Analyst II 805-480-5731-XXX
Permanent

Activities	Number of Items Monthly	Hours per Item	Total Hours
Program Integrity – Determine any dental data challenges with reports from the front and back-end. Assists and facilitates remediation of dental data challenges that has been identified. Investigate accuracy of dental data which includes, but is not limited to, claims, provider, and beneficiary data.	1	8	96
Annual Reporting - Contribute to research and data analytic reporting for annual reporting mandated by statute. Includes Annual Rate Study and RASD Annual Access Monitoring Reporting.	1	20	240
Special Projects - Work independently or collaboratively to research, analyze, and report on any issues that may impact the Medi-Cal dental program as a whole (includes Managed Care and Fee-For-Service). Provide executive staff with data driven analysis to make business decisions. Includes Provider Network Analysis, access to care reporting, and any additional topics or projects determined by executive staff. Provide division staff with data reports for day to day business needs and monthly monitoring.	2	22	528
MIS/DSS Reports - Simple: Generate Adhoc reports and analyzes data results in Business Objects based on < 3 parameters. Includes simple PRA requests.	3	4	144
MIS/DSS Reports - Complex: Generate Adhoc reports and analyze data results in Business Objects based on > 3 parameters. Includes complex PRA requests, extensive research on issue topics and reporting on the analysis of the data.	1	16	192
Dashboard Design - Develop dashboards to assist program staff in better managing budgets, increase transparency with the public, and improve outcomes.	3	10	360
Dashboard Maintenance - Maintain and revise existing dashboards on a monthly basis by providing updated necessary information for programming to create datamarts. Includes the oversight of Tableau licensed users, permissions assigned, and the costs.	4	5	240
Mapping - Generate geographical maps in ArcGIS to provide clear visuals for upper management to make business decisions on issues.	1	3	36
Presentations - Present to executive staff methods that would facilitate more effective decision-making and strategic planning based on data.	1	1	12

Attachment A

Activities	Number of Items Monthly	Hours per Item	Total Hours
Presentation Prep - Prepare for presentations with executive staff by compiling data and visuals that would allow simple understanding of complex topics and decision making.	1	4	48
Webinars/User Meetings - Attend Webinars and User Meetings in order to remain up to date with recent system changes to any software used and various research methodologies shared throughout the Department on data analytics.	6	1	72
Staff Meetings - Participate and update management with projects and timeframes.	6	1	72
Miscellaneous (emails, admin, etc.) - Miscellaneous office duties requested by management. Includes email correspondence.	8	.5	48
Total hours worked			2088
1,800 hours = 1 Position			
Actual number of Positions requested			1.0

WORKLOAD STANDARDS
Medical Dental Services Division
Analytics Group
1.0 Research Manager I (RM I) 805-480-5734-XXX
Permanent

Activities	Number of Items Monthly	Hours per Item	Total Hours
Review of All Staff Assignments	108	1	1296
Staff Training and Mentoring	12	1	144
Staff Meetings: Participate and update management with projects and timeframes.	30	1	360
Miscellaneous (emails, admin, etc.): Miscellaneous office duties requested by management. Includes email correspondence.	16	.25	48
Total hours worked			1848
1,800 hours = 1 Position			
Actual number of Positions requested			1.0

WORKLOAD STANDARDS
Medical Dental Services Division
Provider Services Unit
1.0 AGPA 805-480-5393-XXX
Permanent

Activities	Number of Items Monthly	Hours per Item	Total Hours
Provider Services: Research and analyze various FI and Contractor data, dental plan policy documents and manuals, and other monthly/quarterly/yearly reports as needed. Assess provider participation and network capacity within the fee-for-service delivery system and develop mitigation strategies to address geographic problem areas are identified.	10	2	240
Assess and publicly report provider participation and network capacity within the fee-for-service delivery system. Develop mitigation strategies to address geographic problem areas are identified.	1	30	360
Develop corrective action plans to improve the quality of information provided by the FI and DMC plans	1	2	24
Technical Assistance: Provide program policy interpretation/guidance, contract requirement clarification, and technical assistance to FI staff and care contractor representatives	20	2	480
Assist with federally and legislatively mandated monthly reporting requirements	7	2	168
Projects: Conduct projects related to improving the experiences of providers in the FFS and DMC delivery systems	2	2	48
Review documentation for CD-MMIS for changes that may affect the provider network, provider relations, provider enrollment, or provider compensation arrangement provisions of the FFS or GMC delivery systems.	7	2	168
Review and sign off on invoices from the contractor(s)	1	1	12
S/URS: Monitor FI contractor's S/URS operations for contract compliance; monitor S/URS system to flag suspected fraudulent behavior	9	2	216
Forward indicators of fraud to the appropriate organization for action and process requests from OLS and A&I	1	1	12
Miscellaneous (emails, admin, etc.): Miscellaneous office duties requested by management. Includes email correspondence.	6	1	72
Staff Training (of self and others)	1	1	12
Meeting Attendance	2	1	24
Total hours worked			1836
1,800 hours = 1 Position			
Actual number of Positions requested			1.0

WORKLOAD STANDARDS
Medical Dental Services Division
Beneficiary Services Unit
1.0 AGPA 805-480-5393-XXX
Permanent

Activities	Number of Items Monthly	Hours per Item	Total Hours
Beneficiary Dental Exception: Ensure Assembly Bill 1467 is implemented through the Beneficiary Dental Exception (BDE) process. Support and respond to beneficiaries through email/mail/fax correspondence, respond to all phone calls on the BDE 800 line, communicate with DMC plans to ensure timely access to care, facilitate dental cases that may involve medical assistance by other DHCS Divisions to ensure access to care thru both medical and dental providers, analyze and prepare required monthly BDE reports.	20	0.5	120
Fiscal Intermediary and Dental Managed Care Contracts Compliance: Independently analyze, comprehend, and monitor Fiscal Intermediary's (FI) and Dental Managed Care (DMC) plans contractually required obligations related to beneficiaries, oversee compliance with Knox-Keene Timely Access Standards for referrals to dental providers, active and critical review of the grievances filed through the FI and DMC plans, and maintain contractual compliance with beneficiary outreach, oral health education standards, and goals. Coordinate grievance reporting between the FI and DMC plans and the Office of Public Advocate pursuant to SB 857. Provide state hearing oversight to the FI and DMC plans pertaining to position statements, conditional waivers and proposed decisions. Analyze Beneficiary Reimbursement Packet (Conlan) referrals and process invoices.	22	1	264
Beneficiary Utilization and Access Analysis and Mitigation Strategy Development: Provide analysis, data extraction, compilation of data, and required reporting related to beneficiary utilization, referrals made within Timely Access Standards through the Telephone Service Center (TSC), distances traveled for care, and network adequacy assessments, track data that indicates dental issues that have medical related issues involved. Analyze and prepare monthly Access to Care reports pertaining to Knox-Keene Timely Access standards. Develop quarterly reports of beneficiary utilization. Guide development of the beneficiary outreach plan including enhancing beneficiary educational material, supporting coordination of focus groups, and assisting with researching the effectiveness of oral health education material. Coordinate DHCS beneficiary outreach strategies and mailing campaigns that are informed by utilization assessments and which aim to increase utilization both regionally and statewide.	12	4	576

Activities	Number of Items Monthly	Hours per Item	Total Hours
Beneficiary Communication and Customer Service: Provide quality customer service to beneficiaries seeking dental treatment, address complaints grievances received within both the fee-for-service and dental managed care delivery. Assess and respond to beneficiaries' general inquiries received telephone and mail.	12	5	720
Miscellaneous (emails, admin, etc.): Miscellaneous office duties requested by management. Includes email correspondence. Attend stakeholder meetings and provide support on specialized projects such as med-dental collaborations.	18	1	216
Total hours worked			1896
1,800 hours = 1 Position			
Actual number of Positions requested			1.0