

Policy and Procedure			
Policy Name:	Added Value Benefits - California Medi-Cal Program	Policy ID:	CL.014.01
Approved By:	Dental Director (signature on file)	Effective Date:	1/1/2013
States:	California	Revision Date:	N/A
Application:	California Medicaid Programs		

This policy applies for operations under Premier Access Insurance Company and Access Dental Plan. For the purposes of this Policy, Premier Access Insurance Company and Access Dental Plan shall be collectively referred to as "Premier Access".

Purpose

To identify implementation processes for offering enhanced benefits and coverage for targeted California Medi-Cal Program beneficiaries.

Policy

It is **Premier Access'** desire to include additional benefits/ services for the enrolled beneficiaries beyond the defined benefits of the California Medi-Cal Program, not only to enhance beneficiary retention in the managed care delivery model, but also to provide added value to the oral health of the enrollees. Added-value benefits and coverage are included that are fiscally sound and align with the health outcome goals of the Department of Health Care Services (DHCS).

Definitions

Procedure

1. Added value benefits and coverage include **four** specific additional benefits outlined below.
2. **Premier Access** includes additional services for adult members (ages 21 and over) in the California Medi-Cal Program that are limited to *Federally Required Adult Dental Services* benefits:
 - a. One routine examination (CDT D0150 or D0120) per calendar year to aid in establishing some level of dental home engagement with these beneficiaries; and
 - b. One routine prophylaxis per calendar year (CDT D1110);
 - c. The services are included within the contracted primary care dentist scope of service and compensation.
3. **Premier Access** includes additional services for child members (ages 0 to 21) in the California Medi-Cal Program:
 - a. Additional fluoride varnish treatments (CDT D1206) beyond the 1 per 6 months that are limited in the program – based on high risk caries risk assessment and in accordance with professional periodicity standards.
 - i. Frequency limits for fluoride varnish treatments (CDT D1206) will be waived based on the treatment plan recommended by the treating dental provider, subject to dental consultant review, as determined by **Premier Access**.
 - b. Non-emergency transportation reimbursement for all approved specialty referrals. While the Primary Care dental home is in close proximity to the member, necessary and appropriate specialty care may require additional travel distance and time.
 - i. The Referral/Case Management Department will facilitate travel reimbursement for members in conjunction with the approval of referrals for specialist dental services.
 - ii. Approvals of referrals will include information regarding the benefit and how to receive reimbursement.

References

California Medi-Cal GMC and LAPHP Contract Documents, RFP response (2012)

RELATED POLICY: **Policy CL.003.02, Referrals for Specialist Dental Care – California Medi-Cal Program**

Revision History

Date:	Description
01/01/2013	Written policy developed.