

**SUMMARY OF PROPOSED MODEL CONTRACT CHANGES  
 SINCE JANUARY 19, 2011 BOARD MEETING**

SECTION		PAGE	TYPE OF CHANGE	COMMENTS
IV. Covered Services and Benefits	B.1. California Children Services (CCS)	21	Substantive	<ul style="list-style-type: none"> <li>Clarifies that services provided, and not just authorized, by the CCS Program are not covered under this contract.</li> </ul>
IV. Covered Services and Benefits	B.3. California Children's Services (CCS)	21	Non-Substantive	<ul style="list-style-type: none"> <li>Reorganizes the section to improve flow and context.</li> </ul>
IV. Covered Services and Benefits	B.7.a. California Children's Services (CCS)	22	Non-Substantive	<ul style="list-style-type: none"> <li>Clarifies that providers who refer children to CCS are still responsible for providing preventive dental services.</li> </ul>
IV. Covered Services and Benefits	B.8. California Children's Services (CCS)	23	Substantive	<ul style="list-style-type: none"> <li>Clarifies Contractor's responsibility for providing dental services once the CCS Program is providing services to treat the CCS-eligible condition.</li> </ul>
IV. Covered Services and Benefits	B.9. California Children Services (CCS)	24	Substantive	<ul style="list-style-type: none"> <li>Clarifies Contractor's responsibility to provide covered services to treat the CCS condition in the event the CCS Program does not provide the <u>covered</u> services needed to treat a CCS-eligible condition.</li> </ul>
IV. Covered Services and Benefits	C. Other Public Linkages	24	<u>Non-Substantive</u>	<ul style="list-style-type: none"> <li>Deletes unrelated program references.</li> <li>Adds language clarifying that local education agencies include schools.</li> </ul>

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IV. Covered Services and Benefits	F.2. Copayments	24	Non-Substantive	<ul style="list-style-type: none"> <li>•Clarifies when the Contractor must instruct providers to offer extended payment plans.</li> </ul>
IV. Covered Services and Benefits	F.3. Copayments	25	Substantive	<ul style="list-style-type: none"> <li>•Requires the Contractor to annually report the copayments paid by <u>all</u> subscriber households in the previous benefit year.</li> </ul>
IV. Covered Services and Benefits	G.2. Coordination of Benefits	25	Substantive	<ul style="list-style-type: none"> <li>•Adds a requirement that Contractor designate at least one employee as a Health Plan Liaison to coordinate benefits and services, and resolve issues with a subscriber's health plan.</li> </ul>
V. Clinical Quality Measures and Management Practices	A.1. Measuring Clinical Quality	27	<u>Non-</u> Substantive	<ul style="list-style-type: none"> <li>•Changes the title of Attachment III from "Quality Indicators" to "Performance Measures."</li> <li>•<del>Adds language stating that the dental performance measures may be amended to include core quality measures as required by CMS.</del></li> </ul>
V. Clinical Quality Measures and Management Practices	B.3. Measuring Consumer Satisfaction	28	Non-Substantive	<ul style="list-style-type: none"> <li>•Clarifies that the State will release the D-CAHPS data to applicants.</li> <li>•Requires Contractor to provide its logo and signature to the State, rather</li> </ul>

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				than to the Survey Vendor.
V. Clinical Quality Measures and Management Practices	C. Dental Care Services	29	Substantive	<ul style="list-style-type: none"> <li>•Requires Contractor to notify applicants twice a year of the benefits of periodic oral health exams.</li> <li>•<a href="#">Adds language allowing telephone or e-mail messages for the second notice.</a></li> </ul>
V. Clinical Quality Measures and Management Practices	D.2. Encounter and Claims Data	29-30	Non-Substantive	<ul style="list-style-type: none"> <li>•Requires Contractor to provide encounter and claims data no later than <del>60</del> 30 days after requested by the State.</li> <li>•Requires encounter and claims data to be submitted no later than 180 days after the end of the month in which a service was rendered.</li> </ul>
V. Clinical Quality Measures and Management Practices	D.3. Encounter and Claims Data	30	Substantive	<ul style="list-style-type: none"> <li>•Requires the Contractor to provide encounter and claims data retroactively to January 1, <del>2006</del> <a href="#">2008 instead of 2006.</a></li> </ul>
V. Clinical Quality Measures and	E.1. Quality Performance	31	Non-Substantive	<ul style="list-style-type: none"> <li>•Relocates Section from V.I. to V.E.</li> </ul>

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Management Practices				
V. Clinical Quality Measures and Management Practices	E.2.b. Quality Performance	31-32	Substantive	<ul style="list-style-type: none"> <li>•Requires Contractor to collaborate with the State and its contracted consultants to develop and implement quality improvement projects and provide all information requested by the State.</li> <li>•The State may require the Contractor to submit a quality improvement plan and may take other actions including, but not limited to, restricting Contractor's enrollment if the Contractor's performance is not acceptable.</li> </ul>
V. Clinical Quality Measures and Management Practices	E.4.a. Performance Standards <del>and Payments</del>	32	<u>Non-Substantive</u>	<ul style="list-style-type: none"> <li>•Contractor acknowledges that it and the other dental contractors annually report dental performance measures.</li> </ul>
V. Clinical Quality Measures and Management Practices	E.4.b. Performance Standards <del>and Payments</del>	32-33	Substantive	<ul style="list-style-type: none"> <li>•Adds a new section establishing a Minimum Performance Level (MPL) for each performance measure.</li> <li>•Requires Contractor to submit a Performance Improvement Plan (PIP) for each measure for which Contractor</li> </ul>

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				<p>does not meet the MPL <u>for the “Overall Utilization of Dental Services, children enrolled for 1 year (OUDS1) measure in the previous calendar year.</u></p> <ul style="list-style-type: none"> <li>•Outlines the elements of the PIP.</li> <li>•Requires <u>A</u>additional reporting by <u>Contractor</u> until improvement is demonstrated.</li> </ul>
V. Clinical Quality Measures and Management Practices	E.4.c. Performance Standards <del>and Payments</del>	33-34	Substantive	<ul style="list-style-type: none"> <li>•Requires Contractor to show <u>demonstrable</u> improvement in each performance measure from year to year.</li> <li>•Describes the steps the Contractor must take if performance in <u>the OUDS1</u><del>any</del> measure declines.</li> <li>•Indicates the State may take action if Contractor’s performance has not improved to the State’s satisfaction.</li> <li>•<del>The State will provide performance payments when the Contractor meets or exceeds the MPL, if sufficient funds are appropriated for this purpose. Performance payments will be calculated based on the Contractor’s level of performance above the MPL.</del></li> </ul>

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SECTION		PAGE	TYPE OF CHANGE	COMMENTS
<del>V. Clinical Quality Measures and Management Practices</del>	<del>E.4.d. Performance Standards and Payments</del>	34	Substantive	•Placeholder for performance payments.
V. Clinical Quality Measures and Management Practices	H. Group Needs Assessment	34	Substantive	•Requires the Contractor to submit an update to the 2011 Group Needs Assessment no later than September 30, 2012.
V. Clinical Quality Measures and Management Practices	I. Quality Assurance Program	35	Non-Substantive	•Section moved to V.E.1.
Attachment XX			Substantive	<ul style="list-style-type: none"> <li>•Establishes the <a href="#">Minimum Performance Level MPL</a> for each dental performance measure.</li> <li>•<a href="#">For the OUDS 1 Measure, establishes a distinct minimum performance level for the dental HMOs and a different minimum performance level for the dental EPOs.</a></li> </ul>
<a href="#">Attachment III</a>		1	<a href="#">Non-Substantive</a>	• <a href="#">Changes the contract period from 2010-11 to 2011-12.</a>

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SECTION		PAGE	TYPE OF CHANGE	COMMENTS
	<a href="#">2. Overall Utilization of Dental Services</a>	1	<a href="#">Substantive</a>	<ul style="list-style-type: none"> <li>•<a href="#">Changes the numerator and denominator from members enrolled for 1 year to members enrolled for at least 11 of the past 12 months.</a></li> </ul>