CALIFORNIA ASSOCIATION OF DENTAL PLANS

News

PUBLISHED BY THE CALIFORNIA ASSOCIATION OF DENTAL PLANS

SPRING 2008

President's Report

Len Matuszak

"The trouble with referees is that they know the rules, but they do not know the game".

The new legislative season is running at full speed and Health Care, with Dental Care in its wake, is the target of a substantial portion of these initiatives. More legislation is in progress than most can remember, almost all of it intending to modify the way your business models have been established to meet the market needs you have identified. As it always has, CADP - your Association — is spearheading the effort to provide legislators with the information necessary to help them understand why so many of their intended outcomes are misapplied to Dental Benefits.

Keeping every Association member informed of the direction legislation and resultant regulation is taking is probably more important than it has ever been. Jo-Linda Thompson and Mary Antoine, CADP's representatives from the Nossaman firm, CADP Board members and Executive Director Jackie Miller are involved in rapidly delivering this ever changing information to each of your organizations. We ask you now to more actively participate in this process by reviewing communication regarding potential legislation and regulations and supporting the efforts whenever possible with your time or your resources.

Already our actions have resulted in meaningful revisions to a number of the legislative initiatives to the benefit of the populations being served by dental products. Again we are respectful in reminding these legislators and their staffs that in the outcomes this legislation anticipates - Dental is Different - "they need to know the game"!

With all these issues needing attention, it seems like an appropriate time for you and others in your company to come to the desert to be informed and entertained at what we know will be another valuable Annual Conference. Reflecting the environment we are all in, the Annual Conference is titled: "Trends, Transitions and Uncertainties". For the 19th consecutive year the Conference will feature topics and formats that are sure to be of interest to everyone. Make this an opportunity for a wide variety of your personnel to be challenged and informed on the issues that are most important for our industry's growth. … And while we are at it let's do it all in Country, California Style!

In a new departure this year, in addition to the agenda for CADP's Annual Conference, we have asked representatives from DMHC to conduct a Compliance Training Workshop. This training workshop is targeted to deliver the information that compliance staff in your organization will find valuable as well as allow them the opportunity to resolve issues that might not be possible in other venues. Staff members that you might not otherwise have expected to attend the Annual Conference now have the opportunity to have this focused experience that wouldn't be available in any other format and it has a lower cost than attending the entire Conference. Please take advantage of the opportunity.

Special thanks go in advance to Dr. Reza Abbaszadeh, Bryan Geremia, Jeff Album, Dr. Charles Stewart and Jackie Miller, with Board Assistance, for organizing what is sure to rank as one of our best Conferences ever.

Don't Miss It!

What's Inside

Dots and Dashes
Page 2

Legislative Report
Page 3

Regulatory Report
Page 4-5

19th Annual Conference Update
Page 6-7

In the News
Page 8

CALIFORNIA ASSOCIATION OF DENTAL PLANS News

The *CADP News* is published quarterly. Your suggestions and/or comments are encouraged. Please write or call:

CALIFORNIA ASSOCIATION OF DENTAL PLANS

One Capitol Mall, Suite 320
Sacramento, CA 95814-3229

916/446-3122 • FAX: 916/444-7462

Jackie Miller, *Executive Director*

email: jmiller@amgroup.us
www.caldentalplans.org

CADP Board of Directors

Len Matuszak
President
Western Dental Services, Inc.

Jeff Album
Vice President
Delta Dental of California

Kirk Andrews
Secretary-Treasurer
UnitedHealthcare Dental

Susan Klarner
Past President
Venture Health Group

Reza Abbaszadeh, DDS
Access Dental Plan

Stephen Casey
California Dental Network

Bryan Geremia
Aetna Dental of California, Inc.

Robin Muck
SafeGuard Health Enterprises

Charles Stewart, DMD
Aetna Dental of California, Inc.
Chair, Quality Managment Committee
(dental director representative)

Dots and Dashes

Charles D. Stewart, DMD
Chair Quality Management Committee

Spring is traditionally a time of renewal and rejuvenation. Keeping with this theme – it's appropriate to remind all of you that the upcoming Quality Management Conference and Quality Assurance Consultant Course in Indian Wells will fulfill the needs of those desiring to renew their QA Consultant (Auditor) Certificates. And speaking of Rejuvenation! The structure of the course is completely new for 2008. All the case studies are digitized, thus eliminating the need for those bulky radiograph viewboxes. The records have been developed to permit reaching a consensus without many of the sources of discontent (though there are intentional sources of discussion remaining in the course). The structural review portion of the course takes attendees to a new office location and explores the world of compliance with the language assistance regulations, which become mandatory on 1-1-2009. Yes, the two courses required for license renewal, Infection Control and the California Dental Practice Act, are still offered as a value added benefit of the Quality Management Conference (required by the Dental Board of California for license renewal in the 2008-2010 cycle).

CADP has had its license as a registered provider renewed until 2010, thus allowing the continuance of awarding Dental Board of California-certified Continuing Education Hours. Top this off with a lecture from Dr Wenyuan Shi, titled "Managing Dental Disease with Modern Diagnostic and Therapeutic Tools," and you have a once-in-a-lifetime opportunity for renewal and rejuvenation! Perhaps an even greater announcement of rejuvenation is the addition of Dr. Donna Nagata as a co-instructor of the course. Donna has brought a new energy and excitement to the development and teaching of the materials in the course, and I am sure all in attendance will see this! Plan to attend the Quality Management Conference on May 30 and 31, 2008 in Indian Wells!

The March Meeting of the Quality Management Committee was graciously hosted by UnitedHealth Care. In this meeting we had a guest speaker from Care Credit. This provided the initial opportunity for open communication between the plans and this organization. The discussion was open, and at times heated, with factual representation of issues with Care Credit as experienced by the plans relative to financial arrangements and issues from many providers. The outcome of this discussion was the establishment of a line of communications, and the ultimate agreement to follow-up on some of the points raised.

The Children's Oral Health Initiative was again a central topic for the March meeting. Dr. Gary Dougan (Western Dental) presented a status report from his attendance at the January OHAC meeting. Gary's message was that the Children's Health issue seemed to be getting more confused, complicated by the proposed state budget cuts as related to dentistry. He emphasized the importance of the establishment and maintenance of additional access points for dental care as the ultimate solution to deal with the epidemic of dental disease. Many other committee members reported activities in support of this QMC strategic initiative, many of those in conjunction with Give Kids a Smile® and National Children's Dental Health Month. It is estimated that with all the activity, committee members were able to reach (through education, screening or treatment) over 2,000 children. Though this number seems to be large, it's not even making a blip on the screen as far as the dental needs of children. It is estimated that there are over one million children with unmet dental needs in the State of California. Plans with activities reported were; Aetna, Care First, MDC/ Guardian, Western, Liberty, and SmileCare. These plan activities allow additional access points and start the process for many children, some of whom have never seen a dentist!

The Shared Assessment Warehouse Project was discussed at length, and a live tutorial was presented by Bernadette Downey of Gennius. This tutorial explored the recent enhancement made to the program which allows a plan to coordinate its scheduled QA Assessments with other plans. The program now allows a Plan to select an office it desires to review, and also allows the identification of an office to be referred to another plan by establishing a communication channel that permits such identification and coordination. This is for assessments that are planned in the near future. The ability to extract existing assessments was also discussed and tips for accomplishing this were part of her presentation. A subcommittee will review the first year of the project and determine appropriate reimbursement levels for the coming year. Drs. Cary Sun and Michael Pink will join me and two members of the Board of Directors on this subcommittee.

Remember the Spring Thing! Renew and rejuvenate at the Quality Management Conference on May 30 & 31! See You There!

Legislative Report

Jo-Linda Thompson, Nossaman Guthner Knox & Elliott LLP

Spring in Sacramento can only mean three things: Legislators will introduce hundreds of new bills; a State budget deficit will be announced and the deficit will have so many zeros that a normal person will be unable to comprehend how large it is; and occasionally a new Assembly Speaker and a new Pro Tem in the Senate will be selected to lead each house and negotiate with the Governor on "Big" issues (lead being a loose and relative term).

This is the year all three of these spring things have happened in your Capitol, plus a new Health Insurance Initiative for the 2010 ballot has been announced. The Foundation for Taxpayer and Consumer Rights based in Santa Monica will now resolve the healthcare crisis. This is the same group that passed Proposition 103, the auto insurance reform initiative, in 1988. The Healthcare initiative is not yet ready for distribution, but the following details are now generally known.

The initiative would remove HMO's from the regulatory authority of the State Department of Managed Health Care and place them in the California Department of Insurance.

It would order all plans to get their rates approved in advance by the state and force them to justify those rates; rates judged to be "arbitrary or capricious" would be thrown out.

Rescinding coverage after an illness sets in would be outlawed. Extra costs for special services and out-of-pocket maximums, would be capped, as would prescription drug costs. Patients could not be penalized for changing doctors or care plans. The plans would be required to submit detailed financial information to state regulators who would have the authority to penalize companies for violations and seize companies that may become financially insolvent.

I guess the good news is that the Foundation has also announced that it will not move ahead with this initiative if the new U.S. President passes a health plan that provides universal access or some other plan that meets the criteria the Foundation has established for adequate regulation and governmental oversight of healthcare in California. It is not yet known if this initiative will include dental benefits.

Next, the budget….. Governor Schwarzenegger proposed his budget plan in January. His plan includes the elimination of Adult Dental benefits in the Medi-Cal program (along with the elimination of chiropractic, vision and acupuncture services) as well as across-the board 10 percent budget cuts. These cuts include a 10 percent cut to Medi-Cal providers, the same providers that have not received a rate increase since 2001. CADP, CMA and CDA are concerned that the rate reduction will cause providers to leave Medi-Cal and cause more patients to go to emergency rooms rather than primary care. CADP opposes elimination of Adult Dental benefits and the provider rate cuts. We have written to the Budget Committees and have testified against elimination of Adult Dental services, and we have also lobbied against the provider rate cuts.

We do recognize, however, that there is a severe budget problem and a number of CADP members have come together to determine whether there are any specific benefits that can be eliminated to reduce the cost of the program. CADP did this analysis a number of years ago when the state faced a similar budget crisis. We submitted our suggestions and the legislature adopted them in that instance. If we must move in that direction again, your CADP working group has prepared a suitable list of benefit cuts that we can offer if we need to do that to avoid elimination of Adult Dental and hopefully the provider rate cuts.

Preserving the dental benefit this year remains challenging primarily because of the economic environment. The Department of Finance released February's actual revenue report and California collected $88 million less than forecast, with year to date revenues $275 million below forecast. Our hope of a recovering economy providing additional revenue for the State budget is now fading. The final, heavy negotiating on these benefit and rate cuts will be done when the May revision to the budget is released mid-May. CADP will continue to work to preserve the benefit and defeat the provider rate cuts.

The final draft of the CADP 2008 bill list has been forwarded to member plans. Our informal Dental caucus has assembled, compared lists and lobbying strategies. We have already been working with CDA, the sponsor of SB 1387 (Padilla) to amend their bill. We have developed language that we anticipate will be accepted and amended into the bill.

There are quite a few bills on the priority list, and I am currently contacting authors and staff to determine if they are planning amendments to these bills and if they have considered the impact of their legislation on dental plans. We've already successfully been removed from SB 1440 (Kuehl), which would require that plans spend no more than 15 percent on administrative costs.

Finally, in case you missed it, both the Senate and the Assembly have chosen new leaders and are working on their transition plans. The new Pro Tem is Sacramento Senator Darrell Steinberg who will be taking over in August; the new Speaker is Assemblywoman Karen Bass from Los Angeles. It is not yet clear when she will become Speaker but the political fallout from her selection is becoming more public.

Assemblyman Hector De La Torre was removed as Chair of the powerful Assembly Rules Committee and replaced by Assemblyman Ted Lieu of Torrance. Assemblyman Anthony Portantino found out from a fax sent to his office that he had been removed as Chair of the Higher Education Committee (the Speaker later rescinded this action). Both De La Torre and Portantino had been considered front runners jockeying for the Speakership. Evidently Hector De La Torre was not confused or surprised. He knew the well established rule in Sacramento politics …. Losing isn't good.

Regulatory Report

Mary Powers Antoine, Nossaman Guthner Knox & Elliott LLP

Below is a chart updating the latest information on the Department of Managed Health Care's currently pending regulations and regulations under consideration.

CURRENTLY PENDING REGULATIONS

Regulation	Status	Remarks
AB 2179 – Timely Access to Health Care Services (Adds Rule 1300.67.2.2)	On January 11, 2008, the DMHC submitted its final regulatory package to the Office of Administrative Law. On February 28, 2008, the Office of Administrative Law rejected these regulations on the basis that the DMHC failed to follow the required procedure and that the proposed regulatory action or modification was defective or inadequate. The DMHC must now begin the regulatory process all over again.	The consumer groups were extremely upset with the DMHC's significant revisions to the regulations during this last go-around. Further, they charged that the DMHC made such significant changes that the regulations were essentially re-written and for this reason the 15-day comment period was inadequate. Director Ehnes faced aggressive questioning about this regulatory process when she testified before the Senate Health Committee on March 27, 2008.
Balance Billing – Proposed Addition of Rule 1300.71.39: Definition of Unfair Billing Patterns; Prohibition Against Balance Billing by Emergency Services Providers Independent Dispute Resolution Process – Proposed Revisions to Rules 1300.71.38 and 1300.71: Criteria for Determining Reasonable and Customary Payment for Non-Contracted Providers	In August 2007, the DMHC withdrew the first set of proposed regulations and began a new regulatory process. Public hearings were held in October and November, and many physicians testified against the regulations. The written comment period for the regulations closed on November 30, 2007. We have recently received word that the DMHC will be withdrawing the current version and proposing new regulations that will include a provision that states that a provider's balance billing an enrollee is an unfair billing practice.	CADP will review the new regulations when they are released to evaluate their impact on dental plans.

REGULATIONS CURRENTLY IN DRAFTING PROCESS

Regulation	Status	Remarks
Discount Plan Regulations – Addition of Rule 1300.49.1, et seq.	On February 11, 2008, the DMHC released an informal draft of its discount plan regulations for review and comment by stakeholders. The regulations impose a licensing structure on discount health plans that focuses on marketing and disclosure requirements. The deadline for submission of comments was March 10, 2008.	CADP submitted comments to the DMHC, including a request for clarification regarding the applicability of the regulations to discount products offered by dental plans. There will be at least one, and probably more, additional opportunities to provide comments to the DMHC on these regulations as they wend their way through the regulatory approval process.
Revisions to Rules 1300.51 and 1300.52 – Licensing Applications	The DMHC is in the process of revamping the regulations relating to the licensing process. CADP continues to discuss the regulations in the DMHC's ad hoc working group's bi-monthly meetings.	The DMHC will be organizing the provisions of Rule 1300.52 relating to plan filings into the following categories: (1) File and use – for ministerial filings, such as advertisements, that fit into Health and Safety Code section 1361(b). (2) Amendments. (3) Substantial or material change – when a plan is not sure whether the filing is an amendment or a material modification; the plan can file it with the DMHC as a substantial or a material change. The DMHC will review it within five days and will determine whether it is an amendment or material modification. The DMHC will then reclassify the filing accordingly and the plan will not be required to refile. (4) Material modification (a catchall section would be included here). (5) Attestation of compliance – for filings that are required on a recurring basis when no information has changed since the last filing.

oraPHARMA, INC.

CURRENTLY PENDING REGULATIONS

Regulation	Status	Remarks
AB 2179 – Timely Access to Health Care Services (Adds Rule 1300.67.2.2)	On January 11, 2008, the DMHC submitted its final regulatory package to the Office of Administrative Law. On February 28, 2008, the Office of Administrative Law rejected these regulations on the basis that the DMHC failed to follow the required procedure and that the proposed regulatory action or modification was defective or inadequate. The DMHC must now begin the regulatory process all over again.	The consumer groups were extremely upset with the DMHC's significant revisions to the regulations during this last go-around. Further, they charged that the DMHC made such significant changes that the regulations were essentially re-written and for this reason the 15-day comment period was inadequate. Director Ehnes faced aggressive questioning about this regulatory process when she testified before the Senate Health Committee on March 27, 2008.
Balance Billing – Proposed Addition of Rule 1300.71.39: Definition of Unfair Billing Patterns; Prohibition Against Balance Billing by Emergency Services Providers Independent Dispute Resolution Process – Proposed Revisions to Rules 1300.71.38 and 1300.71: Criteria for Determining Reasonable and Customary Payment for Non-Contracted Providers	In August 2007, the DMHC withdrew the first set of proposed regulations and began a new regulatory process. Public hearings were held in October and November, and many physicians testified against the regulations. The written comment period for the regulations closed on November 30, 2007. We have recently received word that the DMHC will be withdrawing the current version and proposing new regulations that will include a provision that states that a provider's balance billing an enrollee is an unfair billing practice.	CADP will review the new regulations when they are released to evaluate their impact on dental plans.

REGULATIONS CURRENTLY IN DRAFTING PROCESS

Regulation	Status	Remarks
Post Claims Underwriting Regulations	The Foundation for Taxpayer and Consumer Rights has been pressuring the DMHC to issue regulations addressing medical underwriting and prohibiting post-claims underwriting practices. The DMHC issued an informal draft of the regulations in early Fall of 2007. The draft regulations address rescission or cancellation of a subscriber contract on the basis of misrepresentations or omissions of information material to the health plan's medical underwriting process. The regulations also address requirements for subscriber applications. CAHP and other health plans responded to the informal draft, and urged the DMHC to wait until the Court of Appeals issued a decision in the Hailey v. California Physicians Service (Blue Shield) case. The Hailey opinion was issued on December 26, 2007. The court ruled that the health plan could rescind the contract if the subscriber's omission or misrepresentation was willful or if the plan had made reasonable efforts to ensure the subscriber's application was accurate and complete. CAHP is urging the DMHC to revise the regulations to be consistent with this ruling.	The recent spate of publicity surrounding retroactive rescission of subscriber contracts by Blue Cross and Blue Shield is increasing the pressure on Director Ehnes to put a stop to such activities. In her budget address on January 15, 2008, Director Ehnes indicated that the DMHC would formally issue these regulations in February, but none have been forthcoming.

CADP MEETS WITH DEPARTMENT OF INSURANCE RE LANGUAGE ASSISTANCE REGULATIONS

In late February, CADP regulatory counsel Mary Antoine attended a meeting with the California Department of Insurance and the Association of California Health and Life Insurance Companies (AHCLIC), the purpose of which was to discuss implementation issues surrounding the CDI's language assistance regulations. Below are the highlights of the meeting:

- The CDI LAP regulations do apply to all dental insurance. No insurer is exempted from these regulations.
- Section 2538.2(k)(5) – The language assistance notices required by this provision need only be included in outreach materials related to the insurer's Language Assistance Program (LAP). (Ms. Fishman is going to confirm that this is in fact the case and will get back to AHCLIC if this is not correct.)
- Section 2538.2(k)(7) – The matrix required by this section does not need to contain all of the items listed if the insurer does not offer them (e.g., hospitalization services). Additionally, the items in the matrix do not have to follow the order in which those services are listed in this section.
- Section 2538.3(c)(1) – Ms. Fishman was presented with the hypothetical scenario wherein an insurer prepares an enrollment application that provides for the insured to specifically designate his or her language preference on the application form. Would the insurance company thereafter need to send that insured an additional notice regarding the availability of the translation and interpretation assistance? Ms. Fishman indicated that the CDI's intent is that this notice be broadcast to the broadest number of people in order to ensure that anyone who needs the LAP is told about it. *continued on page 7...*

19th Annual Conference Update

Make plans now to attend CADP's 19th Annual Conference, May 28-31! Dr. Reza Abbaszadeh, Jeff Album and Bryan Geremia have developed an outstanding program, with presentations to capture something of our times and challenges. Our keynoter, Mary O'Hara Deveraux, is an internationally known futurist and author, and will challenge your thinking as she discusses "Fault Lines and Trends Shaping Your Future."

And, as always, there's time for fun. Thursday's Fun Night is Country, California Style! Enjoy a reception and dinner, music and entertainment. As always, we'll have a couple of surprises!

The award-winning Renaissance Esmeralda Resort & Spa once again serves as the conference locale. So make your reservations now – call the hotel directly, at (760) 773-4444. Remember, reservations must be made by April 27.

"Trends, Transitions and Uncertainties"

ANNUAL CONFERENCE GENERAL SCHEDULE:

Wednesday, May 28:

2:30 pm - 5:00 pm	Registration
12:00 pm - 2:30 pm	Board of Directors' Meeting
2:30 pm - 5:00 pm	Exhibit set-up
3:00 pm - 5:00 pm	Annual Meeting
5:00 pm - 6:00 pm	Welcome Reception

Thursday, May 29:

7:00 am - 5:00 pm	Registration
8:00 am - 8:45 am	Continental Breakfast
8:00 am - 4:00 pm	Exhibits Open
9:00 am - 4:00 pm	Annual Conference
12:15 pm - 1:30 pm	Luncheon
1:45 pm – 5:00 pm	DMHC Compliance Training Workshop
3:45 pm - 4:30 pm	Dessert with Exhibitors
7:00 pm - 10:00 pm	Fun Night

Friday, May 30:

7:00 am - 12:00 pm	Registration
7:30 am - 8:45 am	Continental Breakfast
7:30 am - 12:00 pm	Exhibits Open
8:00 am - 5:00 pm	Quality Management Conference
9:00 am - 1:00 pm	Annual Conference
12:00 pm – 1:00 pm	Luncheon
2:00 pm	Board of Directors' meeting

Saturday, May 31:

7:30 am - 9:30 am	Registration
7:30 am – 8:00 am	Continental Breakfast
8:00 am - 5:00 pm	Quality Management Conference
12:00 pm - 1:00 pm	Luncheon
4:30 pm	Certification Examination

PROGRAM:

Thursday, May 29:

8:00 am - 8:45 am	Continental Breakfast – Visit Exhibit
9:00 am – 10:30 am	Keynote Presentation: "Fault Lines and Trends Shaping Your Future" Mary O'Hara Devereaux, CEO, Global Foresight
10:30 am - 11:00 am	Break - Visit Exhibits
11:00 am – 12:00 pm	"The World Is Flat: Outsourcing Administrative Tasks Worldwide" Reza Abbaszadeh, DDS, CEO, Access Dental Plan
	Tanis Sugden, Director, Customer Service Center, Aetna Dental of California Inc.
	Steve Strawn, CEO, Imagenet, LLC
12:15 pm – 1:30 pm	Luncheon
1:45 pm – 3:45 pm	"The View from 30,000 Feet: What's Hot, What's Not in Dental Benefits Today" Moderator: Jeff Album, Director of Public Affairs, Delta Dental of California
	Ron Shinkman, Editor, Managed Dental Care
	Jim Fuhrman, Executive Vice President, Dental, UnitedHealthcare Specialty Benefits
2:00 pm – 5:00 pm	Breakout: DMHC Compliance Training Workshop
	Crystal Chen, Staff Counsel, Health Plan Oversight, Division of Licensing
	Dan McCord, Supervising Health Care Service Plan Analyst, Division of Plan Surveys
	Allan Campbell, Supervising Examiner IV, Division of Financial Oversight
	(note: this requires a separate registration fee – see registration information)
3:45 pm - 4:30 pm	Dessert with Exhibitors
7:00 pm	Fun Night: Country, California Style!

Friday, May 30:

7:30 am - 8:45 am	Continental Breakfast – Visit Exhibits
9:00 am – 9:45 am	"Managing Dental Disease with Modern Diagnostic and Therapeutic Tools" Wenyuan Shi, PhD, Professor and Chairman, Oral Biology, School of Dentistry, University of California, Los Angeles
9:45 am – 10:30 am	"Today's Marketplace: Boom, Bust, What?" Moderator: Bryan Geremia, President, Aetna Dental of California Inc.
	Tom Morrison, Senior Vice President, The Segal Company
	John Crooms, Vice President, Sales, Keenan & Associates

continued at top of page 7

10:30 am - 11:00 am	Break - Visit Exhibits
11:00 am – 12:00 pm	"Uncertainty for Dental on Capitol Hill" Katie B. Horton, RN, MPH, JD, President, Health Policy R & D
12:00 pm - 1:00 pm	Luncheon
1:00 pm	Annual Conference concludes
2:00 pm	Board of Directors' meeting

QUALITY MANAGEMENT CONFERENCE GENERAL SCHEDULE:

Friday, May 30:

7:00 am – 12:00 pm	Registration
7:30 am – 8:45 am	Continental Breakfast
7:30 am – 12:00 pm	Exhibits Open
8:00 am – 5:00 pm	Quality Management Conference
9:00 am – 1:30 pm	Annual Conference
12:15 pm – 1:30 pm	Luncheon

Friday Morning

8:00 am – 9:00 am	Introduction and History
9:00 am – 9:45 am	"Managing Dental Disease with Modern Diagnostic and Therapeutic Tools" Wenyuan Shi, PhD, Professor and Chairman, Oral Biology, School of Dentistry, University of California, Los Angeles
9:45 am – 10:30 am	Case Study 1
10:30 am – 11:00 am	Visit Exhibits
11:00 am – 12:00 pm	Case Study 1 *(cont'd.)*
12:00 pm – 1:00 pm	Luncheon

Friday Afternoon

1:00 pm – 3:00 pm	California Dental Practice Act, Infection Control *
3:00 pm – 5:00 pm	Proctored study hall – question and answer period
Evening	Dinner on own

Saturday, May 31:

7:30 am – 9:30 am	Registration
7:30 am – 8:00 am	Continental Breakfast
8:00 am – 5:00 pm	Quality Management Conference
12:00 pm – 1:00 pm	Luncheon
4:30 pm	Certification Examination

Saturday Morning

8:00 am – 10:00 am	Facility Lecture and Case Studies
10:00 am – 12:00 pm	Cases 2, 3 and 4
Luncheon	
12:00 pm – 1:00 pm	
Saturday Afternoon	
1:00 pm – 3:00 pm	Cases 2, 3 and 4 (cont'd.)
3:30 pm – 4:30 pm	Case 5
4:30 pm	Credentialing Examination

** Required courses for license renewal CADP Board of Directors*

CADP MEETS WITH DEPARTMENT OF INSURANCE RE LANGUAGE ASSISTANCE REGULATIONS... *continued from bottom of page 5*

Thus, if the insurer provided a full mailing initially to all insureds when the insurer's LAP is put into place, includes the required notice on the application form and allows the applicant to designate a preferred language, this may be adequate notice to meet the requirements. However, if this process does not capture everyone who might need the opportunity to designate a preferred language (such as group applications where the insured doesn't have the opportunity to read the notice), this would not be sufficient.

- Section 2538.3(d) – Much discussion on this section related to the insurer's obligations vis-à-vis providers and how an insurer cannot force providers to inform insureds about their ability to access translation services. The participants agreed to form a small committee to explore this issue further.
- Section 2538.3(c)(2) – Ms. Fishman was asked when the Commissioner's notice would be ready for use. She indicated that it would be a one-page notice that contains a short paragraph describing the availability of interpretation/translation services. This one-page notice would be in English as well as five or six additional languages. This notice is intended to be what the insurer sends with its initial notice with the insureds informing them about the LAP.
- Additional discussion ensued regarding the comprehension standards required by the Healthy Families and MRMIB programs. The CDI will make every effort to ensure that its notice complies with those standards.
- Ms. Fishman reiterated that oral interpretation must be provided to insureds in their preferred language, whether or not that language is a threshold language. However, translated documents need only be available in the threshold languages.
- Section 2538.4 – Much discussion was held regarding whether to include insureds who reside outside of California in the needs assessment. Some participants pointed out that the CDI had no authority over out-of-state providers, and that these regulations were intended to protect California residents, not people who lived outside of California. Ms. Fishman will be looking into this issue further, and promised to get back to AHCLIC with an answer. The Department is also working closely with the DMHC and will check to see how the DMHC interprets this obligation.
- Ms. Fishman confirmed that insurers have until October 19, 2008, to complete both the insured survey and the needs assessment.
- Section 2538.5 – Questions were raised regarding how to address closed blocks of business. Ms. Fishman replied that these closed blocks of business cannot be exempted from the regulations.
- FAQ Sheets -- Ms. Fishman indicated that the Department is still in the process of preparing its FAQs. It is trying to mirror what the DMHC is doing, and thus is waiting for the DMHC to finish its FAQs. She requested that insurers notify her if it appears that anything within the CDI's FAQs appears to conflict with the DMHC's positions on the same issues.

In the News . . .

Maximus Wins Contract for Medi-Cal Services—Virginia-based Maximus has won a $208.4 million contract to provide Medi-Cal enrollment services in California. The contract with the California Department of Health Care Services is for three-years and nine months, with three-one year options to extend contract operations through 2015. If those options are exercised, the total contract value would be $411 million. Under the contract, Maximus will provide enrollment broker services for California's four million Medi-Cal beneficiaries, including call center services in 14 languages, and materials development in 12 languages to facilitate outreach and education throughout California. Maximus has served as California's enrollment broker for its Medi-Cal program since October 1996.

Poizner Urges One Regulator Over Managed Health Care Industry—In a recent meeting of the California Medical Association in Sacramento, Insurance Commissioner Steve Poizner stated that authority over the state's health care industry should be placed under one regulator, rather than the current dual oversight of the Department of Insurance and Department of Managed Health Care. During that meeting, he noted that California, unlike the 49 other states, has dual regulatory schemes. He said that he has set up a managed health care focus group in the department to consider issues related to managed health care, further noting that health care insurance had not been a top priority at the department in the past. The Department of Insurance is one of the state's most powerful regulators. The Department, with 1,300 employees and a $200 million budget, regulates most of California's insurance industry, including approximately 1,500 companies and about 340,000 agents. The department has the power to seize financially unstable insurers, sell off their assets and investigate fraud. The department also has broad authority to advise insurers on their rates, setting benchmarks for what they can charge the public.

Delta Foundation Renamed to Honor Industry Pioneer—The Delta Dental Health, Education and Research Fund has been renamed the Delta Dental F. Gene Dixon, DDS Foundation. Dr. Dixon, who passed away in 2007, was vice president and managing director, then executive vice president (equivalent today to president and CEO) of Delta Dental of California from 1959 until 1977. The Foundation invests in projects, awards grants and support to dental students and dental schools, as well as financing projects in dentistry, health and human services, and civic and community affairs.

Healthation
Accelerating the business of health

CALIFORNIA ASSOCIATION OF DENTAL PLANS
One Capitol Mall, Suite 320
Sacramento, CA 95814-3229