

**Department of Health Care Services**

**Activities Relating to**

**Medi-Cal Dental Managed Care**

**Report to the Legislature**

**April 2014**



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## **Executive Summary**

The Department of Health Care Services (DHCS) delivers dental services to Medicaid (Medi-Cal in California) beneficiaries through two different models: Dental Managed Care (DMC) and Denti-Cal fee-for-service (FFS). DMC is carried out through contracts established between DHCS and dental plans licensed with the Department of Managed Health Care (DMHC), whereas, Denti-Cal FFS provides services through enrolled providers, who are directly contracted with the program. DMC is offered only in Los Angeles County and Sacramento County. Between the two counties, there are approximately 672,000 beneficiaries receiving care under DMC. Assembly Bill (AB) 1467 (Committee on Budget, Chapter 23, Statutes of 2012), requires DHCS to provide an annual report to the Legislature on DMC in the counties of Sacramento and Los Angeles.

### **Key Highlights from 2013**

In 2013, DHCS made significant changes to improve DMC through collaboration with DMC plans, stakeholders, and the Legislature:

- DHCS approved and implemented new Geographic Managed Care (GMC) contracts for Sacramento County beginning January 1, 2013, and Pre-paid Health Plan (PHP) contracts for Los Angeles County beginning July 1, 2013;
- Immediate Action Reports were incorporated as contract deliverables for the new GMC and PHP contracts;
- Plan reported 2013 utilization shows:
  - Sacramento County: a decrease for two plans and one plan with a slight increase for Annual Dental Visit (ADV) rates in comparison to the 2012 DHCS validated ADV rates:
    - Access Dental Plan: 40.8 percent (1.2 percent decrease);
    - Health Net of California (CA): 40.6 percent (0.4 percent increase);
    - LIBERTY Dental Plan: 42.7 percent (5.1 percent decrease);
  - Los Angeles County: all plans show an increase in ADV rates in comparison to the 2012 DHCS validated ADV rates:
    - Access Dental Plan: 39.3 percent (10.7 percent increase);
    - Health Net of CA: 36.1 percent (0.8 percent increase);
    - LIBERTY Dental Plan: 35.0 percent (0.7 percent increase);
- Collaboration with Children Now to promote better dental health and preventive education for children in California;
- Decreased no show rates in 2013 for Beneficiary Dental Exception appointments;
- Passage of AB 82 (Committee on Budget, Chapter 23, Statutes of 2013) restored some adult dental benefits to Denti-Cal FFS and DMC effective May 1, 2014;
- Ongoing work with stakeholders to create workgroups to effectively create positive change for beneficiaries; and
- Reinstatement of adult dental services provided on or after September 26, 2013, for all Medi-Cal beneficiaries when provided by Federally Qualified Health Centers (FQHC) and Rural Health Clinics (RHC) as a result of the ruling from

the United States Court of Appeals for the Ninth Circuit in the case of *California Association of Rural Health Clinics vs. Toby Douglas*.<sup>1</sup>

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<sup>1</sup> Court Injunction has impact on FQHC and RHC Claims 2013: [Link to Court Injunction Claims Information](#)

## Background

DMC was established in the 1990's to provide dental services to Medi-Cal beneficiaries. These services are provided through contracts that DHCS has with dental plans licensed by DMHC, pursuant to the Knox-Keene Health Care Services Plan Act of 1975 (Knox-Keene Act). DHCS pays the contracted dental plans a capitation payment per-member, per-month to provide oral health care to DMC beneficiaries enrolled in the dental plan. DMC beneficiaries are assigned to a specific provider to establish a relationship creating a "dental home".

DHCS is responsible for overseeing dental plan contracts in both Sacramento and Los Angeles counties. DHCS ensures DMC contractual requirements comply with state and federal statutes, regulations, and policies while providing access to dental care services for Medi-Cal beneficiaries. In Sacramento County, Medi-Cal beneficiaries are mandatorily enrolled (with the exception of specific populations) into a contracting dental plan. Approximately 252,000 beneficiaries are currently enrolled in DMC plans in Sacramento County. In Los Angeles County, Medi-Cal beneficiaries have the option to enroll into DMC or Denti-Cal FFS. Approximately 420,000 are currently enrolled in DMC plans in Los Angeles County.

## Ongoing Efforts

DHCS will employ the following efforts to further strengthen DMC, achieve further increases in utilization rates, and integrate the new transitioning population into Medi-Cal in 2014:

- Maintain close oversight of DMC plans by reviewing and analyzing reports to ensure contract provisions and performance standards are being met;
- Maintain transparency and public reporting of DMC service delivery;
- Engage DMC plans and stakeholders to provide information to beneficiaries regarding benefits they are eligible to receive, and their rights as members of the dental plans;
- Promote efforts to increase utilization rates for children in 2014; and
- Evaluate DMC plan successes and failures while holding them accountable to contractual and performance requirements.

## ***Beneficiary Dental Exception (BDE) Process***

The BDE was established pursuant to Welfare & Institutions (W & I) Code §14089.09, for individuals mandatorily enrolled into dental plans in Sacramento County, who have issues accessing dental services. The statute allows DHCS to work with the dental plans to facilitate scheduling an appropriate appointment within specified contractual timeframes in accordance with the Knox-Keene Act based on the identified needs of the beneficiary. The intent of BDE is to ensure timely access to care, and in the event timely access is not possible under DMC, the beneficiary will be able to disenroll from DMC and transition into Denti-Cal FFS. Under Denti-Cal FFS, individuals can select any provider in the Denti-Cal FFS network and access services without an assigned dental home. BDE has been operational since September 2012.

BDE highlights from 2013:

- 278 out of 382 BDE requests have been closed successfully as a result of DHCS facilitating appointments and verifying that beneficiaries are keeping their appointments and receiving treatment;
- 93 of the 382 BDE requests were unsuccessful due to beneficiaries not showing up to their scheduled appointments. The remaining 11 cases currently have appointments scheduled to receive dental services and will be closed when treatment is completed<sup>2</sup>;
- Of the 382 BDE requests, 109 were adults and 273 were children under the age of 21;
- No-show numbers decreased from 50 in 2012, to 43 in 2013<sup>3</sup>;
- No cases have transitioned from DMC to Denti-Cal FFS;
- 100 percent success rate with warm transfers resulting in appointments for the DMC plans in scheduling appointments within the Timely Access to Non-Emergency Health Care Services standards; and
- Notification to new DMC beneficiaries about BDE 90 days after enrollment.

DHCS conducts a phone survey as part of BDE follow-up to obtain feedback from beneficiaries on their overall satisfaction with the services they received from their dental provider. DHCS has learned that beneficiaries have benefited from receiving BDE letters notifying them of the availability of the process. Parents/guardians calling into the BDE call center are able to promptly find out information regarding their children's eligibility status, plan, and provider. DHCS has seen a decrease in no-show numbers and believes this decrease has been attributed in part to the increased education of beneficiaries offered by DMC plans, DHCS representatives, stakeholders groups, and primary care dentists regarding the importance of communicating with their dentist if they are unable to make their scheduled appointment.

### **Healthy Families Program Transition to Medi-Cal**

Pursuant to AB 1494 (Committee on Budget, Chapter 28, Statutes of 2012, amended by AB 1468, Chapter 438), all Healthy Families Program (HFP) enrollees transitioned to Medi-Cal into the Optional Targeted Low Income Children's Program, as allowed under federal law, which began January 1, 2013, and completed on November 1, 2013.<sup>4</sup> DHCS, DMHC, the Managed Risk Medical Insurance Board, legislative partners, federal partners, and stakeholders collaborated to facilitate a smooth transition, minimize disruption in access to care, maintain existing eligibility gateways, and maintain access to and continuity of care.

HFP children residing in Sacramento County, who transitioned to Medi-Cal, are provided dental services through DMC. HFP children residing in Los Angeles County, who transitioned to Medi-Cal, are provided dental services through either DMC or Denti-Cal FFS, as Los Angeles is a voluntary county for DMC enrollment. For both Sacramento and Los Angeles counties, HFP children receiving orthodontia care through the California Children's Services program prior to the transition were placed into

<sup>2</sup> Beneficiary Dental Exception (2013) [2013 Dental Managed Care Beneficiary Exception Data](#)

<sup>3</sup> Beneficiary Dental Exception (2013) [2013 Dental Managed Care Beneficiary Exception Data](#)

<sup>4</sup> Healthy Families Transition 2013 [Resources to 2013 Healthy Families Transition to Medi-Cal Dental](#)

Denti-Cal FFS to provide continuity of care. Once orthodontia care is completed, beneficiaries from Sacramento County will be transitioned back into DMC while children in Los Angeles County have the choice to stay in Denti-Cal FFS.

Completion of the HFP transition specific to DMC occurred on August 1, 2013. In total, approximately 751,293 children were successfully transitioned from HFP to Medi-Cal<sup>5</sup>, of which 130,104 enrolled into DMC<sup>6</sup>. DHCS ensured HFP beneficiaries maintained dental continuity of care by honoring treatment authorization requests for transitioned beneficiaries. As a result, no reported continuity of care requests or grievances related to access to care were received for DMC since the beginning of the HFP transition. As there were no reported issues with any of the phases of the transition, DHCS is pleased with the overall transition of HFP to Medi-Cal.

### ***Healthy Families Monitoring Report***

The first monthly monitoring report was distributed on February 15, 2013, and reported data for January 1, 2013, to January 31, 2013, period; however, Sacramento County and Los Angeles County did not transition until March 2013. Therefore, the first monitoring report to include data regarding DMC was submitted in April 2013, and reported data for March 1, 2013, to March 31, 2013, period<sup>7</sup> and continues to be reported in subsequent monthly reports.

The DMC portion of the report includes information used to monitor how transitioned children maintained access to dental care through their DMC plan. The reports are provided to the Legislature and Centers for Medicare and Medicaid Services (CMS) on a regular basis:

- Monthly DMC plan provider additions and deletions; and
- Monthly continuity of dental care that examines the following information:
  - Total number of continuity of care requests (none reported by a plan since the beginning of the transition);
  - Total number of newly enrolled HFP transitioning members;
  - Total number of HFP transitioning members remaining with the same Primary Care Dentist (PCD);
  - Total number of HFP transitioning members, who changed PCD;
  - Total number of HFP prior authorizations and BDE requests; and
  - Total number of grievances related to access to care only (none reported by a dental plan since the beginning of the transition).

In addition, annual utilization rates will be reported as soon as the data is available. Per the HFP monthly monitoring report, DMC was able to successfully accommodate the transitioning HFP population by ensuring most beneficiaries would be able to continue seeing the same dental provider.

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<sup>5</sup> Healthy Families Program Transition to Medi-Cal Final Comprehensive Report

[Link to Healthy Families Transition to Medi-Cal Page](#)

<sup>6</sup> Total Number of Enrolled Transitional MCHIP Beneficiaries Report, September 2013

[Link to Medi-Cal Managed Care Enrollment Reports](#)

<sup>7</sup> Healthy Families Monitoring Report 2013 [Link to Healthy Families Transition Reports](#)

## Implementation of DMC Contracts

Sacramento County GMC and Los Angeles County PHP contracts were awarded to Access Dental Plan, LIBERTY Dental Plan, and Health Net of CA. The Sacramento GMC contracts began January 1, 2013, and the Los Angeles PHP contracts began July 1, 2013.

DHCS made improvements in the 2013 DMC contracts in an effort to hold dental plans accountable for providing quality oral health care to beneficiaries. The improvements enable DHCS to implement financial penalties, Corrective Action Plans (CAPs), and sanctions, if a dental plan does not meet the appropriate measures set. Additionally, the improvements allow for a financial incentive for those exceeding performance standards.

Specifically, the DMC 2013 contract improvements included:

- **Quality Improvement Projects (QIP)** – The plans are required to participate in and/or conduct two QIPs. One must be either an internal QIP or a small group collaborative. The second will be a project established by DHCS;
- **External Quality Review Organization (EQRO)** – The plans must have an EQRO to audit performance measures and must conduct annual surveys;
- **Provider Monitoring** – The plans must conduct provider monitoring based on quality improvement thresholds (e.g., access and availability standards, encounter data submission, and dental record accuracy);
- **Performance Measures and Benchmarks** – DHCS will monitor 11 performance measures<sup>8</sup> and benchmarks tied to ten percent monthly withholds of capitation payment and a bonus incentive, which was added for plans who show outstanding accomplishments in performance. DHCS may halt new enrollment into a plan if the contractor fails to achieve benchmarks for the performance measures. The performance measures benchmarks will be posted online in future GMC and PHP performance measures and benchmarks reports.
- **Review Provider Contracts** – DHCS will review provider contracts and compensation arrangements, and may deny any inappropriate payment schedules. The plans are encouraged to provide incentive programs for providers and are required to conduct provider outreach to expand the provider network to include FQHCs, RHCs, and Indian Health Service facilities;
- **Access and Availability** – DHCS added standard appointment timeframes for preventive dental appointments and emergency appointments, a timely access survey that must be conducted annually, and monthly phone call campaigns to members, who have not been to the dentist in the previous 12 months;
- **Payment to Plans** – DHCS increased withhold amounts for performance measures and for deliverables; and
- **CAPs and Sanctions** – DHCS can implement CAPs for plans with repeated deficiencies and require them to correct them in a timely manner. Sanctions were modified to include stricter provisions, such as the ability to halt new enrollment of Medi-Cal beneficiaries as a consequence of non-compliance.

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<sup>8</sup> Dental Managed Care Performance Measures for 2013  
[Link to 2013 Dental Managed Care Performance Measures](#)

## DHCS and DMHC Partnership

Pursuant to California Health and Safety Code sections 1380 and 1382, DMHC regularly conducts administrative surveys and financial examinations of the dental plans participating in DMC. To ensure all dental plans are in compliance with Knox-Keene Act, surveys and financial examinations commenced January 2014.<sup>9</sup>

In November 2013, DHCS finalized an Inter-Agency agreement with DMHC to develop survey review tools specific to both Knox-Keene Act and DMC contract requirements and to hire staff to conduct the 2014 dental plan surveys and financial examinations.

Non-routine surveys, which occurred during various times in 2012, noted contract findings as defined by DMHC and Knox-Keene Act findings that either have been corrected or will be followed up on during the plans' routine surveys in 2014 (See Appendix A for Non-Routine Survey Results):

- **Access Dental Plan:** Two of three contract findings were corrected, one in 2012 and one in 2013. DHCS will follow up on the remaining contract finding in 2014. There were three Knox-Keene Act findings. Two of the Knox-Keene Act findings were corrected in 2012, and the third finding was found corrected during the 2013 routine survey;
- **Health Net of CA:** Health Net had one contract finding and no Knox-Keene Act findings. The contract finding was corrected in 2012; and
- **LIBERTY Dental Plan:** Three contract findings and no Knox-Keene Act findings were noted in 2012. Two contract findings were corrected in 2012. The third contract finding was corrected in 2013.

DMHC has worked diligently to ensure plans are compliant with not only Knox-Keene Act provisions, but also DHCS contract requirements. The collaboration between both departments has facilitated a working relationship to ensure plans are operating in accordance with the expectations of DHCS and DMHC. DHCS acknowledges the value of this partnership and its contribution in ensuring the compliance of the DMC plans.

## Legislative Action

### **Restoration of Certain Dental Benefits for Adults**

DHCS has made strides to reinstate previously covered dental services to Medi-Cal beneficiaries 21 years or older. On June 27, 2013, Governor Jerry Brown signed AB 82 (Committee on Budget, Chapter 23, Statutes of 2013), which restores some adult dental benefits to Denti-Cal beginning May 1, 2014. The goal of this restoration is to enable beneficiaries, ages 21 and older, to be brought up to a basic level of dental health. This approach will allow for the restoration of existing teeth, but not the replacement of missing teeth (except for complete dentures), and will provide basic preventive services to maintain these teeth.

Under this “restore but not replace” approach, basic preventive, diagnostic, and restorative services will be made available to meet this goal. DHCS feels strongly that Medi-Cal beneficiaries will benefit greatly from these restored optional adult dental

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<sup>9</sup> Dental Plan Surveys [Link to Department of Managed Health Care Survey Reports](#)

benefits. Furthermore, the provider community will benefit as well by being able to perform a wider range of services for their patients.

### ***Medi-Cal Dental Advisory Committee***

Pursuant to W&I Code §14089.08, Sacramento County was authorized to establish the Sacramento County Medi-Cal Dental Advisory Committee (MCDAC), comprised of providers, plans, researchers, advocates, beneficiaries, and DHCS representatives. The intent of MCDAC is to provide input on the delivery of oral health and dental care services, including prevention and education services, DMC and Denti-Cal FFS, as well as collaborate and examine new approaches to beneficiary care and maximize dental health by recommending improvements to DHCS. MCDAC holds monthly meetings to discuss findings and potential improvements to DMC in Sacramento County. The MCDAC completed the following efforts in 2013:

- At the suggestion of DHCS, the Los Angeles County and Sacramento County stakeholder groups began conference calls to work together and leverage work accomplished in both managed care counties;
- MCDAC members worked with DHCS and the dental plan representatives to find and implement solutions to identified dental care barriers for pediatric beneficiaries, including making timely appointments and referrals to specialty care including general anesthesia, when necessary;
- MCDAC identified transportation-related access issues and assisted in arranging access to free car seats and classes through the Sacramento County Birth & Beyond Family Resource Centers (FRCs). This allows families with young children to take advantage of the transportation offered by DMC plans, as the transportation programs do not provide car seats for young children;<sup>10</sup>
- MCDAC identified dental education issues for parents and developed a flow chart in English and Spanish entitled, “*How to Successfully Make a Dental Appointment with a Medi-Cal Dental Geographic Managed Care Dentist*,” to assist beneficiaries with information on how to schedule dental appointments.<sup>11</sup> This flow chart is being distributed to Head Start families and other community resources to reach families with Medi-Cal Dental benefits; and Birth & Beyond FRC training was implemented through the Basics Training for new staff of the FRCs. MCDAC stakeholders saw a need for DMC plan education for their FRC clients; therefore, staff from LIBERTY Dental Plan, Health Net of CA, and Access Dental Plan volunteered to educate new staff of FRC who serve Medi-Cal beneficiaries on accessing dental benefits and how to effectively schedule appointments.

## **Legal Action**

### ***Federally Qualified Health Centers Ruling***

FQHCs include all organizations receiving grants under Public Health Service Act §330. FQHCs qualify for enhanced reimbursement from CMS, as well as other benefits. FQHCs must serve an underserved area or population, offer a sliding fee scale, provide

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<sup>10</sup> Car Seat Pilot (2013) [Link to First 5 Car Seat Flyer](#)

<sup>11</sup> How to Schedule an Appointment with a GMC Dentist (2013) [Link to First 5 Flowchart of How to Make Dental Appointment](#)

comprehensive services, have an ongoing quality assurance program, and have a governing board of directors.<sup>12</sup>

Effective September 26, 2013, rulings by the United States Court of Appeals for the Ninth Circuit resulted in adult dental services pursuant to those available to beneficiaries prior to July 1, 2009, being once again made available to all Medi-Cal members whenever provided by FQHCs and RHCs. The mandate issued by the court was in the case of *California Association of Rural Health Clinics vs. Toby Douglas*.<sup>13</sup> The DHCS notified providers of the effect of this court ruling through a provider bulletin distributed in November 2013.

## Stakeholder Engagement

Stakeholders such as the California Dental Association (CDA), First 5 Sacramento, First 5 Los Angeles, Sacramento District Dental Society, Children Now, The Children's Partnership, Maternal Child and Health Access, California Children's Services, and legislative partners continue to be a vital component of the overall improvement of DMC. Their involvement and contributions have been and will continue to be highly valued by DHCS.

In 2013, DHCS actively participated in quarterly stakeholder meetings for Sacramento County and bi-monthly meetings in Los Angeles County. DHCS continues to be transparent in terms of public reporting stakeholder engagement, posting meeting minutes, and publishing agenda items on the Denti-Cal website. Stakeholder engagement enables DHCS to receive input on the delivery of oral health and dental care services including prevention and educational services within DMC. These stakeholder meetings allowed DHCS to listen and respond to stakeholder suggestions regarding policies that would improve the delivery of oral health and dental services within Sacramento and Los Angeles counties.

Additionally, stakeholder workgroups have been created to share and discuss concepts for continued improvement within DMC. The workgroups addressed the following:

- **Choice Packets:** DHCS collaborated with PHP stakeholders to make much needed revisions to choice packets dispersed to beneficiaries in Los Angeles County. A goal of DHCS and stakeholders was to improve the way information is provided to beneficiaries regarding their available Medi-Cal dental benefits and to encourage beneficiaries to make an active provider choice. DHCS staff is working on providing additional education regarding DMC and Denti-Cal FFS, emphasizing the differences between both delivery systems. Staff also worked on improving information on dental services available and how to schedule a dentist appointment. The completion of the Los Angeles County choice packets is scheduled for the end of 2014. In addition, DHCS recently added information regarding the upcoming restoration of certain adult dental benefits into the choice packets for both Los Angeles and Sacramento counties. DHCS is working with

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<sup>12</sup> Federally Qualified Health Center FAQ's (2013) [Link to Federally Qualified Health Centers Information](#)

<sup>13</sup> Court Injunction Has Impact on FQHC and RHC Claims 2013 [Link to Court Injunction Claims Information](#)

Health Care Options, Medi-Cal's enrollment entity, to implement the changes to the choice packets, starting with adding a page to reflect the changes to adult dental benefits that will take effect May 1, 2014;

- **General Anesthesia:** Medi-Cal Managed Care Plans (MMCP) are contractually required to cover medical services, such as general anesthesia, when administered in connection with dental services provided to beneficiaries. In 2013, DHCS saw an increase in denials for general anesthesia by MMCPs or Independent Practice Associations (IPAs) contracted with MMCPs. A workgroup was formed consisting of DHCS staff, various stakeholders, and dentists in Sacramento County to address this issue. The workgroup sought to find ways to ensure MMCPs and contracted IPAs were properly adhering to laws and regulations. Stakeholders advocated for DHCS to draft an All Plan Letter (APL) to remind MMCPs of their contractual responsibilities following the passage of legislation that expanded coverage of dental-related anesthesia services to all health plans in the state. AB 2003 (Strom-Martin, Chapter 790, Statutes of 1998) required all health care service plan contracts to cover general anesthesia and associated facility charges for dental procedures rendered in a hospital or surgery center for beneficiaries less than seven years of age. AB 745 (B. Thompson, Chapter 505, Statutes of 1998) created guidelines to allow physician-anesthesiologists to administer general anesthesia in an office of a licensed dentist, who does not hold a general anesthesia permit. The APL was approved and distributed to all MMCPs on November 14, 2013;<sup>14</sup>
- **No Show Rates:** In an effort to address perceived obstacles to beneficiary utilization in Medi-Cal and within DMC, DHCS has engaged with the stakeholder community and CDA to formulate ideas on how to best decrease no-show rates and to increase utilization. In 2014, DHCS will continue to work closely with stakeholders and CDA to develop a beneficiary call campaign to increase utilization; and
- **Oral Health Education:** A workgroup was developed to focus on ways to improve oral health education. This workgroup focused on adding language to the Beneficiary Identification Card (BIC) insert, provided input on beneficiary educational material for the Los Angeles community, and worked toward issuing a provider bulletin on recommendations for dental providers to use in their communications with their patients and caregivers.

## Dental Managed Care Utilization

DHCS is committed to developing effective strategies to increase utilization across all dental plans. This commitment aligns with CMS's goal to improve access to oral health services for children.<sup>15</sup> DHCS anticipates that preventive dental services for children will increase in 2014, through beneficiary education, provider education, continued provider access, and increased monitoring of DMC.

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<sup>14</sup> Dental Services- General Anesthesia Coverage, 2013

[Link to Medi-Cal Managed Care Policy Letters](#)

<sup>15</sup> Centers for Medicare and Medicaid Services CMS Oral Health Initiative and Other Dental-Related Items <http://medicaid.gov/Federal-Policy-Guidance/Downloads/CIB-04-18-13.pdf>

The charts below show 2013 plan reported data on ADVs. In 2013, GMC plans experienced a decrease in their ADV rates in comparison to their 2012 ADV rates, validated by DHCS; in contrast, in 2013 PHP plans experienced an increase in their ADV rates in comparison to their 2012 ADV rates, validated by DHCS. Although the 2013 self-reported data reflects a run-out of less than two months whereas contractually DMC plans are allowed to submit encounter data up to six months following the date of encounter, the decrease in the ADV rate for GMC plans is of concern to DHCS.

To address this decline in utilization, DHCS issued requests to the plans to submit CAPs that address the causes of the decrease, ways to improve utilization, success measures, and preventive actions. In addition, DHCS will facilitate meetings with the plans to discuss how they intend to improve utilization. DMC contracts also require DHCS to withhold ten percent of a plan’s monthly capitation and release it only when the plan achieves set benchmarks.

<b>Annual Dental Visit Utilization for Sacramento County for Children Ages 0-20</b>			
<b>GMC PLANS</b>	<b>2012 Validated by DHCS</b>	<b>2012 Plan Reported</b>	<b>2013 Plan Reported</b>
Access Dental Plan	42.0 percent*	48.4 percent	40.8 percent
Health Net of CA	40.2 percent	43.4 percent	40.6 percent
LIBERTY Dental Plan	47.8 percent	49.1 percent	42.7 percent

\*Due to a system issue, data for only 11 out of 12 months was captured.

<b>Annual Dental Visit Utilization for Los Angeles County for Children Ages 0-20</b>			
<b>PHP PLANS</b>	<b>2012 Validated by DHCS</b>	<b>2012 Plan Reported</b>	<b>2013 Plan Reported</b>
Access Dental Plan	28.6 percent*	34.8 percent	39.3 percent
Health Net of CA	35.3 percent	35.9 percent	36.1 percent
LIBERTY Dental Plan	34.3 percent	35.4 percent	35.0 percent

\*Due to a system issue, data for only 11 out of 12 months was captured.

For the above ADV rate data, a Healthcare Effectiveness Data and Information Set (HEDIS)-like measure is used. HEDIS is a widely used set of performance measures in the managed care industry, which was designed to compare health plan performance to other plans to set benchmarks. HEDIS measures annual dental utilization as beneficiaries continuously enrolled during the measurement year with no more than a one-month gap in eligibility.<sup>16</sup> The ADV definition used for this report is based on

<sup>16</sup> Dental Managed Care Performance Measures for 2013  
[Link to 2013 Dental Managed Care Performance Measures](#)

individuals who received any dental procedure during the reporting period, whereas, the actual HEDIS definition excludes several infrequently used procedures.

DHCS uses the more inclusive list of procedures because it is believed to provide a more accurate picture of overall utilization. The data contained within this report are based on self-reported data from the DMC plans with the ADV rate calculated in accordance with EQRO validated methodologies. DHCS recognizes the differences in the values of the plan reported versus validated data and is currently working with the plans to reconcile the variation in data.

## **Future Endeavors**

The mission of DHCS is to provide Californians with access to affordable, high-quality health care. In response to the implementation of the Affordable Care Act (ACA) and to increase utilization amongst children, DHCS initiated efforts with advocacy groups and other agencies towards promoting oral health for Medi-Cal beneficiaries and expand dental benefits.

### ***Value-Based Purchasing***

DHCS is participating in discussions facilitated by the University of the Pacific School of Dentistry regarding value-based purchasing of dental services. Unlike traditional Medicaid purchasing of health care services, which revolves around volume-based purchasing that could result in overutilization of unnecessary services and underutilization of necessary services. Value-based purchasing is a concept consistent with the recent Triple Aim movement in healthcare. The Triple Aim seeks to provide the services that a patient needs, with good quality and patient satisfaction, at a reduced per capita cost. In addition to DHCS, CDA, the Children's Dental Health Project, and other stakeholders are participating in the dialogue about value-based purchasing and how they may be applied to dental services, including DMC.

### ***Medical Dental Collaboration Project***

Children Now, a nonprofit advocacy organization dedicated to promoting children's health and education in California, was awarded an Oral Health Initiative implementation grant for 2014, from the DentaQuest Foundation. The grant is supporting Children Now's implementation of a pilot project to strengthen medical-dental collaboration in Los Angeles County in order to increase preventive dental service utilization among children ages one to six, who are currently enrolled in Medi-Cal and have not had a dental visit within the past 12 months.

In order to achieve this goal, Children Now invited DHCS to participate in their project. DHCS supports Children Now's proposal to improve oral health quality for publicly insured children in California through medical-dental integration. DHCS has been working closely with Children Now, DMC plans, MMCPs (LA Care and Health Net of CA), and Denti-Cal FFS toward the implementation of the Medical-Dental Pilot Project in Los Angeles.

Currently, DHCS is collecting data for all children ages one to six, who are currently enrolled in Medi-Cal and have not had a dental visit within the past 12 months. This

data will be used to find prospective Primary Care Physicians to participate in the efforts of increasing dental utilization for children through education materials and a dental referral method from their doctor. At the end of the project, DHCS hopes to see improved oral health outcomes for Los Angeles County children through the efforts of medical and dental integration.

### ***Oral Health Learning Collaborative***

DHCS is one of seven states participating in an Oral Health Learning Collaborative with the Center for Health Care Strategies (CHCS). This National Oral Health Initiative is aimed at improving children's oral health care access. Each state developed an Oral Health Action plan in 2012 with the aim to achieve two main goals:

- Increase the proportion of children enrolled in Medicaid or Children's Health Insurance Program , who receive a preventive dental service by ten percentage points; and
- Increase the proportion of children ages six to nine enrolled in Medicaid or Children's Health Insurance Program, who receive a dental sealant on a permanent molar tooth by ten percentage points.

DHCS strongly believes in the aim of this project and plans to continue involvement and collaboration with CHCS, CMS, stakeholders, and other participating states moving forward into the future.

### ***Age Birth to Three Outreach Proposal***

DHCS is developing a Pediatric Dental Outreach proposal. The outreach proposal envisions targeting parents of Denti-Cal FFS beneficiaries, ages birth to three, who have not had a dental visit during the past 12 months. DHCS's outreach collateral and messaging will encourage parents to take their children to see a dental provider and educate them on the importance of early dental visits/early preventative oral health care. As this initiative is launched, DHCS will share best practices of the Pediatric Dental Outreach with the DMC plans so they can duplicate successful efforts to reach the beneficiary population age birth to three. DHCS is seeking support of this effort from the First 5 Commission as proposed in the Governor's budget.

### ***Affordable Care Act and Medicaid***

With the launch of the Patient Protection and Affordable Care Act and the Health Care and Education Reconciliation Act of 2010 known as the ACA and its expansion of Medi-Cal, DHCS will provide coverage for as many as two million additional Californians. ACA was enacted in March 2010, for implementation to begin on January 1, 2014, and provides federal financing, and initiates improvements to the administration of healthcare nationwide.<sup>17</sup> Covered California was established due to ACA as the insurance marketplace for California where the uninsured and underinsured can apply for health coverage. As of March 2014, about 1.1 million applicants have been determined likely eligible for Medi-Cal coverage through Covered California. Some of those applicants have had their eligibility confirmed while others are still pending eligibility determinations. In addition, the expansion includes those who transitioned

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<sup>17</sup> Affordable Care Act 2013  
[Link to Federal Affordable Care Act](#)

from the Low Income Health Program (LIHP) and will enroll through the Express Lane Enrollment.

### ***Low Income Health Program Transition***

LIHP, which administers health services at the county level, ended on December 31, 2013.<sup>18</sup> As part of ACA and the expansion of Medi-Cal, most enrollees in county LIHPs transitioned into Medi-Cal on January 1, 2014, while others are eligible for other health coverage options through Covered California. The population of LIHP enrollees, who transitioned is categorized as adults from ages 19 to 65. The transitioned population is about 650,000 enrollees. Sacramento County transitioned approximately 12,300 beneficiaries, who mandatorily enrolled into DMC. Los Angeles County's LIHP enrollee count was about 299,000, who had the option to enroll in DMC or Denti-Cal FFS, of who approximately 1,600 opted to enroll into DMC.

### ***Express Lane Enrollment***

Beginning February 2014, streamlined Medi-Cal enrollment was implemented for current recipients of Supplemental Nutrition Assistance Program (CalFresh) who were not enrolled in Medi-Cal or LIHP. The two targeted populations for the Express Lane Enrollment<sup>19</sup> was approximately 600,000 adults (aged 19-64) and 150,000 children (under age 19) currently enrolled in CalFresh, but not on Medi-Cal. Using federal flexibilities, DHCS is allowed to grant Medi-Cal eligibility without the need for an additional application for 12 months by using the CalFresh information as the source of the Medi-Cal eligibility information for the targeted populations. These flexibilities are operational through December 31, 2015.

By being enrolled in CalFresh, income and residency has been established and DHCS will need to conduct necessary citizenship and identity verifications, to the extent not previously confirmed, to comply with CMS regulations specific to enrollment into Medicaid. Affirmation letters were sent beginning February 2014, in two separate phases to the targeted populations with adults then the children to follow.

The letter provides information to them regarding their eligibility to enroll in Medi-Cal. Most CalFresh enrollees, who elect this express enrollment process, residing in Sacramento County, will have to select a DMC plan to receive dental services from, and enrollees in Los Angeles County will have the option to select between a DMC plan and Denti-Cal FFS for dental services. It is anticipated that approximately 30 percent of the eligible population will opt to enroll in Medi-Cal.

### ***Hospital Presumptive Eligibility Program***

Beginning January 1, 2014, the Hospital Presumptive Eligibility (PE) program<sup>20</sup> became operational and provides individuals with temporary, full-scope no-cost Medi-Cal benefits for up to two months, which includes dental benefits. Those potentially eligible

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<sup>18</sup> Department of Health Care Services. (2013). Low Income Health Program Transition. Retrieved from: [Link to Low Income Health Program Resource Information](#)

<sup>19</sup> Department of Health Care Services. (2014) Express Lane. [Link to Medi-Cal Express Lane Eligibility Information](#)

<sup>20</sup> Hospital Presumptive Eligibility Program [Link to Hospital Presumptive Eligibility Information](#)

for Hospital PE benefits are children (ages 0-18), parents, caretaker relatives, pregnant women, “new adults” (ages 19-64, not pregnant, not on Medicare, and not eligible for any other mandatory group), and former foster care children (ages 18-26) who are a voluntary population in DMC. In order to receive benefits, an individual must submit a simplified application online at the hospital. Individuals will be notified immediately of their eligibility determination. Individuals will also be provided with the Covered California health insurance affordability application which they can complete to ensure their benefits will not expire after two months. Most individuals, who are determined to be eligible for Medi-Cal after completing a full application, will be mandatorily enrolled in DMC, if they reside in Sacramento County. Eligible individuals residing in Los Angeles County will have the option to enroll in DMC or Denti-Cal FFS.

## **Conclusion**

DHCS is committed to making positive changes for its beneficiaries. DHCS's ongoing work is to continuously improve the dental care delivery system to ensure network adequacy and monitor the performance of the DMC plans as more Medi-Cal benefits and additional services are added for our beneficiaries. DHCS will continue to collaborate with our contracted dental plans, DMHC, legislative partners, federal partners, and stakeholders to ensure quality oral health for beneficiaries in DMC.

DHCS recognizes that GMC utilization for 2013 has decreased and is making efforts to improve plan performance. DHCS has requested CAPs from DMC plans to develop ways to encourage growth in utilization and is working closely with DMC plans to develop strategies for addressing the challenges in meeting contractual requirements related to performance measures. These efforts remain a high priority for DHCS and we anticipate improvement for the 2014 utilization.

## APPENDIX A: 2012 Non-Routine Survey Results

### Access Dental Plan:

#	KNOX-KEENE ACT FINDINGS	Status
1	The plan failed to address a known quality of care issue identified by the plan's facility audit review.	Corrected
2	The plan's Provider Manual and Specialty Referral Form contain language that had the potential of creating a provider financial disincentive for submitting specialty referrals to the plan.	Corrected
3	The plan's provider to enrollee ratio exceeded 1:2000 and the methodology for member assignment did not take into account provider availability.	Corrected
<b>CONTRACT FINDINGS</b>		
1	During the review period, the plan did not have a Member Education Policy that met the DHCS GMC Member Education requirements.	Corrected
2	The plan did not ensure all written member information was provided to members at a sixth-grade reading level.	Not Corrected
3	The plan's Language Assistance Policy and Procedure explicitly excluded Medi-Cal enrollees and did not explain which language assistance services were available to Medi-Cal members.	Corrected

**Health Net of California:**

#	KNOX-KEENE ACT FINDINGS	Status
	No Knox-Keene Act findings.	n/a
	<b>CONTRACT FINDINGS</b>	
1	A review of the plan's utilization management template letters, sent to members by the plan's delegate, Liberty Dental, revealed the letters were not written at a sixth-grade reading level.	Corrected

**LIBERTY Dental Plan:**

#	KNOX-KEENE ACT FINDINGS	Status
	No Knox-Keene Act findings.	n/a
	<b>CONTRACT FINDINGS</b>	
1	The plan did not have a formal documented process or methodology that evaluated the effectiveness of its dental health program for GMC members.	Corrected
2	The plan did not have a formal policy that specified all of the member education activities conducted by the plan for GMC members.	Corrected
3	A review of the plan's utilization management template letters revealed that the letters were not written at a sixth-grade reading level.	Corrected