

Department of Health Care Services

2015 Activities Relating to

Medi-Cal Dental Managed Care

Report to the Legislature

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Executive Summary

The Department of Health Care Services (DHCS) delivers dental services to California's Medicaid Program (Medi-Cal) beneficiaries through two delivery systems: 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 providers enrolled by DHCS' Fiscal Intermediary (FI). DMC is only offered in Los Angeles and Sacramento Counties. Between the two counties, there are currently approximately 932,000 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 Sacramento and Los Angeles Counties.

Key Highlights from 2015

In 2015, DHCS continued to actively monitor DMC and made various efforts to improve DMC through collaboration with DMC plans, stakeholders, and the Legislature, including but not limited to the following:

- Collaboration with Children Now to promote better oral health and preventive education for children in California through the Medical-Dental Collaboration project in Los Angeles County;
- Implementation of a Virtual Dental Home (VDH) component in DMC as a result of AB 1174 (Bocanegra, Chapter 662, Statutes of 2014);
- Ongoing work with stakeholders to improve beneficiary educational materials and outreach mechanisms for DMC beneficiaries;
- Development and monitoring of guidelines for decisions regarding hospital dentistry, general anesthesia, and various levels of sedation;
- Development and distribution of educational materials to help inform providers how to determine the appropriate location to render the aforementioned services, with the assistance of state contractor(s) and various stakeholders;
- Validation of claims data for contract year 2015, demonstrating:
 - Sacramento County Geographic Managed Care (GMC) program average annual dental visit (ADV) utilization percentage slightly decreased in comparison to the previous contract year;
 - Los Angeles County Prepaid Health Plans (PHP) program average ADV utilization percentage remained consistent in comparison to the previous contract year; and
- Quarterly monitoring of DMC quality improvement projects (QIPs) and associated data.

Background

DMC was established in the 1990s to provide dental services to Medi-Cal dental eligible beneficiaries. These services are provided through contracts 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 per member-per month capitation payment to provide oral health care to DMC beneficiaries enrolled in the dental plans. 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 services for Medi-Cal beneficiaries. In Sacramento County, Medi-Cal beneficiaries are mandatorily enrolled into a contracting dental plan, with the exception of specific populations. Approximately 420,000 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 512,000 beneficiaries are currently enrolled in DMC plans in Los Angeles County.

Ongoing Efforts

During 2015, DHCS employed the following efforts to strengthen the DMC delivery system and to achieve increases in utilization rates in the Medi-Cal population:

- Close monitoring and oversight of DMC plans to ensure contract provisions and performance standards are being met and to hold them accountable for meeting these contractual requirements;
- Transparency and public reporting of DMC service delivery while abiding by DHCS’ public aggregate reporting requirements;
- Collaboration with the Centers for Medicare and Medicaid Services (CMS), DMC plans, and stakeholders to increase children’s utilization rates through the Oral Health Learning Collaborative (OHLC) and the Medical-Dental Collaboration initiatives;
- Collaboration with DMC plans to increase children’s utilization rates through quarterly monitoring of plan proposed QIPs and associated data;
- Development and monitoring of guidelines for decisions regarding hospital dentistry, general anesthesia, and various levels of sedation;
- Development and distribution of educational materials to help inform providers how to determine the appropriate location to render the aforementioned services, with the assistance of state contractor(s) and various stakeholders; and
- Implementation of a VDH component in the managed care delivery system.

Beneficiary Dental Exception Process

The Beneficiary Dental Exception (BDE) process 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. In the event timely access is not possible under DMC, the beneficiary will be permitted to transition from DMC and 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. Monthly BDE reports¹ are published on the Medi-Cal Dental Services Program website. As of December 2015, BDE received approximately 2,900 incoming inquiries, of which 364 were requests for DHCS to facilitate scheduling an appointment with the beneficiary's assigned dental plan. Since the inception of BDE, no beneficiaries have been transferred to Denti-Cal FFS. Further breakdown of BDE requests for Calendar Year (CY) 2015 are as follows:

- 262 out of 364 (72.0 percent) BDE requests have been closed successfully as a result of DHCS facilitating appointments and verifying that beneficiaries kept their appointments and received treatment;
- 79 of the 364 (21.7 percent) BDE requests were categorized as unsuccessful due to beneficiaries not showing up to their scheduled appointments;
- 23 of 364 (6.3 percent) BDE requests currently have appointments scheduled to receive dental services and will be closed when treatment is completed;
- 90 out of 364 (24.7 percent) BDE requests were for children under the age of 21 and 274 (75.3 percent) were adults;
- No cases were transitioned from GMC to Denti-Cal FFS through BDE; and
- 100 percent success rate with warm transfers resulting in the GMC plans scheduling appointments within the *Timely Access to Non-Emergency Health Care Services* standards.

In addition to helping beneficiaries obtain access to timely dental care, BDE affords beneficiaries the opportunity to obtain information regarding their eligibility status and plan or provider information. DHCS contacts each beneficiary through a follow-up phone call after their scheduled appointment to verify the services needed were received, and to solicit feedback regarding their overall satisfaction of services received from their provider. The feedback received is assessed so that concerns related to the dental care provided may be shared with the respective GMC plan for follow up, as appropriate. Additionally, DHCS provided annual notifications to all existing and new GMC beneficiaries regarding BDE.

¹ [Department of Health Care Services: Monthly Beneficiary Dental Exception Reports](#)

In 2015, DHCS experienced an approximate 67 percent decrease in the average number of phone calls and an approximate 55 percent decrease in the average number of correspondences received for BDE from the previous year. The number of correspondences received in 2014 was uniquely inflated due to the restoration of adult dental benefits in May 2014; as such, incoming correspondences and phone calls returned to pre-restoration levels in CY 2015.

Oral Health Learning Collaborative

California is one of seven states, who participated in an OHLC² with the Center for Health Care Strategies (CHCS). This National Oral Health Initiative³ (OHI) was aimed at improving children's oral health care access. In 2012, each state developed an Oral Health Action Plan with the aim to achieve the following goals:

- Increase by ten percentage points, the proportion of children enrolled in Medicaid, who receive a preventive dental service; and
- Increase by ten percentage points, the proportion of children ages 6-9 enrolled in Medicaid who receive a dental sealant on a permanent molar tooth.

DHCS made efforts to achieve the aforementioned goals through the development of new program policies, including: (1) the development of policies to allow the provision of dental services through teledentistry; and (2) the development of protocols and guidelines to contract with mobile van vendors in order to provide accessible dental services to beneficiaries in underserved geographic areas in FFS. Additionally, the following efforts were identified to assist in accomplishing the CHCS goals as well:

- Provide oversight for the implementation of a QIP by DMC plans to offer FFS reimbursement rates for targeted age groups in order to incentivize providers to increase utilization of select preventive services; and
- Identify beneficiaries under the age of four who did not receive a dental visit in the prior 12 months and conduct outreach to the head of household to educate beneficiaries about their available benefits and children's oral health care.

DHCS attended the final OHLC meeting in Washington, D.C., in October 2015, where each state presented and discussed their collaborative efforts and achievements. DHCS' presentation highlighted milestone events in CY 2015, such as the implementation of Phase I of teledentistry, which allows providers to provide dental services using "store and forward" technology. Additionally, DHCS discussed methods of sustaining and growing the efforts beyond the collaborative, and developed a sustainability plan to ensure the aforementioned efforts are continued in the future. DHCS is committed to continuing the exploration of innovative methods to increase beneficiary utilization and achieve CHCS goals.

² [Center for Health Care Strategies, Inc.: Medicaid Oral Health Learning Collaborative](#)

³ [Centers for Medicare and Medicaid Services: Oral Health Initiative and Other Dental-Related Items](#)

Medical-Dental Collaboration Project

Children Now, a nonprofit advocacy organization dedicated to promoting children's health and education in California, was awarded an OHI implementation grant for 2014, from the DentaQuest Foundation. The grant supports Children Now's implementation of a pilot project to strengthen medical and dental collaboration in Los Angeles County in order to increase preventive dental service utilization among children from ages 1-6, 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 collaborated with DHCS in improving the oral health quality for publicly insured children in Los Angeles County through medical and dental integration. With the support of DHCS, Children Now, DMC plans, Medi-Cal Managed Care Plans and Dental Flare are working collaboratively toward the implementation of this pilot project to improve dental utilization for the designated population in Los Angeles County.

DHCS reviewed data for a designated population, children ages 1-6, who are currently enrolled in Medi-Cal and have not had a dental visit within the past 12 months. This data was used to locate primary care physicians and dentists to participate in the efforts of increasing dental utilization for children through educational materials and a direct dental referral method from their doctors. Participating practices received tools and guidance to educate and provide dental appointment referrals to parents of non-utilizing children during well visits. DHCS will track improvements in dental service utilization among children in the target population, who are served by these practices. Data for the period of June 1, 2015, through March 1, 2016, is scheduled to be assessed during the fall of 2016.

Quality Improvement Projects

As part of the DMC contracts, DMC plans are contractually obligated to conduct and/or participate in two DHCS-approved QIPs per year. One QIP must be DHCS-designated, while the second may be proposed by the plans. In 2014, DHCS approved a plan-proposed QIP for each DMC plan, which would extend through 2015 due to time constraints in developing a DHCS-designated QIP. The QIPs began August 1, 2014, and will continue through July 1, 2016.

Access Dental Plan

Access Dental Plan's (Access) QIP study sought to identify baseline population statistics related to differences in utilization within the enrolled population based on race/ethnicity and to identify intervention strategies, including educational activities. Access identified the following areas of concern in their QIP submission:

- an overall decline in sealants in age groups 6-9 and 10-14 for all races/ethnicities;
- a decline in use of sealants in the age group 10-14 for black beneficiaries;
- topical fluoride intensity decrease for all races/ethnicities; and
- a slight decline in use of preventive services for all races/ethnicities.

Access' findings concluded that Hispanic beneficiaries utilize preventive services more than all other races/ethnicities. In order to mitigate the overall decline of sealants, fluoride, and preventive services utilization, Access recommended the development of a provider compensation structure that encourages sealants,

fluoride, and preventive services and the development of new member materials to reach all races/ethnicities.

Additionally, Access developed birthday notices and 90-day reminders specific to each race/ethnicity that are scheduled to be mailed to beneficiaries in the second quarter of 2016.

LIBERTY Dental Plan and Health Net of California Dental Plan

LIBERTY Dental (LIBERTY) and Health Net of California (Health Net) collaborated on their QIP submission. LIBERTY and Health Net chose to design a QIP in response to the CMS goals to: 1) increase by four percentage points over a two-year period, the proportion of children ages 1-20 enrolled in a Medicaid program for at least 90 consecutive days, who receive a preventive dental service, and 2) increase by four percentage points over a two-year period, the proportion of children ages 6-9 enrolled in Medicaid program for at least 90 days, who receive a dental sealant on a permanent molar tooth. Progress is monitored quarterly through the completion of the QIP.

LIBERTY and Health Net's QIP focused on moving from a capitation payment method, with some supplement payments, to a FFS payment structure for ages 0-7 for preventive services, with a focus on sealants. Utilization data submitted by LIBERTY and Health Net in their periodic QIP report for the third quarter of 2015 showed a decline in the utilization of sealants from the baseline year (2013) in all plans except Health Net PHP for children ages 6-7. For children ages 8-9, utilization increased in all plans except Health Net GMC compared to the baseline year (2013). The final QIP reports and cumulative data will be completed in Summer 2016. The tables below demonstrate the percent change in sealant utilization for each age group for 2015 as compared to the baseline year (2013) and the prior year (2014). This data does not equate to actual utilization numbers.

**Table 1: Change in Sealant Utilization for Beneficiaries
Ages 6-7, as of Third Quarter 2015**

Plans	Percent Change from Baseline⁴	Percent Change from 2014⁵
Health Net GMC	-0.4	-2.3
Health Net PHP	19.0	-6.4
LIBERTY GMC	-5.5	9.2
LIBERTY PHP	-0.4	-11.6

⁴ Baseline data includes sealant utilization by child beneficiaries ages 6-7 as of September 30, 2013.

⁵ 2014 data includes sealant utilization by child beneficiaries ages 6-7 as of September 30, 2014.

Table 2: **Change in Sealant Utilization for Beneficiaries
Ages 8-9, as of Third Quarter 2015**

Plans	Percent Change from Baseline ⁶	Percent Change from 2014 ⁷
Health Net GMC	-7.2%	7.3%
Health Net PHP	22.3%	-2.3%
LIBERTY GMC	16.9%	5.4%
LIBERTY PHP	0.2%	-12.5%

LIBERTY subsequently extended the FFS payment structure to all children, ages 0-20, for preventive services for GMC effective June 1, 2015, and for PHP effective September 1, 2015. In an effort to encourage an increase in preventive care for children, Health Net also created an enhancement payment for the Current Dental Terminology D0150 (oral health examination) for the Los Angeles County PHP effective July 2015. Final data will be publicly available upon completion of the QIPs.

General Anesthesia

In 2014, DHCS committed to implementing a consistent policy across medical and dental programs, with respect to the provision of dental services under general anesthesia, utilizing the protocols established in response to Sutter Medical Center, Sacramento reducing the amount of operating room time for all patients who receive dental treatment under general anesthesia. DHCS collaborated with stakeholders and the provider community over the course of CY 2015 toward fulfilling this commitment.

In June 2015, DHCS conducted its first webinar with stakeholders to present the draft criteria and guidelines for intravenous conscious sedation, deep sedation, and general anesthesia for dental procedures, which DHCS developed with stakeholder input. DHCS received a number of comments from stakeholders following the webinar, and in September 2015, DHCS conducted a second webinar to present the final policy. As of November 1, 2015, dental providers are required to submit Treatment Authorization Requests (TARs) for the provision of intravenous sedation and general anesthesia services for dental procedures. Pursuant to W&I Code §14132(f), prior authorization is not required for patients residing in a Skilled Nursing Facility or any category of Intermediate Care Facility for the developmentally disabled; as such, beneficiaries, who meet this criteria are excluded from the TAR requirement.

⁶ Baseline data includes sealant utilization by child beneficiaries ages 8-9 for September 30, 2013.

⁷ 2014 data includes sealant utilization by child beneficiaries ages 8-9 as of September 30, 2014.

Patient selection for conducting dental procedures under intravenous sedation or general anesthesia utilizes medical history, physical status, and indications for anesthetic management.

Effective November 1, 2015, this policy was implemented across all health care delivery systems and programs. In addition, DHCS published supplemental documents to address commonly asked questions with regard to the policy and to instruct providers on how to properly submit documentation for review.

DHCS will continue to engage providers, plans, and stakeholders to assist Medi-Cal beneficiaries statewide who are in need of hospital dentistry services, maintain timely access to care by increasing cooperation and interaction between DHCS and alternative care locations, and to release materials that provide guidance on DHCS policy.

Virtual Dental Home (VDH)

VDH is a community-based oral health delivery system in which beneficiaries receive preventive and simple therapeutic services in community settings. VDH utilizes the teledentistry technology to facilitate the diagnosis, consultation, and treatment of a beneficiary's dental health care by their primary care dentists and allied professionals. Along with teledentistry in Denti-Cal FFS, Phase I of the VDH program was implemented in DMC in Sacramento and Los Angeles on July 1, 2015.

Phase I gave dentists the authority to provide dental services through "store and forward" technology, thus allowing Medi-Cal providers to practice "teledentistry by store and forward," which allows asynchronous transmission of medical information to be reviewed at a later time by a licensed dental provider at a distant site. Phase II of implementation is currently pending federal approval from CMS. Phase II will give all dentists the authority to bill for synchronous, or live, transmissions, which means a real-time interaction between a patient and a health care provider located at a distant site.

Updated Enrollment Figures

Affordable Care Act and Medicaid

On January 1, 2014, California implemented the Patient Protection and Affordable Care Act⁸ and the Health Care and Education Reconciliation Act of 2010 (including Medi-Cal expansion) (known as ACA). As a result of ACA, Covered California was established as the insurance marketplace for California where uninsured and underinsured persons may apply for health coverage. Since ACA's implementation, more than four million new individuals have joined Medi-Cal. As of September 2015, approximately 200,000 beneficiaries were enrolled into GMC and approximately 228,000 beneficiaries were enrolled in PHP. In addition, the expansion included individuals transitioned from the Low Income Health Program (LIHP) and individuals enrolled through Express Lane Enrollment.

⁸ [Federal Affordable Care Act 2013](#)

Low Income Health Program Transition

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 obtained eligibility for other health coverage options through Covered California. The population of LIHP enrollees, who transitioned, is categorized as adults from ages 19-65. As of September 2015, approximately 19,100 total enrollees were transitioned into DMC as a result of the LIHP transition; approximately 5,400 beneficiaries are in a GMC plan, and approximately 13,700 beneficiaries are in a PHP plan.

Express Lane Enrollment

In 2014, a streamlined Medi-Cal enrollment process was implemented for current recipients of Supplemental Nutrition Assistance Program (CalFresh) who were not enrolled in Medi-Cal or LIHP. The targeted population for the Express Lane Enrollment⁹ encompassed approximately 600,000 adults, ages 19-64 and 150,000 children under the age of 19. Using federal flexibilities, DHCS is permitted to grant Medi-Cal eligibility without the need for an additional application for 12 months by utilizing the CalFresh information as the source of the Medi-Cal eligibility information for the targeted populations. These flexibilities were slated to be operational through December 31, 2015; however, recent federal guidance lifted the sunset date and provided options for states to pursue enrolling this population into Medicaid through Express Lane Enrollment.

Under Express Lane Enrollment, income and residency is established for CalFresh enrollees and DHCS only needed to conduct necessary citizenship and identity verifications to comply with CMS regulations specific to enrollment into Medicaid. As of September 2015, using Express Lane Enrollment, approximately 5,300 beneficiaries are enrolled in a GMC plan and approximately 13,500 are enrolled in PHP plan.

DHCS Partnerships

DHCS constantly strives to improve its services and is committed to maintaining effective, open communication and engagement with the public, our partners, and other stakeholders to assist in accomplishing this goal. The following sections highlight accomplishments made in DMC in CY 2015 as a result of these partnerships.

Department of Managed Health Care

Pursuant to California Health and Safety Code §1380 and §1382, DMHC must regularly conduct administrative surveys and financial examinations of the dental plans participating in DMC. In November 2013, DHCS finalized an interagency 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 dental plan surveys and financial examinations. DMC plan surveys and financial examinations began in January 2014.

DHCS and DMHC conducted a financial examination of Access in November 2015, and a routine survey of Health Net in February 2016. Financial examinations of LIBERTY and Health Net are scheduled to occur in 2016.

⁹ [Department of Health Care Services: Express Lane](#)

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

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). Membership of the committee shall include but not be limited to local non-profit organizations, representatives from the First Five Sacramento Commission, representatives and members of the local dental society, local health and human services representatives, representatives of DMC plans, beneficiaries, and other interested individuals. DHCS is required to meet periodically with the committee, which minimally must be on a quarterly basis, to facilitate communication, information dissemination and improvements in the provision of oral health and dental care services under Medi-Cal in Sacramento County. MCDAC's purpose is to provide input on the delivery of oral health and dental care services, including, but not limited to, prevention and education services, in DMC and Denti-Cal FFS; as well as collaborate and examine new approaches to beneficiary care; and to maximize dental health by recommending improvements to DHCS.

MCDAC holds monthly meetings to discuss findings and potential improvements to DMC in Sacramento County and may submit written input to DHCS regarding policies that improve the delivery of oral health and dental services in Sacramento under Medi-Cal. The following information represents achievements of MDAC in 2015 and 2016 goals:

MCDAC 2015 Achievements:

- Continued efforts to educate Medi-Cal beneficiaries in order to increase utilization, such as providing informational posters at preschools, Family Resource Centers, and other family-based centers;
- Provided training to new employees at nine Family Resource Centers to educate employees regarding DMC and how to help Medi-Cal beneficiaries obtain dental services;
- Continued efforts pertaining to the Car Seat Pilot Program for medical and dental appointments for families without cars; 81 car seats were distributed to nine Family Resource Centers to enhance their free car seat safety training classes for Medi-Cal beneficiaries in 2015;^{10 11}
- Provided support and feedback to DHCS with respect to the implementation of VDH as a result of AB 1174; and
- Supported efforts to improve access to care, including the Sacramento District Dental Society's outreach campaign to pediatricians and hospitals, and a new children's dental clinic in Galt, projected to be operational in 2016.

¹⁰ [First 5 Car Seat Pilot Program Background Information](#)

¹¹ [First 5 Car Seat Pilot Program Flyer](#)

MDAC 2016 Goals:

- Provide recommendations to DHCS to assist with continued efforts to improve utilization and access to care in Sacramento County;
- Partner with DMC plans to focus on outreach efforts and education to Medi-Cal beneficiaries;
- Work with legislative leaders in 2016 to improve DMC and continue work to increase dental provider reimbursement rates and address associated concerns;
- Continue work on improving access to care in hospital settings in Sacramento County;
- Work with state representatives regarding the return of the California Children Dental Disease Prevention Program administered by the California Department of Public Health;
- Collaborate with DHCS to design and implement DMC projects, including a VDH project, in Sacramento County to improve utilization rates; and
- Continue to work collaboratively with the Los Angeles (LA) Stakeholder Group to address mutual concerns and projects.

Los Angeles Stakeholder Group

The LA Stakeholder Group provides input on the delivery of oral health and dental care services in Los Angeles County, which offers both DMC and Denti-Cal FFS. The LA Stakeholder Group is comprised of dental providers, DMC plan representatives, researchers, statewide and community advocates, beneficiaries, county and state representatives, and DHCS staff, who come together to discuss barriers to care and identify solutions to promote timely access to care for Medi-Cal beneficiaries. The LA Stakeholder Group meets at least once a quarter to review data on Los Angeles County Medi-Cal enrollees access to dental care; identify gaps in access; and assess new approaches to beneficiary education and provider incentives, while collaborating on efforts aimed to improve timely access to dental care.

The LA Stakeholder Group completed the following efforts related to DMC in 2015:

- Educated Medi-Cal beneficiaries through various outreach methods regarding the importance of good oral health;
- Targeted children through educational materials and dental referrals from their doctor, who have not received a dental visit in the last 12 months through the Medical-Dental Collaboration Project;
- Provided feedback regarding the implementation of teledentistry, VDH, and the provider bulletins to encourage provider participation; and
- Provided feedback to assist DHCS in updating beneficiary choice packets to more effectively inform beneficiaries regarding their dental plan options.

Choice Packets

DHCS collaborated with the LA Stakeholder group to make revisions to the choice packets dispersed to Medi-Cal dental beneficiaries who reside in Los Angeles County. The goal was to improve materials used to communicate with beneficiaries regarding the availability of Medi-Cal dental benefits and to encourage them to make active provider choices.

The revisions included additional information regarding DMC and Denti-Cal FFS and emphasized the differences between both delivery systems. DHCS worked with stakeholders on improving educational materials related to successfully scheduling dental appointments. The updated version of the Los Angeles County choice packet was distributed in February 2016.

Legislative Action

Payment Reductions Eliminated

On June 24, 2015, Senate Bill (SB) 75 (Committee on Budget and Fiscal Review, Chapter 18, Statutes of 2015) was signed by Governor Brown. With respect to the Medi-Cal Dental program, SB 75 eliminates the ten percent payment reduction adopted through AB 97 (Committee on Budget, Chapter 3, Statutes of 2011), for dental services and applicable ancillary services in the Medi-Cal program; and expands full-scope Medi-Cal coverage to all children under age 19, regardless of immigration status.

Pursuant to SB 75, Medi-Cal dental services and applicable ancillary services provided on or after July 1, 2015, were exempted from the AB 97 provider payment reductions specified in W&I Code §14105.192. SB 75 also eliminated any actuarially equivalent reductions for payments to DMC plans for contract amendments or change orders effective on or after July 1, 2015. In light of this policy change, DHCS was required to submit a State Plan Amendment to CMS for federal approval in order to implement the exemption. DHCS received federal approval on October 30, 2015, and began implementing the appropriate changes to Denti-Cal FFS provider payments in November 2015, retroactive to July 1, 2015.

Also pursuant to SB 75, all children under age 19 will be eligible for full-scope Medi-Cal coverage once DHCS determines that all systems are ready for implementation, but no sooner than May 1, 2016. Upon implementation began on May 16, 2016 and, beneficiaries currently enrolled in restricted-scope coverage automatically transition into full-scope coverage. Beneficiaries under age 19 in all counties, excluding Sacramento and Los Angeles Counties, will be enrolled in Denti-Cal FFS. Beneficiaries in Sacramento County will be automatically enrolled into a DMC plan, and beneficiaries in Los Angeles County have the option of enrolling in either a DMC plan or Denti-Cal FFS. Newly-enrolled children will be placed in either a DMC plan or Denti-Cal FFS, based on their county of residence. In November 2015, DHCS conducted a webinar with stakeholders on the implementation strategy for SB 75, including dental-related issues and questions from stakeholders about DMC and Denti-Cal FFS.

Provider Directory Requirements

On October 8, 2015, Governor Brown signed SB 137 (Hernandez, Chapter 649, Statutes of 2015), which requires health care service plans, including DMC plans, to make a provider directory or directories available, which provide information on contracting dental providers, including those who accept new patients. SB 137 seeks to establish a uniform provider directory standard and require timely updates of online and printed provider directories.

Plans are required to ensure the accuracy of the information contained in each plan's provider directory and to annually review and update the entire provider directory or directories for each service offered. Further, SB 137 prohibits a provider directory from including information on a provider who does not have a current contract with a plan.

Effective July 1, 2016, new standards for the provider directories will include, but not be limited to: weekly review and updating of online provider directories, quarterly review and updating of printed provider directories; timely provider information updates to the website; and printed provider directories. There may be penalties for plans and providers who post untimely updates. DMHC and the Department of Insurance are currently developing uniform provider directory standards for implementation on July 1, 2016.

Full Scope Medi-Cal Coverage for Low-Income Pregnant Women and Affordability and Benefit Wrap Program for Newly Qualified Immigrants

In accordance with SB 857 (Committee on Budget and Fiscal Review, Chapter 31, Statutes of 2014) and SBX1 1 (Hernandez, Chapter 4, Statutes of 2013-14 First Extraordinary Session), W&I Code §14102, §14148.65, and §14148.67, DHCS, in collaboration with Covered California, will implement the Full-Scope Medi-Cal Coverage for Low-Income Pregnant Women and Affordability and Benefit Wrap Program¹² for Newly Qualified Immigrants, subject to federal approvals.

DHCS is working with Covered California, health care service plans and health insurers, and stakeholders to develop and implement these two programs. Informing notices to potential enrollees will include information on dental coverage options under full-scope Medi-Cal. As applicable, eligible beneficiaries for these coverage programs, who reside in Sacramento County will be mandatorily enrolled in a DMC plan, and those who reside in Los Angeles County will have the option to enroll into either a DMC plan or Denti-Cal FFS.

Dental Managed Care Utilization

DHCS is committed to developing effective strategies to increase utilization across all dental plans. This commitment aligns with CMS' goal to improve access to oral health services for children. DHCS anticipates that preventive dental services for children will increase in 2016 through beneficiary and provider education and outreach efforts, as well as increased monitoring of DMC. In 2015, the average utilization percentage for ADV decreased for the Sacramento County GMC in comparison to 2014, as validated by DHCS. In FY 14–15, the average utilization percentage for ADV remained consistent for the Los Angeles County PHP in comparison to FY 13–14, as validated by DHCS.

It is important to note the validated claims data shown below does not reflect complete run out, as DMC plans are contractually permitted to submit encounter data for up to six months following the date of service. As such there may be a slight variation in percentages once run out has completed.

¹² <http://www.dhcs.ca.gov/services/medi-cal/Pages/Affordability-and-Benefit-Program.aspx>

**Table 3: Sacramento County Annual Dental Visit Utilization
Children Ages 0 through 20**

GMC Plans	2014 Validated	2015 Validated*	2015 Forecasted Validated Data **
Access	36.2 percent	32.6 percent	33.6 percent
Health Net	40.6 percent	38.3 percent	39.1 percent
LIBERTY	41.9 percent	38.9 percent	34.9 percent
Average GMC Utilization	39.5 percent	36.6 percent	34.5 percent

*The contract measurement period is from January 1, 2015, through December 31, 2015. The table displays validated claims data captured from January 1, 2015, through May 31, 2015, and does not include complete run out of claims data for the contract measurement period.

**The forecasted utilization percentage was calculated utilizing validated claims data and trends captured from January 1, 2014, through May 31, 2015, due to the transition process to a new reporting system, Post Adjudication Claims and Encounter Data Systems (PACES), and to account for complete run out of claims data based on historical information for the contract period.

**Table 4: Los Angeles County Annual Dental Visit
Children Ages 0 through 20**

PHP Plans	FY 13-14 Validated	FY 14-15 Validated*	FY 14-15 Forecasted Validated Data**
Access	37.0 percent	36.1 percent	36.8 percent
Health Net	42.1 percent	41.8 percent	42.1 percent
LIBERTY	37.3 percent	38.2 percent	38.0 percent
Average PHP Utilization	38.8 percent	38.7 percent	38.9 percent

*The contract period is from July 1, 2014, through June 30, 2015. The table displays validated claims data captured from July 1, 2014, through June 30, 2015, and does not include complete run out of claims data for the contract period.

**The forecasted utilization percentage was calculated utilizing validated claims data and trends captured from January 1, 2014, through May 31, 2015, due to the transition process to a new reporting system, PACES, to account for complete run out of claims data based on historical information for the contract period.

Healthcare Effectiveness Data and Information Set (HEDIS)-like criteria were utilized to calculate ADV rates for the data displayed in Table 3 and Table 4 above. 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. DHCS uses a more inclusive list of procedures codes, because it is believed to provide a more accurate picture of overall utilization. The data exhibited within this document are based on validated claims data retrieved from the Medi-Cal Management Information System/Decision Support System data warehouse through the Medi-Cal Dental Dashboard.

Post Adjudication Claims and Encounter Data Systems

Effective June 12, 2015, DHCS began transitioning to PACES, a national standard file format for dental encounter data submission. DHCS is mandated to collect and report on claims paid under Denti-Cal FFS and managed care encounters reported by DMC plans. The PACES transition creates consistency with other Medicaid dental programs across the country and further drives DHCS' mission to improve encounter data quality. The DMC plans completed all network testing at the end of 2015, and are currently billing through the PACES system. DHCS is working closely with DMC plans to identify and correct any systematic irregularities.

Eligibility Calculation Modification

In order to align with the CMS data reporting requirements for dental program data, DHCS will be modifying the eligibility criteria used for reporting purposes. DHCS will define eligibility as the number of members enrolled for at least 90 continuous days in the same plan during the reporting period, excluding multi-year measures. This method will replace the existing method of calculation in which eligibility is based on the number of members continuously enrolled in the same plan for 11 out of 12 months with no more than a one month gap in eligibility. All Performance Measures and Benchmarks (PMBs) are subject to the new eligibility criteria effective January 1, 2016, for Sacramento County GMC, and July 1, 2016, for Los Angeles PHP.

Performance Measures and Benchmark Withholds

Under the current DMC contract terms, DHCS withholds a percentage of a plan's monthly capitation payment. The withhold serves as a mechanism for DHCS to encourage increased utilization across plans and contracts. The withheld amount is released when the plan achieves the set benchmarks. The withhold methodology is revisited by DHCS and the contracts as part of on-going contract administration and monitoring efforts. Moreover, the development process of the methodology is part of a collaborative effort, and involves contract negotiations, between DHCS and DMC contractors.

Corrective Action Plan

DHCS monitors all DMC plan utilization and services provided to beneficiaries on an ongoing basis through the quarterly PMBs reporting.¹³ PMBs are based on 11 separate performance measures, which are stratified across various age ranges.

- Annual Dental Visit;
- Use of Preventive Services;
- Uses of Sealants;
- Sealant to Restoration Ratio (Surfaces);
- Treatment/Prevention of Caries;
- Exams/Oral Health Evaluations;
- Use of Dental Treatment Services;
- Preventive Services to Fillings;
- Overall Utilization of Dental Services;
- Continuity of Care; and
- Usual Source of Care

¹³ [Dental Managed Care Plan Quarterly Utilization Reports](#)

According to plan-reported data, the average utilization percentage in Sacramento and Los Angeles Counties has decreased from the previous contract year. DMC plans did not achieve the set ADV benchmarks for contract year 2015. Pursuant to the DMC contracts, DHCS has the authority to require CAPs for DMC plans who have repeated deficiencies in the PMBs. The plans are contractually obligated to implement a correction within a timely manner through strategies delineated in a CAP.

As a result, at the end of 2015, DHCS sent letters to all three DMC plans for both the GMC and PHP contracts outlining PMB plans failed to meet, and the plans to submit a CAP detailing the steps the plans would take in order improve their utilization. The CAPs are expected to be submitted by the plans in January 2016. DHCS is in the process of evaluating the submitted CAP responses to ensure the CAPs adequately address the plans' proposed corrective actions in order to meet PMBs. Upon DHCS' approval of their submitted CAPs, DHCS will continue to monitor their utilization data, as well as meet quarterly with the plans to discuss their ongoing efforts. The CAPs will remain in effect until utilization is at or above the benchmarks required.

Improvement Efforts

The mission of DHCS is to provide Californians with access to affordable, high-quality health care, including dental services. In an effort to increase utilization amongst children, DHCS initiated efforts with advocacy groups and other agencies toward promoting oral health for Medi-Cal beneficiaries and expanding modalities used for the provision of dental services.

Consumer Assessment of Healthcare Providers and Systems Survey

DHCS is required by W&I Code §14459.6 to conduct consumer satisfaction surveys. The intent of the survey is to evaluate member satisfaction with DMC providers. The consumer satisfaction survey includes representative samples of members enrolled in each of the dental plans in Sacramento and Los Angeles Counties. The survey is the Medi-Cal dental equivalent of the Consumer Assessment of Healthcare Providers and Systems (CAHPS) Survey as used by the Healthy Families Program, which transitioned into Medi-Cal in 2013. The consumer satisfaction survey collects information on a beneficiary's dental history, which includes plan and provider information within the last 12 months.

DMC plans contracted with an External Quality Review Organization, Health Services Advisory Group (HSAG), to administer the 2015 CAHPS survey. Random samples of 1,650 eligible members from Los Angeles and Sacramento Counties were selected for each of the three DMC plans.

Surveys were mailed to members in February 2015 and responses were received between February and May 2015. The average response rate for all plans was 18.58 percent.

Based on HSAG's analysis of survey responses, member satisfaction for the three plans is outlined in the tables below:

Table 5: Dental Managed Care Plan Rating

Rating of Dental Plan			
DMC Plans	Satisfied	Neutral	Dissatisfied
Access	53.8%	27.1%	19.1%
Health Net	49.9%	31.2%	18.9%
LIBERTY	48.6%	30.6%	20.8%

Table 6: Patient Referral Rate for Dental Managed Care Plans

Would Recommend Dental Plan			
DMC Plans	Yes	Neutral	No
Access	45.6%	43.1%	11.3%
Health Net	45.7%	44.7%	9.6%
LIBERTY	44.6%	40.5%	14.9%

HSAG identified certain responses consistent across DMC plans as, “key drivers of satisfaction,” and recommended DMC plans consider efforts to improve overall member satisfaction by focusing on the following identified areas:

- Respondents reported that they did not always receive dental appointments for their child as soon as they wanted;
- Respondents reported that their child’s dental plan’s toll-free number, Web site, or written materials did not always provide the information they wanted about their child’s dental plan;
- Respondents reported that dentists or dental staff did not always explain what they were doing while treating their child;
- Respondents reported that when their child had a dental emergency they did not get to see a dentist as soon as they wanted; and
- Respondents reported that their child’s dental plan’s customer service representative did not always give them the information or help they needed.

DHCS and DMC plans are working collaboratively to identify opportunities to improve consumer satisfaction in the above-mentioned areas.

Sacramento County GMC Dental Study

In 2015, Barbara Aved and Associates prepared an updated report of the 2010 study¹⁴ of Sacramento County GMC at the request of MCDAC, which was publicly distributed in January 2016.¹⁵ The study looked at all aspects of DMC, focusing specifically on Sacramento County GMC, including but not limited to: organization and administration of the DMC delivery system; access to care; DMC plan performance; and child beneficiary utilization. The study offered several short- and long-term recommendations for improvement, most of which are being addressed by current DHCS efforts. DHCS

¹⁴ <http://www.barbaraavedassociates.com/samples/sacramento-GMC-report.pdf>

¹⁵ <http://www.barbaraavedassociates.com/samples/Sacramento%20GMC%20REPORT%20UPDATE%202015%20FINAL%20Dec.%2031,%202015.pdf>

appreciates the efforts by Barbara Aved and Associates to suggest ways to improve DMC.

Dental Transformation Initiative

On December 30, 2015, CMS granted the state's request to extend California's section 1115(a) demonstration (11-W-00193/9), entitled "California Medi-Cal 2020 Demonstration," through December 31, 2020.¹⁶ Since improving dental care in Medi-Cal is a critical goal of DHCS, the Medi-Cal Dental program was included in the 1115 Waiver. Through Medi-Cal 2020, DHCS will implement and oversee four dental efforts (domains), collectively referred to as the Dental Transformation Initiative (DTI). DTI is aimed at improving access to care, improving provider participation, and improving overall dental outcomes for children enrolled in Medi-Cal.

DTI allows DHCS to implement targeted pilots and incentives, which go beyond the scope of benefits currently allowed under the State Plan, Schedule of Maximum Allowances, and Manual of Criteria. This affords DHCS the opportunity to test different approaches to increasing provider participation and utilization. The following DTI domains were developed to address specific issues identified by CMS and DHCS, and will be implemented over the course of 2016 and early 2017:

- Increase Preventive Services Utilization for Children;
- Caries Risk Assessment and Disease Management Pilot;
- Increase the Continuity of Care; and
- Local Dental Pilot Programs

DTI will operate for the duration of the approved Waiver, and will be made available to DMC plans in both GMC and PHP. DHCS will collaborate with DMC plans in early 2016 to identify potential issues prior to implementation to ensure the domains are executed to the fullest extent possible.

Medi-Cal Dental Dashboard

The Medi-Cal Dental Dashboard was derived from a grant given by the California HealthCare Foundation. Health Management Associates collaborated with DHCS in developing a dynamic, interactive dental dashboard, which monitors the delivery of Medi-Cal dental services. The dashboard allows for easy interpretation and analysis of the Medi-Cal dental data and more effective monitoring of the dental plans.

It provides DHCS with the ability to easily modify parameters and create data visualizations to efficiently answer questions and make informed decisions by determining any driving trends or program issues in Medi-Cal dental care. DHCS plans to develop a custom version of the dental dashboard, which meets DHCS' data release guidelines for the public. The dashboard should be available to the public in the latter part of 2016.

¹⁶ <http://www.dhcs.ca.gov/provgovpart/Pages/medi-cal-2020-waiver.aspx>

Conclusion

DHCS' mission is to provide Californians with access to affordable, high-quality health care, including dental services. DHCS will continue to collaborate with contracted DMC plans, DMHC, legislative partners, federal partners, and stakeholders to ensure this goal is attained. DHCS will continue close monitoring and oversight of DMC contracts and CAPs to encourage growth in utilization. In addition, DHCS will continue 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 as it constantly seeks to improve services and ensure Medi-Cal members have patient-centered, coordinated care, and are keenly aware of their choices within DMC.