# Department of Health Care Services Activities Relating to

# Medi-Cal Dental Managed Care

# Report to the Legislature

# March 2013

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## Executive Summary

The Medi-Cal Dental Program administered by the Department of Health Care Services (DHCS) delivers dental services to Medi-Cal beneficiaries through two different models: Dental Managed Care (DMC) and Fee-for-Service (Denti-Cal). DHCS contracts with dental plans licensed by the Department of Managed Health Care (DMHC), pursuant to the Knox-Keene Health Care Services Plan Act of 1975 (Knox-Keene) and pay dental plans a capitation payment per-member per-month to provide oral health care to beneficiaries enrolled in the dental plan. Beneficiaries in DMC are assigned to a specific provider to establish a relationship creating a "dental home".

DHCS has responsibility for contract oversight for both Sacramento and Los Angeles Counties DMC, ensuring access to dental care through DMC contractual requirements that enforce state and federal statutes, regulations, and policies. In Sacramento County, Medi-Cal beneficiaries are mandatorily enrolled (with the exception of specific populations) into a contracting dental plan, currently approximately 219,000 are enrolled. In Los Angeles County, Medi-Cal beneficiaries have the option to enroll into DMC or Denti-Cal; currently approximately 275,000 are enrolled.

## Sacramento County DMC Issues

- Utilization rates for DMC have historically been below Denti-Cal. In 2011, utilization rates for children ages 0-20 were 32.3 percent in Sacramento County and 24.6 percent in Los Angeles County, compared to 52.2 percent[1] in Denti-Cal.
- In June of 2010, a study[2] published by Barbara Aved Associates (in partnership with First 5 Sacramento) and independent news articles,[3] began to circulate in 2012, criticizing the administration and oversight of DMC in Sacramento County.
- In late 2010, DHCS undertook efforts to improve plan performance and accountability. By identifying problems within the DMC program and contracts DHCS was able to bring about improvements to the 2012 plan selection and procurement processes and contractual requirements.
- In 2011, local Sacramento advocate groups approached DHCS asking to be involved with improving DMC. In 2012, DHCS worked in conjunction with the Sacramento County Public Health Advisory Board, First 5 Sacramento, Sacramento District Dental Society, and local Sacramento County advocates and began meeting regularly to discuss the issues surrounding DMC.
- Senate President pro Tem Darrell Steinberg sent a letter[4] to DHCS Director Toby Douglas, as a call to action urging DHCS to take immediate action to improve children's access to dental care. DHCS began efforts to make improvements to DMC in collaboration with plans and stakeholders.

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[1] Department of Health Care Services, *Utilization by County for Dental Managed Care and Fee for Service 2011,* *http://www.denti-cal.ca.gov/provsrvcs/managed_care/DMC_plan_util_2011.pdf* (2012).

[2] Barbara Aved, *Sacramento Children Deserve Better A Study of Geographic Managed Care Dental Services.* http://www.barbaraavedassociates.com/samples/sacramento-GMC-report.pdf (June 2010)

[3] "Model dental program proves painful for kids," Sacramento Bee, 12 February 2012, http://www.sacbee.com/2012/02/12/4256975/model-dental-program-proves-painful.html.

[4] Darrell Steinberg, Senator, to Toby Douglas, 13 February 2012, http://sd06.senate.ca.gov/sites/sd06.senate.ca.gov/files/Letter%20from%20Senate%20Pro%20Tem%20Steinberg_0.pdf.

## Key Points of Improvement

DHCS has made efforts to improve the program through collaboration with DMC plans, stakeholders, and the Legislature as follows:

- Increase of plans' utilization rates in Sacramento County from 32.3 percent in 2011, to 43.7 percent in 2012, and in Los Angeles County from 24.6 percent in 2011, to 36.8 percent in 2012.
- Support the successes of the following improvements to the processes and requirements implemented in 2012.
  - DHCS implemented the Immediate Action Expectations (IAE)[5], which has resulted in the submission of monthly reporting to DHCS to compile and publish reports to the public.
  - Implementation of the Beneficiary Dental Exemption (BDE) process[6], has allowed the staff to assist and manage these special needs cases until the rendering provider completes the necessary services.
  - Conducting stakeholder and all plan meetings, to collaborate on dental issues, have become a component in improving the program.
  - Assembly Bill 1467 1467 (Committee on Budget, Chapter 23, Statutes of 2012) was enacted July 1, 2012, to improve requirements of DMC and amend Welfare and Institutions (W&I) Codes.
- Since IAE were implemented in March and April of 2012, the dental plans have realized higher utilization increases in the second half of the year. Utilization is expected to continue to increase in 2013.
- The DMC Contract procurement process was changed from a Request for Application to a Request for Proposal, which allowed DHCS to award contracts to plans demonstrating an ability to meet DHCS' goals and objectives, resulting in improved delivery of services in DMC.
- DMHC in conjunction with DHCS conducted non-routine surveys on most of the Sacramento County dental plans, and noted Knox-Keene deficiencies and contract findings.[7]

## Background

The Medi-Cal Dental Program, administered by the Department of Health Care Services (DHCS), has two different models for delivering dental services to Medi-Cal beneficiaries: Dental Managed Care (DMC) and Denti-Cal fee-for-service (Denti-Cal). DMC began in the 1990's to provide dental services to Medi-Cal beneficiaries through contracted DMC plans licensed by DMHC pursuant to Knox-Keene. In DMC, Medi-Cal pays dental plans a capitation payment per member per month to provide oral health care to beneficiaries enrolled in the dental plan. Medi-Cal beneficiaries in DMC are assigned to a specific provider to establish a relationship creating a dental home.

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[5] Toby Douglas, Director of the Department of Health Care Services, to Medi-Cal Dental Geographic Managed Care Plans, 7 March 2012, http://www.denti-cal.ca.gov/provsrvcs/managed_care/GMC_letter_Toby_Douglas.pdf and Medi-Cal Dental Prepaid Health Plans, 24 April 2012, http://www.denti-cal.ca.gov/provsrvcs/managed_care/PHP_letter_Toby_Douglas.pdf.

[6] Department of Health Care Services, *Beneficiary Dental Exception (BDE)*, http://www.denti-cal.ca.gov/WSI/ManagedCare.jsp?fname=bene_dental_exception.

[7] Department of Health Care Services, *Sacramento Geographic Managed Care (GMC) Dental Non-Routine Surveys,* 4 January 2013, http://dmhc.ca.gov/healthplans/med/med_gmc.aspx.

In Sacramento County, Medi-Cal beneficiaries are mandatorily enrolled (with the exception of specific populations) into a contracting dental plan, currently approximately 219,000 are enrolled. In Los Angeles County, Medi-Cal beneficiaries have the option to enroll into DMC or Denti-Cal; currently approximately 275,000 are enrolled. DHCS has responsibility for contract oversight for both Sacramento and Los Angeles DMC, ensuring access to dental care through DMC contractual requirements that enforce federal and state statutes, regulations, and policies.

## Sacramento County DMC Issues

A study published by Barbara Aved Associates in June 2010 (in partnership with First 5 Sacramento) entitled *Sacramento Children Deserve Better: A Study of Geographic Managed Care Dental Services*[8] provided information on access, utilization, and quality of care from DMC in Sacramento County. The study criticized the administration and oversight of DMC. Barbara Aved wrote, "Monitoring of plan performance is primarily reactive, not proactive." Many suggestions to improving DMC were included in the study, with an emphasis on the involvement of advocate groups and the community in needed efforts to improve DMC.

In addition, news articles regarding DMC began circulating at the end of 2011, and the beginning of 2012. Many news articles, such as, *'Model' dental program proves painful for kids*[9]*,* which headlined Sacramento Bee's newspaper in February 2012, discussed concerns with access to care for children.

Historically, utilization rates for DMC have consistently been below Denti-Cal. In 2011, utilization rates for children ages 0-20 were 31.3 percent in Sacramento County and 24.5 percent in Los Angeles County compared to 52.2 percent[10] in Denti-Cal. DHCS recognized the current contracts did not contain financial compensation and performance incentives to insure plan performance and access to quality and timely care. Beginning in 2011, local Sacramento advocate groups approached DHCS requesting to be involved with improving DMC, which resulted in DHCS attending multiple advocate meetings. Criticisms included the lack of DHCS' oversight of the dental plans, lack of DMC adherence to contractual requirements, and insufficient accountability for plan responsibilities in providing services to Medi-Cal beneficiaries. Additionally, many access to care issues, such as timeliness and availability of appointments, were brought to DHCS' attention.

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[8] Barbara Aved, *Sacramento Children Deserve Better A Study of Geographic Managed Care Dental Services.* http://www.barbaraavedassociates.com/samples/sacramento-GMC-report.pdf (June 2010)

[9] "Model dental program proves painful for kids," Sacramento Bee, 12 February 2012, http://www.sacbee.com/2012/02/12/4256975/model-dental-program-proves-painful.html.

[10] Department of Health Care Services, *Utilization by County for Dental Managed Care and Fee for Service 2011, http://www.denti-cal.ca.gov/provsrvcs/managed_care/DMC_plan_util_2011.pdf* (2012).

In 2010, prior to these criticisms, DHCS began improving outcomes by identifying problems with DMC. DHCS worked to improve DMC contracts, to increase accountability and performance of the plans, in anticipation of the upcoming procurement. As a result of the criticisms, DHCS was determined to ensure Medi-Cal beneficiaries would have access to the dental services they needed.

In order to make these program improvements to DMC, DHCS worked in conjunction with the Sacramento County Public Health Advisory Board, First 5 Sacramento, Sacramento District Dental Society, California Legislative staff, and local Sacramento County advocates. All participating parties began meeting regularly to discuss issues surrounding DMC, proposed solutions, and dental plan contract improvements.

These meetings transitioned into monthly Sacramento County Medi-Cal Dental Managed Care meetings, which included participants from DHCS, DMC plans, and stakeholders. Throughout these monthly meetings, all participating parties sought ways to improve DMC. DMC contracts were one of the major topics frequently discussed at these meetings, particularly the procurement of the contract. Stakeholders voiced their interest in ensuring new contracts would be revised to include many improvements. DHCS considered stakeholders' suggestions and recommendations in the development of new DMC contracts.

## DHCS Action Steps

*Immediate Action Expectation Requirements*

In response to the articles, Senate President pro Tem Darrell Steinberg sent a letter[11] to DHCS Director Toby Douglas, as a call to action, urging DHCS to take immediate action to improve children's access to dental care. DHCS held a dental expectations meeting to introduce the IAEs and to address access to high quality care. The meeting included suggestions to improve DMC; strengthen oversight, and hold the dental plans more accountable. In March and April 2012, plans were issued letters[12] detailing a list of IAEs for the plans to implement in order to achieve a targeted goal of 48 percent utilization rate by the end of the year. Each dental plan sent a letter in response to the implementation request[13].

[11] Darrell Steinberg, Senator, to Toby Douglas, 13 February 2012, http://sd06.senate.ca.gov/sites/sd06.senate.ca.gov/files/Letter%20from%20Senate%20Pro%20Tem%20Steinberg_0.pdf.

[12] Toby Douglas, Director of the Department of Health Care Services, to Medi-Cal Dental GMC Plans, 7 March 2012, http://www.denti-cal.ca.gov/provsrvcs/managed_care/GMC_letter_Toby_Douglas.pdf and Medi-Cal Dental Prepaid Health Plans, 24 April 2012, http://www.denti-cal.ca.gov/provsrvcs/managed_care/PHP_letter_Toby_Douglas.pdf.

[13] GMC Immediate Action Expectations, http://www.denti-cal.ca.gov/WSI/ManagedCare.jsp?fname=gmc_expectations_and_action_items. PHP Immediate Action Expectations, http://www.denti-cal.ca.gov/WSI/ManagedCare.jsp?fname=php_expectations_and_action_items.

The following IAEs were asked of the plans:

- Distribution of beneficiary letters by DHCS[14] and dental plans[15]. The letter from DHCS assured beneficiaries improvements to DMC would be made and provided each dental plan's member services phone number. Each dental plan also developed and distributed a letter to their members, providing information on available dental benefits, the importance of dental care for children, information regarding assigned primary care provider, and his/her phone number and office location.
- Conduct a phone call campaign to all beneficiaries, who had not seen a primary care dentist within the previous 12 months. The goal was to schedule an appointment for the beneficiary with a primary care dentist.
- Develop an informational flyer[16] providing consistent dental information to all beneficiaries and stakeholders. The flyer contained the plans' contact and grievance information as well as DHCS, Health Care Options (HCO) and Medi-Cal Managed Care Ombudsman contact information.
- Conduct outreach educational seminars for providers and the provider community. The seminars were to cover information on the beneficiary benefits, submitting encounter data, and any incentive programs available. All materials presented at the seminars and the schedules were submitted to DHCS for approval. This allowed the opportunity for providers to voice any issues or concerns they were experiencing related to DMC.
- Develop provider incentive programs for children ages 0-21. The incentive program included applying provider performance measures to members, who actually received services. The performance measures were to include preventive services.
- Submit annual timely access reports to DHCS, including information on the average number of days it takes to schedule a routine, preventive, and/or emergency appointment; the number of members, whose primary care dentist is more than 30 minutes or more than 10 miles away from their residence; the number and percentage of routine authorizations received and approved; and the number of specialist referrals received, approved, denied, and completed.
- Implement utilization control by identifying providers not meeting thresholds of utilization and halting all new enrollments to those providers. For providers exceeding the plans' performance measures, including for preventative services, an incentive program was developed for members, ages 0-21.
- Develop enrollment outreach campaigns to expand provider, specialists, and Federally Qualified Health Center (FQHC) enrollment in the plans' network. Plans were to work with DHCS to develop credentialing criteria in order to increase enrollment and expedite the enrollment process.

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[14] Jane Ogle, Deputy Director, to Sacramento Geographic Managed Care (GMC) Beneficiaries, 23 March 2012, http://www.denti-cal.ca.gov/WSI/ManagedCare.jsp?fname=gmc_expectations_and_action_items.

[15] Department of Health Care Services, *Dental Geographic Managed Care Beneficiary Notification Letters*, http://www.denti-cal.ca.gov/WSI/ManagedCare.jsp?fname=dental_gmc_bene_notice_letters.

[16] Sacramento GMC and Los Angeles Prepaid Health Plan (PHP) Educational Brochures, http://www.denti-cal.ca.gov/WSI/ManagedCare.jsp?fname=dent_inform_material (2012).

These IAEs required diligence from the plans and collaboration with DHCS for implementation. All contracting dental plans participated in implementing IAEs. Since the request from DHCS was not included in the contract, IAEs were recommendations and not requirements. Throughout the year, the participating dental plans provided DHCS with the status of the IAEs through monthly required reporting. DHCS' goal is that IAEs, related reports, and updates are transparent to interested parties in order to keep them apprised and to solicit feedback. Since the implementation of IAEs, DMC plans have been submitting monthly reports to DHCS. These are compiled and published on DHCS' public website and made available to the participants of the stakeholder meetings. All plans are actively participating and are exceeding many of the goals.

### *Improvements through DMC Contracts*

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

DHCS began the process of procuring new 2013 DMC contracts in early 2012, since the Sacramento County contracts were expiring December 31, 2012, and the Los Angeles County contracts were expiring June 30, 2013. DHCS wanted to make improvements based on the concerns regarding the dental plans and issued a Request for Proposal, a competitive process allowing DHCS to award contracts to plans, who demonstrated ability to meet DHCS' goals and objectives and to improve the delivery of services in DMC. The process was concluded in October 2012, with the awarding of Sacramento County and Los Angeles County contracts to Access Dental Plan, LIBERTY Dental Plan, Inc., and Health Net of California, Inc. The Sacramento County contracts began January 1, 2013, and the new Los Angeles County contracts are scheduled to begin July 1, 2013.

The new DMC 2013 contract improvements include:

- Quality Improvement Projects (QIP) – The plans are required to participate and/or conduct two QIPs. One QIP 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 conduct annual surveys.
- Provider Monitoring – The plans are to 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[17] and benchmarks tied to ten percent monthly withholds of capitation payment. DHCS may halt new enrollment into a plan if the contractor fails to achieve benchmarks for the performance measures. The utilization performance measures will be posted online.
- 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 FQHC, Rural Health Centers, 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. Withhold payments will be paid annually and a bonus incentive was added for plans, who show outstanding accomplishments in performance.
- CAP 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.

## DHCS and DMHC Action Steps

To continue improving oversight, DMHC in conjunction with DHCS conducted non-routine surveys on the Sacramento County dental plans. DMHC regularly conducts administrative and financial reviews of the dental plans every three years on all lines of business. DHCS felt a concentrated review of the Medi-Cal Dental line of business was necessary, and would help evaluate the dental plans' compliance with contract requirements and Knox-Keene provisions and regulations. The surveys began in April 2012, and included: Access Dental Plan, Health Net of California, Inc., LIBERTY Dental Plan, and Western Dental Services.

[17] Department of Health Care Services, *Dental Managed Care Performance Measures for 2013,* 27 December 2012, http://www.denti-cal.ca.gov/provsrvcs/managed_care/perf_meas_cy_2013.pdf

The non-routine surveys were completed in June 2012, and the results, which are posted to the DMHC website[18], are as follows:

- *Access Dental Plan:* The survey noted three Knox-Keene deficiencies, one DHCS recommendation, and three contract findings. As of this report, Access Dental Plan has corrected two of the deficiencies and the third one will be reviewed by DMHC after the plan's first quarter meeting of 2013. The DHCS recommendation has been corrected; however, only one of the three contract findings has been corrected. The remaining corrections will require a follow up by DMHC.
- *Health Net of California, Inc.:* The survey noted zero Knox-Keene deficiencies, one DHCS recommendation, and one contract finding. As of this report, Health Net of California, Inc., has taken appropriate action for the DHCS recommendation and has corrected the contract finding.
- *LIBERTY Dental Plan:* The survey noted zero Knox-Keene deficiencies, three DHCS recommendations, and three contract findings. As of this report, LIBERTY Dental Plan has taken appropriate action for all three DHCS recommendations and has corrected two of the contract findings with the third correction to be reviewed at the end of the first quarter of 2013.
- *Western Dental Services:* The survey noted two Knox-Keene deficiencies, zero DHCS recommendations, and two contract findings. As of this report, Western Dental Services has corrected one of the Knox-Keene deficiencies and will follow up on the second deficiency to ensure compliance. The remaining two contract findings have not been completed and will require follow up by DMHC.

DMHC and DHCS will continue to follow up on the remaining deficiencies until all corrections have been completed. Please note Community Dental Services was supposed to be included as part of DMHC's non-routine surveys of Sacramento County dental plans; however, it was never conducted due to their decision to terminate their contract with DHCS. LIBERTY Dental Plan acquired the Medi-Cal beneficiaries previously assigned to Community Dental Services.

In early 2012, American HealthGuard's tangible network equity was below the appropriate threshold. DHCS began questioning American HealthGuard regarding this and eventually reached out to DMHC to review the dental plan. Through analysis and findings, DMHC determined American HealthGuard was financially insolvent and placed a conservatorship over the company. LIBERTY Dental Plan acquired American HealthGuard September 2012.

[18] Department of Health Care Services, *Sacramento Geographic Managed Care (GMC) Dental Non-Routine Surveys,* 4 January 2013, http://dmhc.ca.gov/healthplans/med/med_gmc.aspx.

## Legislative Action

Since concerns surfaced requiring DHCS to reevaluate the overall structure and administration of DMC, DHCS, in collaboration with the California Legislature, identified the dental provisions contained in Assembly Bill (AB) 1467 (Committee on Budget, Chapter 23, Statutes of 2012)[19] effective July 1, 2012. W&I Code section 11459.6 established the performance criteria specific to provider network adequacy, overall utilization of dental visits, annual dental visits, use of preventive dental services, use of dental treatment services, use of examinations and oral health evaluations, sealant to restoration ratio, filling to preventive services ratio, treatment to caries prevention ratio, use of dental sealants, use of diagnostic services, and survey of member satisfaction with plans and providers, including stakeholder and dental plan input, Denti-Cal data, and nationally recognized measures. The measures and benchmarks will be reviewed monthly and plans' failure to meet the measurements established by DHCS will result in implementation of a CAP and ultimately a financial penalty. In addition to the measures, each dental plan's performance is evaluated by DHCS on an annual basis and results will be published on Denti-Cal's website at http://www.denti-cal.ca.gov/.

Pursuant to W&I Code section 11459.6, financial incentives can be established to reward dental plans with outstanding performance. In addition, W&I Code §14089.08 provides Sacramento County the ability to establish the Sacramento County Medi-Cal Dental Advisory Committee (MDAC), comprised of providers, plans, researchers, advocates, beneficiaries, and DHCS representation. The intent of the MDAC is to examine new approaches to beneficiary care and collaborate to maximize dental health for California's children, by recommending improvements to DHCS. MDAC holds monthly meetings and meets quarterly with DHCS to discuss findings and potential improvements to DMC in Sacramento County.

The Beneficiary Dental Exception (BDE) process[20] was established pursuant to W&I Code section 14089.09 for individuals mandatorily enrolled into dental plans in Sacramento County and 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 the BDE process is, if an appointment is not able to be scheduled based on the appropriate timeframes, the beneficiary is then transitioned into Denti-Cal, which allows beneficiaries to select their own provider and access services without an assigned dental home.

[19] AB 1467, 2011-2012 Reg. Sess., Ch. 23, 2012. Cal. Stat. http://www.leginfo.ca.gov/pub/11-12/bill/asm/ab_1451-1500/ab_1467_bill_20120627_chaptered.pdf

[20] Department of Health Care Services, *Beneficiary Dental Exception (BDE)*, http://www.denti-cal.ca.gov/WSI/ManagedCare.jsp?fname=bene_dental_exception

## Stakeholder Engagement

While DHCS historically did not have appreciable stakeholder engagement with dental program policy, this has significantly changed. Stakeholders are a vital component to the overall improvement of DMC and their involvement and concerns have been and will continue to be highly valued by DHCS. Since the beginning of 2012, DHCS has actively participated in monthly stakeholder meetings for Sacramento and Los Angeles Counties and has been transparent in terms of public reporting regarding stakeholder engagement, posting monthly meeting minutes, agenda items, and IAE on DHCS' website. Stakeholder engagement enabled DHCS to have input on the delivery of oral health and dental care services including prevention and educational services within the DMC program. These stakeholder meetings also allowed DHCS to listen and respond to stakeholder concerns 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 including: Specialty Referrals, Provider Enrollment, Provider Choice, and Provider Credentialing.

Specifically, the workgroups addressed the following:

- *Specialty Referral Workgroup:* Streamlining and standardizing the specialty referral processes and forms to be adopted by all dental plans.
- *Increasing Provider Enrollment Workgroup:* Developing ways to increase the recruitment of Pediatric Specialists including the use of an enhanced fee schedule to entice providers to enroll into DMC; plans conducting provider outreach to recruit Pediatric Specialists; and educating parents on the importance of having their children see the dentist by either their first tooth or first birthday.
- *Choice Packet Workgroup:* Revamping the Los Angeles Choice Packet to improve the way information is provided to beneficiaries of available Medi-Cal dental benefits and to encourage beneficiaries to make an active provider choice.
- *Provider Credentialing Workgroup:* Developing streamlined enrollment processes and eliminating duplicative efforts for providers seeking enrollment into Denti-Cal and having the DMC plans be solely responsible for the credentialing of their providers with the stipulation they adhere to the requirements of the contract, state and federal regulations, and any other applicable guidelines for credentialing.

## Outcomes and Findings

The efforts DHCS undertook in 2012 have resulted in improved performance of DMC resulting in an increase in utilization and access to care among the participating dental plans. Not all dental plans were able to achieve the target goal of 48 percent annual utilization; however, all participating plans showed an increase in their 2012 utilization rates. Since IAEs were implemented in March and April of 2012, the dental plans showed higher utilization in the second half of the year. This is evidenced in the table below:

| **GMC Quarterly Overall Utilization** | |
|---|---|
| Quarter 2 (Jan-Jun) | 28.4% |
| Quarter 3 (Jan-Sep) | 37.6% |
| Quarter 4 (Jan-Dec) | 45.1% |
| **PHP Quarterly Overall Utilization** | |
| Quarter 2 (Jan-Jun) | 17.5% |
| Quarter 3 (Jan-Sep) | 30.7% |
| Quarter 4 (Jan-Dec) | 38.3% |

DHCS feels that utilization will continue to increase in 2013. Successes through beneficiary education, provider education, and access to providers also contributed to the overall increase in utilization and access to services. Specifically:

- Sacramento County:

| **Utilization Data for Sacramento County for Children Ages 0-20[21]** | | |
|---|---|---|
| **GMC PLANS** | **2011** | **2012** |
| Access | 33.1% | 48.4% |
| Health Net, Inc. | 29.7% | 43.4% |
| LIBERTY Dental, Inc. | 35.8% | 49.10% |
| Western Dental | 30.7% | 39.5% |
| **Weighted Average** | 32.3% | 43.7% |

- Los Angeles County:

| **Utilization Data for Los Angeles County for Children Ages 0-20[22]** | | |
|---|---|---|
| **PHP PLANS** | **2011** | **2012** |
| Access | 22.4% | 34.8% |
| Care 1st Health Plan | 22.0% | 28.3% |
| Health Net, Inc. | 30.7% | 35.9% |
| LIBERTY Dental, Inc. | 31.8% | 35.4% |
| SafeGuard Health Plan | 18.9% | 52.11% |
| Western Dental | 30.5% | 43.6% |
| **Weighted Average** | 24.6% | 36.8% |

[21] Department of Health Care Services, *Dental Managed Care,* http://www.denti-cal.ca.gov/WSI/ManagedCare.jsp?fname=ManagedCareMain (2013).
[22] Department of Health Care Services, *Dental Managed Care,* http://www.denti-cal.ca.gov/WSI/ManagedCare.jsp?fname=ManagedCareMain (2013).

- DHCS educated all DMC beneficiaries by department letter on their benefits and the importance of oral health. In addition, all dental plans completed their own distribution of a beneficiary letter that included information on benefits available, the importance of dental care for children, information on the beneficiary's dentist, office location, and telephone number.
- All dental plans conducted phone call campaigns to all beneficiaries, who have not received treatment in the previous 12 months. Through this effort, it was discovered many beneficiaries' phone numbers were not updated or were disconnected making it difficult for their own providers to reach them. For those the plans could reach, it allowed them to educate beneficiaries on their benefits, the importance of oral health and visiting a dentist.
- As a result of the IAEs, providers participate in ongoing education seminars, which have allowed the dental plans to address access to care concerns by properly educating providers and assisting them in understanding DMC and beneficiaries' needs.
- The BDE process allowed the Sacramento County DMC plans to directly assist Medi-Cal members, who were having difficulties with their existing dental plan, dental office, or needed immediate emergency, urgent, or routine care that required scheduling an appointment within the contractual timeframes.
- As of December 2012, there have been a total of 1,862 BDE requests. Of those, 1,644 were non-BDE related and 218 were actual BDE requests. No beneficiaries have been transferred from DMC into Denti-Cal. Early in the process there was a high volume of phone calls from adults needing emergency assistance. BDE was able to educate and assist all beneficiaries, who called in with information on their benefits, provider, and dental plan.
- As of December 2012, 143 out of 218 BDE requests were closed successfully as a result of DHCS facilitating appointment scheduling and verifying through follow ups; beneficiaries kept their appointment and received treatment. 50 of the 218 BDE related requests were unsuccessful due to beneficiaries not showing up to their scheduled appointments. Out of the 143 closed BDE requests, 51 were adults and 92 were children under age 21. The remaining 25 cases currently have appointments scheduled to receive dental services and will not be closed until treatment is completed. Through the BDE process, DHCS staff encountered cases where Medi-Cal members did not complete treatment services they requested, due to not showing up for their scheduled appointments.
- Through the BDE process, DHCS has been able to gauge the dental plan provider's quality of services provided through the feedback of Medi-Cal beneficiary members. The lesson learned from the BDE process is that beneficiaries need better resources to provide them with information on benefits, plan information, eligibility, and the importance of proper oral health practices for children.

## Future Efforts

The following are efforts that DHCS will employ to continue to strengthen DMC and achieve further increase in utilization rates in 2013:

- Maintain close oversight of DMC plans by reviewing and analyzing reports required by the contracts to ensure the provisions of the contracts and performance standards are being met.
- Maintain transparency and continued public reporting of DMC service delivery.
- Continue to 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.
- Improve how DHCS provides information about DMC through enhancements of the HCO Choice Packets for Sacramento and Los Angeles Counties.
- Build relationships within each county's school board and continuously develop strategies to improve oral health care among children through education.
- Evaluate DMC plan successes and failures while holding them accountable to contractual and performance requirements.