

At the Sept. 13, 2016 meeting of the Medi-Cal Children's Health Advisory Panel (MCHAP), California Department of Health Care Services Director Jennifer Kent responded to a June 8 letter from MCHAP that made recommendations to improve dental care for California children. MCHAP members requested a written account of those responses.

This document includes the recommendations from the MCHAP letter, along with added text summarizing the Director's remarks in response from the Sept. 13 meeting.

1. Increase provider reimbursement through targeted changes in the Medi-Cal fee-for-service Schedule of Maximum Allowances (SMA) to incentivize provider participation and retention in the Denti-Cal program.

- While the reversal of the earlier 10% rate reduction contained in the 2015-2016 state budget restores provider payments to 2000 levels, Denti-Cal reimbursement remains inadequate for program sustainability. The Department's own *Medi-Cal Dental Services Rate Review*, released in July 2015, reported a 44% increase in children enrolled in Medi-Cal since 2008 while, in the same time period, there was a 15% decrease in enrolled Denti-Cal providers. The review also determined that California's 2014 SMA for the 25 most common dental services were well below those in the comparable states of New York, Texas and Florida and only 31% of the national average for commercial benefit (insurance) programs.
- These findings were essentially identical to those of the State Auditor, which reported reimbursement rates paid to Denti-Cal providers amounted to only 35% of the national average.
- Targeted rate increases make sense to enhance access and the provision of care to defined underserved populations (such as the developmentally disabled), dental provider shortage areas, age-related services (especially for infants and children age 6 and under), and to amplify preventive treatment. Less than 15% of all Denti-Cal expenditures now are spent on preventive care.

Jennifer Kent: We understand your concern; however, this is the most challenging recommendation to implement because of the larger budget implications.

We annually review reimbursement levels for the Denti-Cal program. The rate review evaluates the Schedule of Maximum Allowances in relation to other comparable states' (New York, Illinois, Texas, and Florida) Medicaid reimbursement rates, in addition to commercial rates from five different geographic regions around the nation.

A rate change for all dental providers would have significant fiscal implications for the overall state budget and may not do much to improve access. The Dental Transformation Initiative will target additional resources to dental providers who expand services to treat more children in Medi-Cal and see them regularly over time. DTI also will target new funding to programs to assess and reduce the risk of cavities in young Medi-Cal members and for other innovative approaches to improve dental care for children.

We are always open to the discussion about targeted rate increases and we welcome comments, concerns or identified barriers from both beneficiaries and providers. To the extent possible, we also work with the Legislature and advocates to provide data when they are also considering rate changes in our program (not just related to dental rates).

2. Simplify and streamline the Denti-Cal provider enrollment application and recertification process.

- The current Denti-Cal enrollment and recertification procedure is complex, difficult to maneuver, and discourages and delays provider participation. It is not uncommon for providers to be required to submit many pages of supporting documentation and to experience delays of more than 6 months for enrollment to be successfully completed.
- The Provider Application and Validation for Enrollment (PAVE) provider enrollment system is being implemented by DHCS to move from a manual, paper-based process to a web-based portal for providers to complete and submit applications, verifications, and report changes. PAVE offers providers on-line instructions; secure log-in; increased accuracy; application fee payment; document uploading capability; electronic signature; application progress tracking; and reduced processing time. MCHAP encourages DHCS to pursue the rapid expansion of those improvements to the dental program and its providers.
- The MCHAP offers its active support to these efforts underway by DHCS to simplify and streamline provider enrollment. The MCHAP would like to work with DHCS as changes are made and continue to monitor improvements to the provider enrollment application and recertification process.

Jennifer Kent: The PAVE phases were accelerated for dental providers specifically for this reason. Staff have been working with the Provider Enrollment Division and the technology vendor to modify the applications. We also have been working with our fiscal intermediary to release a streamlined paper-based application for dental providers by October 2016.

3. Reduce unnecessary administrative claim payment and treatment authorization requirements to streamline the Medi-Cal dental program.

- The Denti-Cal documentation and reporting requirements, as well as the pre-authorization criteria for the provision of services, is much more extensive, expensive, and time-consuming than that required by commercial dental plans. More complex documentation and reporting requirements also make it more difficult for dentists to integrate the Denti-Cal program into their practice routines.
- DHCS should continue to clarify the General Anesthesia and IV Sedation policy guidance detailed in the Department of Health Care Services All Plan Letter 15-012 (Revised 8/21/15) and the Denti-Cal Provider Bulletin Vol 31, No 12 (August 2015). DHCS has implemented efforts to clarify the policy for health plans and providers through training and technical assistance. MCHAP requests that DHCS report back on continuing steps to clarify the policy implementation and provide data about trends and concerns related to utilization of services under general anesthesia and sedation.

Jennifer Kent: We welcome stakeholder input on this recommendation. We are always willing to have a conversation about specific or outdated authorizations that could be changed. We recently removed the requirement for the submission of x-rays for restorative dental work.

Unlike commercial dental plans which have a limited benefit and the patient is required to pay the difference once the costs have exceeded the benefit, Medi-Cal must pay the full cost of treatment. So, we have to take a different approach to pre-authorization than commercial plans because we aren't a commercial plan.

For the General Anesthesia and IV Sedation guidelines, we have not heard any recent comments or problems. We have been monitoring the managed care plans to ensure that they are following all of the medically necessary documentation. If there are problems specific to this policy, we would welcome that feedback.

4. Assess network capacity and report on progress to increase beneficiary utilization by at least 10 percentage points over five years.

- The Department's initial *Dental Provider Network Capacity Survey*, released in 2015, found a majority of providers were willing to accept new child beneficiaries, including patients age three and under. MCHAP recommends expanding the survey to reach more providers, as well as exploring future capacity and input about programmatic or administrative issues to increase beneficiaries accepted into care.
- MCHAP anticipates that the Medi-Cal 2020 Dental Transformation Initiative (DTI) will increase utilization and is pleased that the Special Terms and Conditions set a benchmark of at least a 10 percentage point increase in utilization rates for dental services (e.g. from approximately 50.9% to 60.9%) over the five-year waiver.
- MCHAP further recommends that DHCS identify new initiatives and best practices to overcome obstacles and barriers to care, including social determinants of health by strengthening case management services to Denti-Cal beneficiaries and their families.
- The Los Angeles County Dental pilot (<https://www.childrennow.org/local-resources/la-dental>) involves working with plans to overcome a lack of dental care by sharing information with primary care physicians and may be a promising practice to improve dental services and care coordination. Medi-Cal 2020 local pilot projects to improve utilization and coordination of services are an opportunity to track and regularly report success.

Jennifer Kent: As one of the federal requirements, we had to complete an access monitoring plan on our Fee-For-Service program. We have added a dental component to the access monitoring plan, which addresses the number of providers we have in the state and what the populations are in terms of who is accessing it and where. This plan will be filed by October 1 and our website has a page specifically dedicated to this issue, [the Access Monitoring and Public Notice & Input web page](#).

We set a target increase of 10 percentage points over five years as part of the 1115 waiver for the DTI. Each year over the next five years, we are expecting to increase utilization by 2 percentage points. There is \$10 million total that can be earned and we're hoping the incentives will move the needle much faster than in the past.

5. Create additional opportunities for stakeholder participation and transparency in planning and implementing the Dental Transformation Initiative (DTI) of the Medi-Cal 2020 Section 1115 Waiver

- DHCS should employ a robust stakeholder process in setting and evaluating project benchmarks to determine success in meeting the goals and objectives of the DTI and should regularly report progress.
- MCHAP requests that one of its members be engaged as a member of the DTI stakeholder process.

Jennifer Kent: Stakeholder engagement has been an important component to the implementation of the DTI. We've included stakeholders on all notices and have conducted many webinars for providers, advocates and organizations that are interested in participating. We have presented on the DTI at several different public meetings, and we have included MCHAP members on all related meetings. We endeavor to make everything as readily available and transparent as possible.

6. Utilize the expertise of an independent Medi-Cal Dental Policy Advisory Committee to assess and make recommendations regarding the delivery of Denti-Cal services to the DHCS, in coordination with the California Department of Public Health, State Dental Director.

- The *Fixing Denti-Cal* report from the Little Hoover Commission and SB1098 recommend establishing a Dental Advisory Committee. This effort is necessary to maximize the quality, effectiveness, efficiencies, and oral health outcomes of Denti-Cal services and programs and to meet the expectations and requirements of CMS, HRSA and the Healthy People 2020 objectives.
- MCHAP supports the creation of a Dental Advisory Committee and recommends inclusion of representation of consumers and parents of consumers on the advisory committee.
- MCHAP requests that one of its members be engaged as a member of this stakeholder process if created.

Jennifer Kent: We are more than happy to repurpose an existing advisory committee or add a specific topic to that advisory committee. We aren't willing to create another advisory committee unless there is a purpose or need that is not currently being met through our other committees and workgroups. Between the state Dental Director's efforts and our existing workgroups and committees, I am not convinced that such a need exists at this time. If there's a specific dental issue that requires clinical advice, we would be open to hearing about it or have someone represent the issue in an expert capacity.