



# 2018 Medi-Cal Dental Beneficiary and Provider Outreach Plan

Delta Dental in Partnership with the California Department of Health Care Services

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## Goals & Objectives

The 2018 Medi-Cal Dental Beneficiary and Provider Outreach Plan is guided by the Triple Aim Initiative, to improve the healthcare experience for the beneficiary, and improve the health of a defined population while lowering healthcare costs. In collaboration with the Department of Health Care Services (DHCS), Delta Dental and Runyon Saltzman, Inc. (RSE) will implement beneficiary and provider outreach campaigns focused on the following goals:

- Improve Medi-Cal Dental's overall performance (as defined below)
- Address education and outreach requirements as outlined in the Welfare and Institutions Code Section 14132.91.

The success of this plan is determined by the achievement of the following objectives in 2018, the first contract year:

Beneficiary Outreach Objectives (See Appendix A for baseline):

- A. Increase the Annual Dental Visit for California's Medicaid population enrolled in Medicaid for at least ninety (90) continuous days by 3.3 percentage points.
- B. Increase preventive dental services for children ages one through twenty (20) enrolled in Medicaid for at least ninety (90) continuous days by 3.3 percentage points.
- C. Increase sealants on permanent molars for children ages six through nine enrolled in Medicaid for at least ninety (90) continuous days by 3.3 percentage points.

Provider Outreach Objectives (See Appendix B for baseline):

- A. Increase the number of actively participating Medi-Cal dentists who have provided at least one service in the calendar year 2.5 percentage points.
- B. Increase the number of service offices accepting new patients and referrals by 2.5 percentage points.

## Beneficiary Target Audiences

Medi-Cal's population includes more than 12.6 million children and adults, including the following types of beneficiaries:

- Child beneficiaries ages 0-20
- Young adults transitioning from foster care ages 18-26
- Low-income adults ages 21+
- Low-income disabled adults ages 21+ (138% Federal Poverty Level)
- Low-income pregnant women (213% Federal Poverty Level)
- Low-income adults ages 65+

To produce measurable results in behavior, we will target beneficiaries by age, current utilization behavior and geography:

1. Age of Beneficiary – Each of the beneficiary groups listed above may use different benefits or tend to use different dental services. To be relevant, messages must be age-appropriate. With campaign performance measures focused on children, we will prioritize parents and caregivers of child beneficiaries ages 0-20, and within that population, focus on the non-utilizers where we have the greatest opportunity to increase annual dental visits and usage of preventive services.
2. Utilizers, Lapsed Utilizers and Non-Utilizers – For the purposes of this plan, we define utilizers as beneficiaries who have used their benefit within the last year. Lapsed utilizers are beneficiaries who have not used their benefit within the last year. Non-utilizers are those who have never used the benefit or if enrolled less than a year, have not yet used the benefit. We will use market research to better understand their behaviors and reveal barriers and motivators that can be addressed in outreach efforts.
3. Communities of Opportunity – While this outreach plan is designed to reach beneficiaries in every corner of the state, our greatest opportunity to drive utilization are within communities with enough providers to meet an increase in demand. Our outreach program emphasizes efforts toward beneficiaries in these communities. As program enrollment increases and new opportunities emerge, we will expand our focus.

## Provider Target Audiences

The provider target audiences are in two categories:

- Current Medi-Cal dental providers (enrolled and/or enrolled but not actively taking additional patients and/or referrals) and
- Providers across California not enrolled in Medi-Cal Dental.

Outreach activities will target providers in all areas of the state, with a specialized approach for areas where: the number of enrolled dental providers and/or facilities providing dental services to Medi-Cal beneficiaries is low compared to the Medi-Cal population or sub-population in the area; the number of billing and rendering providers to beneficiary population and sub-population (e.g., beneficiary age group); the number of billing and rendering providers is low compared to the beneficiary population or subpopulation per county (by beneficiary and provider county), city, or ZIP code; or such other geographic areas of the state as may be designated by DHCS.

We will provide, at a minimum, one dedicated Dental Consultant (California licensed dentist) for the Beneficiary Outreach unit and one for the Provider Outreach unit to coordinate, oversee, and travel statewide to recruit and retain providers and educate health professionals. We will provide dental administration support services and education to dental organizations,

federally-funded clinics, school-based health centers and dental professional schools. We will outreach to currently enrolled and not-enrolled dental offices; community clinics; school-based health centers; Women, Infant and Children (WIC) offices; County Offices where enrollment is performed; Head Start sites; physician offices within Fee-For-Service counties; and at other locations with mobile dental clinics.

## Key Program Messaging

Delta Dental will analyze market research to determine the most important messages to communicate to both beneficiary and provider target audiences. Target-audience messages will educate the beneficiaries and providers, inspire them to take the desired action and reinforce the message so that the desired action continues. The bulleted items listed below are the key concepts for the beneficiary and provider general messaging that will be further refined in 2018 and tested with the target audiences as part of this plan.

### Beneficiary Key Messages:

- Know your Medi-Cal dental benefits and services available to you
- Preventive services like cleanings, fluoride varnish and sealants are free for children
- Take advantage of the dental care available through Medi-Cal
- See the dentist every 6 months
- Take your child to the dentist at his/her first tooth or by his/her first birthday
- Good oral health is part of you/your child's overall health
- Practice good habits at home

### Provider Key Messages:

- About the beneficiary outreach campaign:
  - The beneficiary outreach campaign will increase beneficiary awareness and knowledge of Medi-Cal dental benefits and available services
  - Beneficiaries can find information on their benefit at the campaign website
  - Informed beneficiaries make for more informed patients
  - Your support of the outreach campaign will increase the number of beneficiaries with accurate information about their Medi-Cal dental benefit
- About the provider outreach campaign:
  - Learn more about Medi-Cal Dental
  - Your support of Medi-Cal Dental will provide valuable services to beneficiaries who are ready to receive dental care
  - It's now easier to enroll in Medi-Cal Dental with the simplified enrollment application
  - It's now faster to get authorized to be a Medi-Cal dental provider

- The new provider website application allows secure login for you and your staff to access claim status, Treatment Authorization Request (TAR) status, weekly check amounts and more



## Overall Approach

### FRAMEWORK

Our comprehensive approach is informed by research and uses best practices in health communications. Campaign strategies and tactics are designed to directly reach the beneficiary as well as those who inform and influence their health habits and health-related decision-making. The framework for our campaign includes increasing awareness, encouraging community level partners to play an active role in beneficiary education, and increasing access to Medi-Cal dental providers. This integrated framework – Awareness, Activation and Access – is outlined below and supporting tactics are described on the following pages.

### **1. Statewide Awareness and Education**

The statewide campaign is designed to increase beneficiary awareness about Medi-Cal dental, educate beneficiaries about their benefits and inform beneficiaries how to use those benefits. This campaign will use various communication channels (e.g. community events, paid media, news media, etc.) to broadly reach all Medi-Cal dental beneficiaries across California.

### **2. Local Activation**

We will equip community-based organizations (CBOs) to promote campaign messages and distribute campaign materials to beneficiaries, family members and influencers. Campaign materials provided to CBOs will be designed to appeal to motivating factors (e.g., overall health, preventive care) to drive beneficiaries to seek dental services and improve their dental hygiene. We will also work with communities to identify and help reduce barriers to utilization and proper oral health care at the community level.

### **3. Access**

With our integrated campaign, we aim to increase the number of Medi-Cal dental providers in California and increase beneficiaries' knowledge on how to find providers across California. Our strategies are designed to enroll new providers, drive inactive providers to increase the number of beneficiaries they treat, and overall, recruit providers to support the beneficiary outreach efforts and promote campaign messages.

## COMPETENCY

To resonate, campaign messages and materials must be relevant and appropriate for Medi-Cal Dental's diverse population. As appropriate, we will call on partners and cultural experts to help with content creation and adaptation. In accordance with the ASO contract, beneficiary materials will be produced in English and Spanish language. Additional translations or adaptations for threshold languages will be determined by the dissemination plan. Finally, all campaign content will be ADA compliant and be written at or as near as possible (given necessary technical language) to sixth grade level.

## CREATIVE BRIEFS

For each component of the campaign, we will submit a Creative Brief to ensure clarity and agreement before the development begins. The Brief details goals and objectives, target audiences, strategies and tactics, expected deliverables and the production/dissemination schedule. It also includes methods of measurement to determine if objectives are met and a budget estimate. Activity timelines and tasks will be provided in separate communications. This process is consistent with the Outreach Communications Development, Review and Approval Procedure approved in October 2017.



## Statewide Awareness and Education Campaign

### BENEFICIARY MARKET RESEARCH

We will use findings from market research with parents of child beneficiaries to further define age and behavioral target audience segments and tailor strategies appropriate to these audiences. Market research includes a quantitative survey of parents of child beneficiaries throughout California followed by qualitative focus groups in key markets. Stakeholder interviews will be conducted later in the year as we prepare for more targeted efforts to the adult beneficiary population in 2018.

- Audience segmentation
  - Define beneficiary target groups using the results of the market research
  - Use this understanding to refine strategies and tactics
- Focus groups
  - As a follow-up to the online survey market research, discuss audience behaviors, barriers and motivators in greater depth; and message concepts among parents of child beneficiaries
  - Focus groups will be held in Los Angeles, Fresno and Sacramento
  - Use results of focus groups to finalize strategic approach and inform the development of the campaign brand
- Key informant interviews for adult population
  - Work with partners to identify key influencers, caregivers and decision makers of adult beneficiaries to further develop strategies for adult beneficiaries that will be rolled out in the 2019 Outreach Plan



## BRAND DEVELOPMENT

It is important that beneficiary audiences receive a clear call-to-action: to utilize Medi-Cal dental benefits. The campaign brand will be distinct, memorable and support the primary call to action. We will ensure the brand is accurately and consistently delivered through campaign communication channels as well as through dental providers and campaign partners by implementing the following activities:

- Brand package
  - Develop a campaign brand package, including logo, messages and guidelines on the correct usage of the logo and messages in printed materials, websites and other communications. The brand package is intended for providers and partners who will support the campaign through their own communications.
  - Place the package online for partners and dental providers to access
- Technical assistance
  - Conduct a webinar to introduce the brand, share guidelines and create interest
  - Provide support to partners to use logo and messages on materials, sites, etc.
- Visual assets and creative content
  - Produce videos to support microsite content and to share on social media
  - Produce original photography featuring beneficiaries and dental providers

## BENEFICIARY MICROSITE

Beneficiaries and caregivers that access our microsite through mobile phones or other hand-held devices are small-screen users. Given this key outreach education channel, the Medi-Cal dental campaign microsite will be mobile-enabled with focus on simplicity and accessibility. The microsite (available in English and Spanish) will be the frontline where beneficiaries start their education on the oral health benefits offered through Medi-Cal Dental.

- Develop, design and maintain an English microsite with a built in “mirror” translation that allows a reader to view the page content in the same layout in Spanish language with the click of a button
- Update content regularly
- Deliver content in various forms that will increase comprehension of information
- Support promoting the use of evidence-based and age-appropriate preventive procedures, including fluoride varnish and dental sealants

## MEDI-CAL DENTAL (DENTI-CAL) WEBSITE (DENTI-CAL.CA.GOV)

Delta Dental will continue to maintain the Denti-Cal website, conforming to our technical requirements and revising content when needed. Note that the beneficiary microsite is separate from the Denti-Cal website but will link to it as appropriate. On an ongoing basis, we will discuss conceptual improvements, with visuals and screenshots when warranted, on how to best utilize the Denti-Cal website as a primary mechanism of communication between Medi-Cal Dental and the public. All content on the Denti-Cal website, including, but not limited to,

educational material, Provider Handbook, missed appointment process and provider enrollment forms can be searched or downloaded from the Denti-Cal website. We will also work with DHCS to clarify the scope of transportation services to be offered to beneficiaries in compliance with applicable federal and state regulations and communicate through the website.

#### CAMPAIGN ROLL OUT

In the summer of 2018, Delta Dental will launch the beneficiary microsite. In conjunction with this launch, Delta Dental will conduct a coordinated communication roll out across the state beginning in July and continuing through early September. This communication campaign will be designed to inform beneficiaries and their influencers about Medi-Cal Dental and how they can access information about the program through the microsite.

- Conduct one webinar to introduce the brand package and guidelines to campaign partners and one webinar for Medi-Cal dental providers.
- In collaboration with local partners, hold a series of events in target communities to announce the new campaign and efforts to increase utilization
  - Prepare media materials
  - Coordinate event logistics, including venue and visuals
  - Identify and prepare speakers
- Conduct ongoing media relations efforts to secure placements in targeted publications across the state
  - Update media materials on the campaign microsite
  - Prepare and implement an internal plan for key media announcements during the year
  - Build and maintain media lists
  - Identify and train spokespeople, including select state representatives, providers and beneficiaries

#### PARTNERSHIPS/SPONSORSHIPS

Strategic partnerships will help move messages and materials quickly to our target populations through the established communication channels between our partners and the beneficiaries they serve.

We will establish partnerships with community organizations that interact with the Medi-Cal population, including, but not limited to, State and local Women, Infant and Children's (WIC) offices; State and local Head Start agencies; State and local First 5 commissions; school-based dental programs; medical providers and other entities. We will participate in dental stakeholder meetings convened by DHCS to consider ongoing research, documentation and evaluation of newer service delivery methods, such as teledentistry, as appropriate for Medi-Cal Dental.

We will maintain a robust partnership list and work with our current and interested partners to use their communications channels to get the word out to beneficiaries. We have also

budgeted for strategic sponsorships of events and activities that have a direct link to beneficiaries. Our focus will be to:

- Identify and negotiate partnerships with statewide organizations to assist with increasing knowledge and awareness among the populations they serve
- Identify and negotiate sponsor opportunities (e.g., California Dental Association dental clinic events)
- Identify potential areas where Medi-Cal Dental can be streamlined to reduce the administrative burden on providers without compromising program integrity

To help us deliver services and disseminate messages and outreach materials, Delta Dental and RSE will look to trusted CBOs for support. We work with CBOs to help identify and reduce/eliminate barriers to utilization for the beneficiaries in their community. We will produce materials, contribute funding and promote solutions, as necessary, to support these community-driven solutions.



#### CONTINUED CONTENT DEVELOPMENT

Once the campaign has launched, it will be important to maintain momentum and make sure key messages are moving through as many channels as possible. To help statewide and local partners, providers and media, we will create content for various media channels, which we can distribute directly to them or make available on the beneficiary microsite. Based on the capabilities, activities and needs of partners and providers, content development may include:

- Social media content to partners and providers, such as suggested posts for different social platforms along with images and graphics that punctuate the message
- Content for online news sources and blogs, which could include articles like those created for news media, but could also include digital banners, badges or other promotional tools

- Content for news media outlets, including print-ready content created by and/or featuring campaign spokespeople
- A dedicated campaign for pregnant women and their families. This includes distributing targeted materials at resource fairs, festivals and expos targeted at expecting families and providing articles to news outlets and blogs that reach expecting parents.
- A four-week paid advertising program on Facebook to reach target audiences and direct them to SmileCalifornia.org to learn about their benefits and how to find a provider
- Content for text messaging efforts. We will also explore whether a Medi-Cal Dental text messaging campaign is feasible and appropriate for the beneficiary audience
- Paid media efforts – out-of-home advertising (bus interior/exterior, bus stops), digital banners and/or paid social advertising –if they are determined to be effective outreach tools based on market research results

#### CORE BENEFICIARY MATERIALS

At a minimum, we will develop and distribute the following types of beneficiary outreach materials: promotional and informational flyers, fact sheets and brochures; informational posters; tear-off referral pads; point-of-service displays (e.g., rack cards) and infographics, which are charts or images that display information visually rather than with words. We will publish a monthly beneficiary bulletin and produce a monthly summary of publications report. We will integrate campaign messages into existing Medi-Cal mailers where possible.

#### DIRECT CONTACT CAMPAIGNS

We will issue quarterly mailings to newly enrolled beneficiaries with information regarding Medi-Cal dental benefits and how they can access assistance in making an appointment with a provider. The mailer will provide the following information:

- Available dental benefits through Medi-Cal Dental
- Information on the importance of early and periodic dental care
- How to obtain services through Medi-Cal Dental
- How to avoid inappropriate care or fraudulent dental providers
- How to obtain assistance in getting care or resolving problems with dental care
- Denti-Cal toll-free number

By using the data from DXC Technology (DXC) and/or DHCS, we will contact families with children who have not had a dental visit or a recommended diagnostic and preventive service within the timeframes recommended in DHCS’s dental periodicity schedule, including children who are beneficiaries of Medi-Cal managed care health plan pediatric providers. We will work with DXC to determine appropriate contact method and frequency. Through this contact, we will direct beneficiaries to oral health education materials, referral tools, and participating pediatric dental providers.

Another important direct contact campaign will be engaging beneficiaries who miss appointments. Per contract requirements, we will contact beneficiaries when dental providers report missed appointments to us. Upon contact, we will encourage the beneficiary to reschedule the appointment and work with the beneficiary and provider to facilitate and promote utilization of dental services.

#### CORE PROVIDER MATERIALS

We will provide communication and education opportunities to dental providers via available channels (e.g., website, provider trainings, provider bulletins and the provider handbook) about provider enrollment, missed appointments process, and additional program information. We will publish a monthly provider bulletin and produce a monthly summary of publications report. We will disseminate provider education materials and information to enrolled and non-enrolled dental providers via the Denti-Cal website and email communications.

#### EVIDENCED BASED STRATEGIES – CARIES RISK ASSESSMENT

We will work with DHCS to develop risk- and evidence-based strategies to increase utilization of dental services for beneficiaries that fall into the categories of: 1) pregnancy and 2) adults with chronic diseases (i.e., diabetes). Risk- and evidence-based strategies that align with the Triple Aim will be implemented to improve the oral health and overall health of beneficiaries in Medi-Cal Dental. Such risk-and evidence–based strategies include, but are not limited to:

- Development of appropriate educational materials focused on the need to maintain good oral health for the benefit of overall health
- Use of social media to educate and remind beneficiaries of their Medi-Cal dental benefits
- Development of care coordination strategies at the local, county and state level to guide beneficiaries to appropriate dental care when needed
- When appropriate, engage the use of dental case management services for beneficiaries with more complex health issues that may be associated with their present condition.

In collaboration with DHCS, we will develop guidelines for primary care-based prevention (e.g., oral health assessment and fluoride varnish application). Indications and procedures for referring Medi-Cal dental beneficiaries to providers participating in Medi-Cal Dental will also be included in the guidelines. We will make these guidelines available to DHCS’s contracted health plans and their network Primary Care Providers involved in the care or coordination of medical services to Medi-Cal dental beneficiaries.

Prevention of early childhood caries (ECC) is one of our top priorities to achieving the Triple Aim for Medi-Cal Dental beneficiaries. We believe that a logical first step to reducing ECC is to concentrate early preventive efforts amount young children (ages 0-6) in Medi-Cal Dental so that more costly treatment can be avoided. Therefore, we propose a risk-and evidence-based caries management strategy that can be used by all Medi-Cal dental providers who see young children (ages 0-6). Our strategy will include the following components, which will be

implemented after DHCS review and approval: caries risk assessment, prophylaxis and application of fluoride varnish, counseling, dentist toolkit and stakeholder education. We are prepared to discuss caries risk assessment reimbursement fees with DHCS to incentivize provider participation.

#### NEW SERVICE DELIVERY METHODS – VIRTUAL DENTAL HOME

Our Plan incorporates activities that promote the Virtual Dental Home (VDH) model of dental care. We are aware of multiple sites in California that are: initiating the VDH through the Dental Transformation Initiative (DTI) and independently; or continuing to provide VDH through their sites. It is our task and goal to promote VDH through the following objectives:

- Promote VDH to participating providers (e.g., safety net clinics and fee-for-service) in the Medi-Cal Dental Program;
- Establish working relationships with sites initiating VDH to make their transitions into the Medi-Cal Dental Program as smooth as possible;
- Retain VDH participating providers through various lines of communication (e.g., emails, Medi-Cal Dental bulletins, and Regional Professional Relations Representative contact) to answer and assist with questions related to Medi-Cal Dental.

## Local Activation Campaign

#### LOCAL PARTNERSHIPS

We will work toward widespread adoption of the campaign and its messages at the local level by both developing a network of mission-aligned organizations in the target communities and leveraging existing networks, coalitions, etc. We will support our local partners by:

- Producing local activation e-toolkits with downloadable/customizable materials that will help partners promote the campaign among their community members
- Collaborating with CBOs and local agencies to bring portable dental services to the community and support those already happening. For example, mobile and portable services provided by Big Smiles, Healthy Smiles, Health Mobile and the California Dental Association through the California Dental Association (CDA) Cares events
- Developing a grant program to help fund community-based solutions to reduce barriers and increase access. The grant program will be developed in 2018 and rolled out in 2019

#### LOCAL EVENT PARTICIPATION

We will ensure the campaign is present at a variety of events in the targeted communities where beneficiaries will be in attendance. As part of the partnership negotiations, event presence can also be in conjunction with a local partner. We will also identify events where

more substantial campaign presence makes sense and staff the event with trained brand ambassadors from the local community.

- Create a brand ambassador program to identify, train and manage community members to share and disseminate campaign messages and materials through events and presentations – considering other oral health initiatives proposed by the California Department of Public Health.
- Produce campaign displays to draw attention and drive beneficiary engagement
- Participate in a minimum of three community events per targeted geographic area

#### TARGETED MARKETING MATERIALS

The market research and stakeholder interviews will help us determine the most effective materials. Below are materials we will develop for parents of child beneficiaries, all of which will be informed by the results of the market research and with guidance from dental providers and appropriate partners:

- Fotonovela: the fotonovela, produced in English and Spanish language, will feature a compelling storyline and relatable characters modeling healthy habits for babies, toddlers and preschoolers. It will also include advice and tips, educational activities and a list of resources. We will work with partner organizations on the content of the booklet and will test components with the target audience, as needed.
- Entertaining and educational videos: to share online or in waiting rooms. We will also utilize oral health educational videos if made available by the California Department of Public Health Oral Health Program.

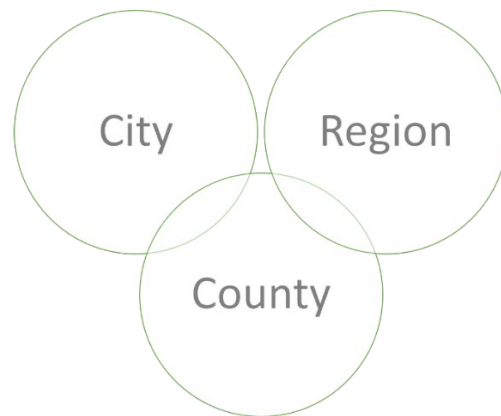
#### REGIONAL REPRESENTATIVES

We will have regional beneficiary and provider outreach representatives based in strategic locations around the state, each responsible for a specific geographic area. We will divide the state into three regions that encompass all counties, with the representatives cross-distributed to ensure assistance and support for outreach activities at any given time with other representatives.

Beneficiary Outreach Representatives will establish, reinforce and expand relationships with community groups interested in supporting beneficiary outreach, represent Medi-Cal Dental at outreach events, and help beneficiaries to access services. The representatives will be a direct line of contact for beneficiaries and stakeholders in their geographic area.



Provider Outreach Representatives will also be based in strategic locations around the state, each responsible for a specific geographic area. They will establish, reinforce and expand relationships with stakeholder groups, conduct trainings, assist with dental provider recruitment/enrollment/revalidation, and offer support to dental and medical providers. They will each be a direct line of contact for providers and stakeholders in their geographic area.



## Access Campaign

### DENTAL OFFICE TOOLKIT

The toolkit will be largely a digital kit available to dental providers to improve communication with their beneficiaries, while promoting good oral health and regular preventive care. The toolkit will include helpful information for providers and their staff, such as answers to common questions about coverage, and guidance on how to address barriers for beneficiaries (e.g., fear, language, etc.) It will also have informational materials to display in their office and/or distribute to Medi-Cal dental beneficiaries. The overall theme is to make the dental office or clinic a welcoming environment for Medi-Cal dental beneficiaries and a comfortable place to receive ongoing care. Toolkit development includes:

- Gather dentist input on toolkit content (focus groups or provider interviews at statewide conferences or dentist gatherings)
- Produce branded digital educational materials (e.g., tip sheets, informational flyers, periodicity schedule) for providers to print and offer to beneficiaries
- Consider other oral health content being created by the California Department of Public Health Oral Health Program
- Provide sample social media posts and tweets that can be used by the providers for their own social media accounts to target beneficiaries

- Conduct a provider webinar about the importance of helping Medi-Cal dental beneficiaries maintain good oral health as well as information on Medi-Cal Dental's utilization goals. Providers will be given the information needed to print/download/order the toolkits, a note of appreciation to providers for their assistance, and suggestions for disseminating the toolkits
- Contact and provide training to primary care medical providers, including but not limited to pediatricians, family physicians, and obstetricians/gynecologists on the importance of oral health. This includes online training programs about oral health and supplemental training through Denti-Cal webinars upon request

#### PROVIDER LOCATOR ASSISTANCE

We will assist beneficiaries with selection of a provider within thirty (30) calendar days' notification by DHCS of a beneficiary's enrollment. We will not be responsible for assigning a beneficiary to a provider but will assist in locating a provider who is accepting new patients.

#### PROVIDER WEBSITE

A new provider website application will be available on the Denti-Cal website. The provider web portal will allow secure log-on and authentication, so providers can access claim status and history, payment history and secure web forms that allow providers more convenient access and availability to information 24/7. In addition, the website will include a Search Engine for 'Find a Dentist' as part of Medi-Cal Dental's dynamic provider directory or referral.

#### PROVIDER ENROLLMENT OUTREACH WORKSHOPS

We will conduct monthly provider enrollment outreach workshops and weekly provider enrollment assistance line events in accordance with plan objectives to enroll providers. We will submit a schedule of these events to DHCS for review and approval on a quarterly basis. We will produce monthly reports on provider attendance at enrollment outreach events and weekly provider enrollment assistance line (phone bank) events.

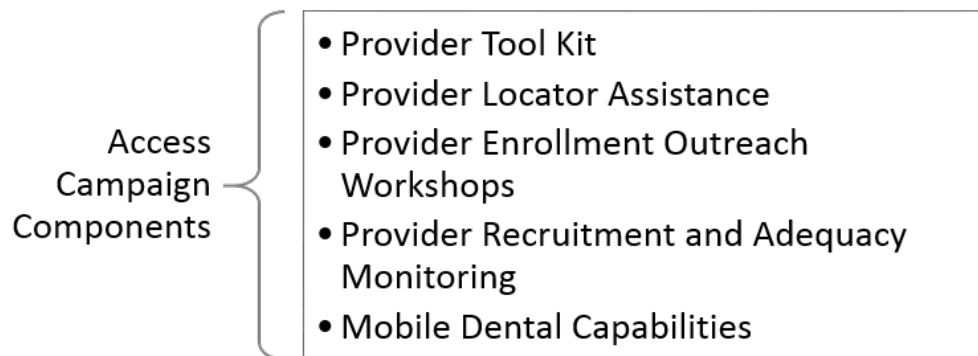
#### PROVIDER RECRUITMENT AND NETWORK ADEQUACY MONITORING

For recruitment, we will contact newly licensed providers, dental schools, and organizations such as CDA, local dental societies, specialty dental organizations, and ethnic dental associations to promote Medi-Cal Dental and encourage participation. We will develop provider recruitment materials that our provider representatives will distribute to non-enrolled providers. We will conduct phone calls and onsite visits to non-enrolled providers to encourage participation and assist with enrollment. This will be supported by technical assistance staff to answer providers' questions, respond to their requests, and collect stories of provider/beneficiary experiences that can be promoted through approved communication channels. We will also encourage enrolled providers to participate on the provider referral list, which will effectively increase the number of beneficiaries receiving services.

We will monitor beneficiary access to dental services statewide, in border communities, and in areas among sub-populations that exhibit or appear to be in danger of low or declining utilization.

#### MOBILE DENTAL CAPABILITIES

We have been working with DHCS to deploy mobile vans and portable dental units, focusing our efforts on specific counties where overall access rates must be improved. We will continue to work with local and county agencies to assist with mobile dental services (e.g., mobile dental vans and portable dental units) to areas where beneficiaries are having difficulty accessing dental care. However, we will expand our efforts beyond specific counties to regions/areas in California where beneficiary utilization rates are deficient and access to dental care is insufficient. To assist with our expanded efforts to closing the dental access gap, we propose the launch of a mobile dental service grant program through Delta Dental to bring dental services to beneficiaries in areas with low utilization and/or limited access to dental care. The mobile dental service grant will help to support existing (e.g., portable dental units) and innovative mobile dental services models (e.g., Teledentistry).



## Measurement and Reports

We will measure the following incremental goals as indicators that we are moving in the right direction on the larger impact measures – more beneficiaries having annual dental visits, preventive services and dental sealants. For provider participation metrics, we will increase the number of actively participating Medi-Cal dental providers who have provided at least one service in the calendar year and increase the number of service offices accepting new beneficiaries and referrals.

We will assess on an annual basis, by calendar year, the completion of outreach communications and the customer service/experience and propose recommendations accordingly as part of our annual Outreach Plan submission to DHCS. Output metrics include, but are not limited to:

- Quantity of campaign marketing and promotional materials distributed to beneficiaries
- Quantity of partnerships and collaborations and the number of beneficiaries reached because of these partnerships
- Website analytics, such as site visits, time spent on page, bounce rates, etc.
- Number of events in which the campaign had representation or messages were shared through partner organizations
- Content distribution via partners' social media platforms
- Provider Capacity, Access to Care and Provider Satisfaction surveys

We also track outcomes or the evidence that helps us know if and how the audience is reacting to messages and materials from our communications. The ways in which we collect and analyze this information include, but are not limited to:

- Increase in utilization of services
- Target audience response to calls to action, such as calling the toll-free number or visiting the campaign microsite
- Qualitative analysis of social media engagement, such as comments on social posts about Medi-Cal Dental posted by partners

We will provide DHCS with monthly, quarterly, and annual reports on performance and program utilization measures including, but not limited to, the annual increases in services and visits required in the contract. At DHCS's request, we will provide ad hoc reports using available systems and tools (e.g., databases, data warehouses and decision support systems), including:

- Monthly analytics related to mass email communications
- Monthly volumes of outgoing mail associated with provider services functions with costs for each week and a monthly summary
- Monthly provider enrollment mail tracking with mail returned as undeliverable and action(s) taken to correct any deficiencies (due no later than the tenth (10<sup>th</sup>) calendar day of each month)
- Number of billing and rendering general dental and dental specialty providers actively enrolled in Denti-Cal Provider Master File, including a breakdown by county and specialty and baseline numbers as of start of the Contract
- Number of billing and rendering providers with at least one claim submitted in the previous 12-month period, including a breakdown by county and specialty and baseline numbers as of start of the Contract

- Number of potential providers (i.e., those in clinical practice but not currently Medi-Cal Dental enrolled dental providers) contacted by geographical location, dentist names, provider identification (ID) numbers, and type of practice (general dentistry and/or specific specialty)
- Whether dental provider is or is not accepting new Medi-Cal dental beneficiaries by age groups accepted, and any limitations imposed, e.g., age, number, special health care needs
- Contact and report on dental professional schools, universities, federally funded dental clinics, school-based health centers, and dental professional organizations invited to become Medi-Cal dental providers and their response
- Providers contacted through outreach efforts and their response
- Providers using mobile and/or portable dental equipment
- New providers enrolled
- Program utilization by county and age group, including data from federally-funded clinics



## Appendix A – Beneficiary Outreach Objectives

<b>1) Annual Dental Visit - All Ages</b>	
<b>Children Age 0-20</b>	<b>Baseline 2016</b>
	<b>Count</b>
Beneficiaries w/ Annual Visit	2,504,844
90 Day Continuous Eligibles	5,565,312
Ratio of Utilization	45.0%
<b>Contract Requirements</b>	
<b>Adult Age 21+</b>	<b>Baseline 2016</b>
	<b>Count</b>
Beneficiaries w/ Annual Visit	1,487,086
90 Day Continuous Eligibles	7,133,665
Ratio of Utilization	20.8%
<b>Contract Requirements</b>	
<b>All Ages</b>	<b>Baseline 2016</b>
	<b>Count</b>
Beneficiaries w/ Annual Visit	3,991,930
90 Day Continuous Eligibles	12,698,977
Ratio of Utilization	31.4%
<b>Contract Requirements</b>	
<b>Contract Requirement:</b>	
<p style="color: blue;">Increase the Annual Dental Visit for California’s Medicaid population enrolled in Medicaid for at least ninety (90) continuous days by ten (10) percentage points over three years. The Contractor shall increase the measure in the State by three point three (3.3) percentage points in the first Contract year and by three point three (3.3) percentage points in each of the first two Contract extension years</p>	
<p><i>** Exhibit A Attachment II, Scope of Work - Operations, C. Beneficiary Outreach Plan, a. Utilization - Page 44 of 251</i></p>	

<b>2) Preventive Dental Services - Children Age 1-20</b>	
<b>Children Age 1-20</b>	<b>Baseline 2016</b>
	<b>Count</b>
Beneficiaries w/ Preventive Services	2,304,441
90 Day Continuous Eligibles	5,324,509
Ratio of Utilization	43.3%
<b>Contract Requirements</b>	
<b>Contract Requirement:</b>	
<p>Increase preventive dental services for children ages one through twenty (20) enrolled in Medicaid for at least ninety (90) continuous days by ten (10) percentage points over three years. The Contractor shall increase the measure by three point three (3.3) percentage points in the first Contract year and by three point three (3.3) percentage points in each of the first two Contract extension years</p>	
<p><i>** Exhibit A Attachment II, Scope of Work - Operations, C. Beneficiary Outreach Plan, a. Utilization - Page 44 of 251</i></p>	

<b>3) Sealants on Permanent Molars - Children Age 6-9</b>	
<b>Children Age 6-9</b>	<b>Baseline 2016</b>
	<b>Count</b>
Beneficiaries w/ Sealants on Molars	199,536
90 Day Continuous Eligible	1,145,351
Ratio of Utilization	17.4%
<b>Contract Requirements</b>	
<b>Contract Requirement:</b>	
<p>Increase sealants on permanent molars for children ages six through nine enrolled in Medicaid for at least ninety (90) continuous days by ten (10) percentage points over three years. The Contractor shall increase the measure by three point three (3.3) percentage points in the first Contract year and by three point three (3.3) percentage points in each of the first two Contract extension years</p>	
<p><i>** Exhibit A Attachment II, Scope of Work - Operations, C. Beneficiary Outreach Plan, a. Utilization - Page 44 of 251</i></p>	

## Appendix B – Provider Outreach Objectives

<b>1)</b>	<b>Dentists with One or More Services in Year (includes Active and Inactive Rendering Providers)</b>
	<b>Baseline</b> 2016
	<b>Count</b>
	7,821
	<b>Requirements</b>
	<b>Contract Requirement:</b>
	<i>(a) Increase the number of actively participating Medi-Cal dentists who have provided at least one service in the calendar year by ten (10) percentage points over four years.</i>
	<i>• The Contractor must increase the measure by two point five (2.5) percentage points in the first Contract year and by two point five (2.5) percentage in each of the first three Contract extension years.</i>
	<i>** Exhibit A Attachment II, Scope of Work - Operations, D.5 Provider Outreach Plan, a. The Contract Shall - Page 55 of 251</i>

<b>2)</b>	<b>Service Offices Accepting New Patients and Referrals (includes Active Service Offices only with either D0150 or D0145 paid claim code)</b>
	<b>Baseline</b> 2016
	<b>Count</b>
	4,719
	<b>Requirements</b>
	<b>Contract Requirement:</b>
	<i>(b) Increase the number of service offices accepting new patients and referrals by ten (10) percentage points over four years.</i>
	<i>• The Contractor must increase the measure by two point five (2.5) percentage points in the first Contract year and by two point five (2.5) percentage in each of the first three Contract extension years.</i>
	<i>** Exhibit A Attachment II, Scope of Work - Operations, D.5 Provider Outreach Plan, a. The Contract Shall - Page 55 of 251</i>