

Department of Health Care Services
2020 Activities Relating to
Medi-Cal Dental Managed Care
Report to the Legislature
July 2021



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Executive Summary

The Department of Health Care Services (DHCS) administers California's Medicaid Program (Medi-Cal) and provides dental services to eligible members through two delivery systems: Dental Fee-For-Service (FFS) and Dental Managed Care (DMC). The FFS model provides services to members through dental providers directly enrolled with DHCS. By contrast, DMC services are carried out by DMC plans contracted with DHCS and licensed by the Department of Managed Health Care (DMHC). DMC provides dental services through Geographic Managed Care (GMC) plans in Sacramento County and Prepaid Health Plans (PHP) in Los Angeles County. Between the two counties, there were approximately 891,961 members enrolled in DMC during 2020¹.

Assembly Bill 1467 (Committee on Budget, Chapter 23, Statutes of 2012), requires DHCS to provide an annual report to the Legislature on DMC activities for Sacramento and Los Angeles counties.

Key Highlights from 2020

On March 19, 2020, Governor Gavin Newsom issued a stay-at-home order to protect the health and well-being of all Californians and to establish consistency across the state in order to slow the spread of the Coronavirus Disease 2019 (COVID-19). The COVID-19 pandemic significantly disrupted the state's health care system and economy, and demanded significant attention and resources from DHCS and its health and dental care delivery system partners in 2020. As a result, this negatively impacted dental utilization services for both the FFS and DMC delivery systems as many dental offices closed in March 2020 and gradually reopened by adhering closely to federal, state, and local guidance for resuming deferred and preventive dental care.

DHCS continued its oversight of the DMC plans. Key highlights of efforts undertaken during calendar year 2020 include:

- DHCS continued monitoring DMC member utilization through 13 performance measures, including Annual Dental Visits (ADVs) and preventive services. ADV and preventive services utilization for children ages 0-20 decreased across all plans from 2019 to 2020.
- DHCS completed audits and issued Corrective Action Plans (CAPs) for two DMC plans. CAPs for both DMC plans were closed by the end of December 2020. An audit was not completed for the third DMC plan; however, a dual fiscal audit will be completed in 2021.
- DHCS completed the Annual Network Certification and provided the Centers for Medicare and Medicaid Services (CMS) with confirmation that all DMC plans met network adequacy requirements.

¹ Source: MIS/DSS Data Warehouse (Query date: February 2021). Data represents member with 90 days continuous enrollment from 11/1/19 – 10/31/20.

- CMS approved State Plan Amendment (SPA) 19-0022, to extend California Healthcare, Research and Prevention Tobacco Tax Act (Proposition 56) supplemental payments for State Fiscal Year (SFY) 2019-20. As of December 2020, DMC plans have issued approximately \$59 million in Proposition 56 supplemental payments to providers.
- DHCS continued monitoring the Dental Transformation Initiative (DTI), which aims to increase access to care, increase provider participation, and improve overall dental outcomes for children.
 - Domain 1: As of December 2020, DMC providers received \$11.6 million in incentive payments, contributing to the overall statewide increase of 1.20 percent in preventive services utilization for children ages 1-20.
 - Domain 2: In 2020, DMC providers in Sacramento and Los Angeles counties received \$1,329,312 and \$197,659, respectively, to conduct Caries Risk Assessments and provide related preventive services for children ages six and under.
 - Domain 3: This domain is not available to DMC providers.
 - Domain 4: DMC plans continued to partner with various Local Dental Pilot Projects (LDPP) in both Sacramento and Los Angeles counties, which focused on medical/dental and dental/educational collaborations. Domain 4 operations concluded on December 31, 2020.
- DHCS monitored the DMC plans' progress in implementing the Statewide Quality Improvement Plan (QIP) through review of quarterly progress reports and worked with its contracted External Quality Review Organization (EQRO) to assist plans with selecting new topics for their Individual QIPs. For the Statewide QIP, none of the DMC plans met the target goal of achieving a 2 percent annual increase in preventive services utilization.
- DHCS participated in quarterly meetings with the Medi-Cal Dental Advisory Committee (MCDAC), semi-annual meetings with the Los Angeles Dental Stakeholder Group (LA Dental Stakeholder Group), and semi-annual meetings with the Statewide Dental Stakeholder Group to foster open communication and transparency while developing strategies to maintain Medi-Cal members' access to dental care in Sacramento and Los Angeles counties.

Background

In 1995, DHCS implemented DMC in Sacramento (GMC) and Los Angeles (PHP) (See Executive Summary) counties to explore the effectiveness of managed care as a delivery system for providing eligible Medi-Cal members with dental services. DMC services are provided by DMC plans contracted with DHCS and licensed by the DMHC pursuant to the Knox-Keene Health Care Services Plan Act of 1975 (Knox-Keene Act). Members are assigned a primary care dentist in the DMC plan's network, which enables the member to establish a dental home and receive coordinated dental services by the DMC plan.

Currently, DHCS holds contracts with the following three DMC plans that serve members in both Sacramento and Los Angeles counties:

1. Access Dental Plan (Access)
2. Health Net of California, Inc. (Health Net)
3. Liberty Dental Plan of California, Inc. (Liberty)

DHCS pays DMC plans a per member per month (PMPM) capitation payment to provide oral health care to members. During 2020, DMC plans were paid SFY 2019-20² rates. SFY 2019-20 rates will continue to be paid into 2020 until the second half of Calendar Year (CY) 2020, when new rates are approved, at which time, DMC plans will be retroactively reimbursed at the new rate for the latter half of 2020. As of July 2020, a third PMPM rate was created for the Affordable Care Act (ACA) optional adult expansion coverage group. Please note, the rate decreases below are largely due to the decrease in Proposition 56 PMPMs based on the CY 2018 and CY 2019 DMC cost experience. The prior rating periods used FFS Proposition 56 modeling as the primary data source instead of DMC actual cost experience, which was much lower.

- **GMC:** In Sacramento County, Medi-Cal members are mandatorily enrolled in a DMC plan, with the exception of specific populations. Approximately 476,656 members³ were enrolled in 2020. DHCS provided GMC plans three PMPM rates:
 - SFY 2019-20
 - July 1, 2019 – June 30, 2020: \$18.06 for members 21 and older; \$20.92 for members under 21; and \$12.59 for members 19 and older (ACA expansion).
 - Second half of CY 2020
 - July 1, 2020 – December 31, 2020: \$16.95 for members 21 and older; \$19.65 for members under 21; and \$11.61 for members 19 and older (ACA expansion).

- **PHP:** In Los Angeles County, Medi-Cal members have the option to receive dental services through either the Dental FFS or DMC delivery system. Approximately 415,305 members⁴ (10 percent of the Medi-Cal population in Los Angeles County) were enrolled in DMC in 2020. DHCS provided PHP plans with three PMPM rates:
 - SFY 2019-20
 - July 1, 2019 – June 30, 2020: 16.09 for members 21 and older; \$20.79 for members under 21; and \$12.59 for members 19 and older (ACA expansion).
 - CY 2020:
 - July 1, 2020 – December 31, 2020: \$13.51 for members 21 and older; \$14.79 for members under 21; and \$10.43 for members 19 and older (ACA expansion).

Dental Managed Care Utilization

² SFY 2019-20 rates are inclusive of Proposition 56 supplemental payments

³ Source: MIS/DSS Data Warehouse (Query date: February 2021). Data represents members with 90 days continuous enrollment from 11/1/19 – 10/31/20.

⁴ Source: MIS/DSS Data Warehouse (Query date: February 2021). Data represents members with 90 days continuous enrollment from 11/1/19 – 10/31/20.

DHCS is committed to developing new strategies, while maintaining effective strategies to accurately monitor DMC member dental utilization.

Performance Measures

DHCS maintains ongoing oversight of DMC utilization through monitoring of the following 13 performance measures:

- Annual Dental Visit (ADV)
- Use of Preventive Services
- Use of Sealants
- Count of Sealants
- Count of Fluoride Varnishes
- Use of Diagnostic Services
- Treatment/Prevention of Caries
- Exams/Oral Health Evaluations
- Use of Dental Treatment Services
- Preventive Services to Fillings
- Overall Utilization of Dental Services (one year, two years, three years)
- Continuity of Care
- Usual Source of Care

Healthcare Effectiveness Data and Information Set (HEDIS) is a performance improvement tool widely used in the managed care industry to compare health plan performance uniformly across plans. DHCS uses HEDIS-like measures to calculate performance measure utilization for DMC plans. The dental industry applies Current Dental Terminology (CDT), which includes dental-specific procedure codes; DHCS uses CDT codes to capture DMC utilization to identify dental-specific procedures so DHCS uses CDT codes to capture DMC utilization.

DHCS retrieves encounter data from the Management Information System/Decision Support System (MIS/DSS) data warehouse to calculate DMC utilization for each of the 13 performance measures. DHCS also validates the encounter data from DMC plans on a quarterly basis by cross-referencing it with their self-reported performance measure reports.

DHCS used data from November 1, 2019 to October 31, 2020 (hereinafter referred to as “October 2020 data”) to estimate 2020 DMC utilization. Data was queried for an October 2020 end-date rather than a December 2020 end-date to account for the potential lag in claims submission and processing. October 2020 data represented a more complete set of annual data to compensate for the potential claims lag. However, as additional 2020 claims continue to be processed in 2021, DHCS will be able to more accurately approximate 2020 utilization across all performance measures. A separate analysis and discussion are included below for two key performance measures: ADV and preventive services.

Annual Dental Visit

Beginning in 2016, DHCS began incorporating Safety Net Clinic encounter data into DMC performance measure utilization for adults and children by cross-walking the 10th revision of the International Statistical Classification of Diseases and Related Health Problems (ICD-10) codes to CDT codes. From 2016 to 2017, DHCS consequently saw an increase

in ADV utilization for children ages 1-20. Beginning 2020, DHCS began capturing medical fluoride varnishes into DMC utilization measures since dental fluoride varnishes can also be provided in hospital settings. This resulted a slight increase in ADV.

Table 1 and Table 2 below summarize ADV utilization for children ages 0-20 with data broken-out separately for GMC/PHP and by DMC plan from 2017 through 2020. In comparison to 2019, ADV utilization in 2020 decreased for all plans due to the impact of the COVID-19 pandemic.

Table 1 ADV for Children Ages 0-20 for GMC Plans

Plan	2017	2018	2019	2020 ⁵	Percentage Points Change From 2019 to 2020
Access	36.8%	36.4%	40.2%	31.2%	-9.0%
Health Net	36.7%	38.7%	42.2%	36.2%	-6.1%
Liberty	42.2%	43.4%	47.8%	40.4%	-7.4%
Total	38.9%	39.8%	43.9%	36.4%	-7.4%

Table 2 ADV for Children Ages 0-20 for PHP Plans

Plan	2017	2018	2019	2020 ⁶	Percentage Points Change From 2019 to 2020
Access	46.8%	46.7%	45.7%	33.3%	-12.3%
Health Net	43.8%	42.4%	42.8%	30.8%	-11.9%
Liberty	44.6%	44.0%	44.2%	32.2%	-12.0%
Total	45.3%	44.5%	44.2%	32.0%	-12.1%

Table 3, Table 4, Table 5, and Table 6 below draw a comparison between FFS and DMC of ADV utilization for children ages 0-20 from 2017 through 2020. Utilization rates for FFS have been historically higher than DMC (GMC and PHP). Overall trends show a gradual increase in ADV utilization for both FFS and DMC from 2017 to 2019 but a decrease from 2019 to 2020 due to the impact of the COVID-19 pandemic. In comparison to FFS, the percentage point decrease was smaller in GMC but larger in PHP.

⁵ Source: MIS/DSS Data Warehouse (Query date: February 2021). Data represents members with 90 days continuous enrollment from 11/1/19 – 10/31/20. Data does not include complete claims run-out.

⁶ Source: MIS/DSS Data Warehouse (Query date: February 2021). Data represents members with 90 days continuous enrollment from 11/1/19 – 10/31/20. Data does not include complete claims run-out.

Table 3 ADV for Children Ages 0-20 for FFS

Delivery System/ Plans	Measure	2017	2018	2019	2020 ⁷
FFS	Numerator ⁸	2,596,671	2,570,418	2,602,856	2,140,395
FFS	Denominator ⁹	5,465,625	5,320,822	5,205,801	5,110,050
FFS	% Utilization	47.5%	48.3%	50.0%	41.9%

Table 4 ADV for Children Ages 0-20 for GMC Plans

Delivery System/ Plans	Measure	2017	2018	2019	2020 ¹⁰
GMC	Numerator	91,152	90,092	97,387	79,413
GMC	Denominator	234,284	226,204	222,056	217,922
GMC	% Utilization	38.9%	39.8%	43.9%	36.4%

Table 5 ADV for Children Ages 0-20 for PHP Plans

Delivery System/ Plans	Measure	2017	2018	2019	2020 ¹¹
PHP	Numerator	96,701	80,810	70,077	46,103
PHP	Denominator	213,567	181,685	158,685	143,967
PHP	% Utilization	45.3%	44.5%	44.2%	32.0%

Table 6 Percentage Points Changes of ADV from CY 2019 to 2020 for Children Ages 0-20 for FFS, GMC and PHP Plans

Delivery System/ Plans	2019	2020	Percentage Points Change From 2019 to 2020
FFS	50.0%	41.9%	-8.1%
GMC	43.9%	36.4%	-7.4%

⁷ Source: MIS/DSS Data Warehouse (Query date: February 2021). Data represents members with 90 days continuous enrollment from 11/1/19 – 10/31/20. Data does not include complete claims run-out.

⁸ Number of children ages 0-20 with at least 90 days continuous enrollment in FFS or the same DMC plan who received any dental procedure.

⁹ Number of children ages 0-20 with at least 90 days continuous enrollment in FFS or the same DMC plan.

¹⁰ Source: MIS/DSS Data Warehouse (Query date: February 2021). Data represents members with 90 days continuous enrollment from 11/1/19 – 10/31/20. Data does not include complete claims run-out.

¹¹ Source: MIS/DSS Data Warehouse (Query date: February 2021). Data represents members with 90 days continuous enrollment from 11/1/19 – 10/31/20. Data does not include complete claims run-out.

PHP	44.2%	32.0%	-12.1%
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Preventive Services

Similar to ADV utilization results, preventive services utilization also included Safety Net Clinic encounter data and medical fluoride varnishes.

Table 7 and Table 8 below summarize preventive services utilization for children ages 1-20 with data broken-out separately for GMC/PHP and by DMC plan from 2017 through 2020. In comparison to 2019, preventive services utilization in 2020 decreased across all plans due to the impact of the COVID-19 pandemic.

Table 7 Preventive Services for Children Ages 1-20 for GMC Plans

Plan	2017	2018	2019	2020¹²	Percentage Points Change From 2019 to 2020
Access	32.0%	31.3%	36.2%	26.0%	-10.2%
Health Net	31.9%	34.6%	38.9%	32.5%	-6.4%
Liberty	35.6%	37.4%	42.1%	34.4%	-7.7%
Total	33.4%	34.7%	39.4%	31.4%	-8.0%

Table 8 Preventive Services for Children Ages 1-20 for PHP Plans

Plan	2017	2018	2019	2020¹³	Percentage Points Change From 2019 to 2020
Access	42.4%	42.0%	41.5%	29.2%	-12.4%
Health Net	38.5%	37.1%	37.7%	26.2%	-11.5%
Liberty	39.7%	39.1%	39.4%	27.8%	-11.6%
Total	40.4%	39.5%	39.5%	27.6%	-11.9%

Table 9, Table 10, Table 11, and Table 12 below draws a comparison between FFS and DMC preventive services utilization for children ages 1-20 from 2017 through 2020. Utilization rates for FFS have been historically higher than DMC (GMC and PHP). Overall trends show a gradual increase in preventive services utilization for both FFS and DMC from 2017 to 2019 but a decrease from 2019 to 2020. In comparison to 2019, the percentage point decrease was smaller in GMC but larger in PHP.

¹² Source: MIS/DSS Data Warehouse (Query date: February 2021). Data represents members with 90 days continuous enrollment from 11/1/19 – 10/31/20. Data does not include complete claims run-out.

¹³ Source: MIS/DSS Data Warehouse (Query date: February 2021). Data represents members with 90 days continuous enrollment from 11/1/19 – 10/31/20. Data does not include complete claims run-out.

Table 9 Preventive Services for Children Ages 1-20 for FFS

Delivery System/ Plans	Measure	2017	2018	2019	2020 ¹⁴
FFS	Numerator ¹⁵	2,403,789	2,383,702	2,429,818	1,953,849
FFS	Denominator ¹⁶	5,236,336	5,107,424	5,001,401	4,922,880
FFS	% Utilization	45.9%	46.7%	48.6%	39.7%

Table 10 Preventive Services for Children Ages 1-20 for GMC Plans

Delivery System/ Plans	Measure	2017	2018	2019	2020 ¹⁷
GMC	Numerator	76,289	76,409	85,273	66,771
GMC	Denominator	228,587	220,396	216,456	212,888
GMC	% Utilization	33.4%	34.7%	39.4%	31.4%

Table 11 Preventive Services for Children Ages 1-20 for PHP Plans

Delivery System/ Plans	Measure	2017	2018	2019	2020 ¹⁸
PHP	Numerator	85,462	71,029	61,839	39,176
PHP	Denominator	211,332	179,772	156,423	141,845
PHP	% Utilization	40.4%	39.5%	39.5%	27.6%

Table 12 Percentage Point Changes of Preventive Services Utilization from CY 2019 to 2020 for Children Ages 1-20 for FFS, GMC and PHP Plans

Delivery System /Plans	2019	2020 ¹⁹	Percentage Points Change From 2019 to 2020
FFS	48.6%	39.7%	-8.9%

¹⁴ Source: MIS/DSS Data Warehouse (Query date: February 2021). Data represents members with 90 days continuous enrollment from 11/1/19 – 10/31/20. Data does not include complete claims run-out.

¹⁵ Number of children ages 1-20 with at least 90 days continuous enrollment in FFS or the same DMC plan who received any preventive dental procedure.

¹⁶ Number of children ages 1-20 with at least 90 days continuous enrollment in FFS or the same DMC plan.

¹⁷ Source: MIS/DSS Data Warehouse (Query date: February 2021). Data represents members with 90 days continuous enrollment from 11/1/19 – 10/31/20. Data does not include complete claims run-out.

¹⁸ Source: MIS/DSS Data Warehouse (Query date: February 2021). Data represents members with 90 days continuous enrollment from 11/1/19 – 10/31/20. Data does not include complete claims run-out.

¹⁹ Source: MIS/DSS Data Warehouse (Query date: February 2021). Data represents members with 90 days continuous enrollment from 11/1/19 – 10/31/20. Data does not include complete claims run-out.

GMC	39.4%	31.4%	-8.0%
PHP	39.5%	27.6%	-11.9%

Dental Data Reports

DHCS continues to use the Medi-Cal Dental Dashboard tool that was developed under a grant from the California Health Care Foundation. This interactive dashboard tool provides DHCS with a means for efficiently generating reports by modifying parameters to extract specific data sets. DHCS currently uses the dashboard as an internal tool to generate and publish various dental data reports that are available for public viewing on both the DHCS website and California Health and Human Services' (CHHS) Open Data Portal.

DHCS Website

In 2020, DHCS published quarterly performance measure utilization reports to the Dental Data Reports page²⁰ of the DHCS website for both FFS²¹ and DMC²². Each quarterly report encompasses a 12-month span of data. As new quarterly data becomes available, a new report is generated to replace data from the oldest quarter. In this way, quarterly reports are updated on a “rolling annual” basis, providing DHCS and interested stakeholders with a more accurate means for evaluating ongoing utilization trends.

CHHS Open Data Portal

The CHHS Open Data Portal²³ compiles reports from various State agencies. In 2020, DHCS contributed to the Open Data Portal by publishing eight dental-specific datasets²⁴ on Medi-Cal performance measure utilization. The datasets are inclusive of utilization data from 2013 to 2019 for both FFS and DMC. Protected health information is de-identified to allow researchers, stakeholders, dental professional associations, and other local health care agencies to access the data. In addition, the datasets allow users to filter data by various criteria such as year, age, county, ethnicity, dental service, etc., and extract the desired information.

Compliance Monitoring

DHCS is committed to ongoing efforts to utilize effective monitoring systems and strategies to require DMC plans to comply with all federal, state, and contractual requirements on a continuous basis.

Audits and Investigations (A&I) Audits and CAPs

DHCS A&I Division is the designated program integrity division for the Medi-Cal program. The A&I Division performs annual audits of Medi-Cal managed care health and dental plans which includes onsite documentation review, verification studies, and interviews with the plan personnel, and evaluation of categories of performance such as Utilization Management, Access and Availability of Care, Member Rights, and Quality Management. Following the issuance of the final audit report²⁵, DHCS provides

²⁰ <https://www.dhcs.ca.gov/services/Pages/DentalReports.aspx>

²¹ <https://www.dhcs.ca.gov/services/Pages/FFSPerformanceMeasures.aspx>

²² <https://www.dhcs.ca.gov/services/Pages/DMCPerformanceMeasures.aspx>

²³ <https://data.chhs.ca.gov/>

²⁴ <https://data.chhs.ca.gov/dataset?organization=department-of-health-care-services&q=dental>

²⁵ <https://www.dhcs.ca.gov/services/Pages/Dentalmanagedcare.aspx>

oversight and technical assistance of the CAP process to the DMC plans. DHCS determines CAP closures based on the plans' ability to adequately resolve the finding through efforts such as revisions or creation of policy and procedures, education of provider network, and demonstration of on-going validation and improvement activities. In 2020, the A&I Division conducted the following onsite audits:

Access Dental Plan

An audit was conducted from February 24, 2020 through February 28, 2020. The audit covered the review period of January 1, 2019 through December 31, 2019. Access Dental Plan had nine findings in the areas of utilization management, access and availability of care, and quality management that required CAPs. Audit findings were adequately addressed and CAPs were closed on December 16, 2020.

Health Net Dental

An audit was conducted from March 16, 2020 through March 19, 2020. The latter half of the onsite audit was completed virtually due to the COVID-19 pandemic. The audit covered the review period of March 1, 2019 through February 29, 2020. Health Net had two findings in the areas of utilization management and quality management that required CAPs. Audit findings were adequately addressed and CAPs were closed on September 1, 2020.

Liberty Dental Plan

An audit was not completed in 2020. As a result, the plan will receive a dual fiscal (2-year look back) audit in 2021. The last audit was conducted from May 13, 2019 through May 24, 2019 and covered the period of May 1, 2018 through April 30, 2019. Liberty had thirteen findings in the areas of utilization management, access and availability of care, member's rights, and quality management that that required CAPs. Audit findings were adequately addressed and CAPs were closed on September 3, 2020.

Beneficiary Dental Exception (BDE)

The BDE process was established via Assembly Bill 1467 (Committee on Budget, Chapter 23, Statutes of 2012) and is available to Medi-Cal DMC members in Sacramento County who are unable to secure access to services through their dental plan in accordance with the contractually mandated timeframes and the Knox-Keene Act of 1975. The BDE process allows DHCS staff to work with the DMC plans on behalf of the members to facilitate the scheduling of appropriate appointments based on the identified needs of the member.

If an appointment is available within the required timeframe, DHCS will work with the DMC plan and the member to coordinate care. DHCS staff verifies whether the member attended their scheduled appointment and if treatment was rendered. DHCS works with the DMC plan on behalf of the member until the case is resolved.

If an appointment is not available within the required timeframe, the member may request to opt out of Medi-Cal DMC and move into Medi-Cal Dental FFS where they may select their own dental provider on an ongoing basis. The member may remain in FFS until he or she chooses to opt back into DMC.

Since its inception in 2012, no Medi-Cal members have been transferred to FFS through the BDE process. This trend continued into 2020 where 100 percent of

members requesting appointments received assistance scheduling appointments within required timely access standards.

DHCS continues to operate its BDE process, assisting members with obtaining timely access to appointments, as well as responding to general inquiries and requests for information about plans, providers, benefits, and eligibility status. DHCS routinely publishes both monthly and quarterly BDE statistics on the DHCS website²⁶.

In 2020, DHCS received a total of 1,689 inquiries and requests through the BDE process, 20 (1 percent) of which were requests for DHCS to facilitate scheduling an appointment with the member’s DMC plan. Table 13 below provides a summary of appointment requests by appointment type and plan.

Table 13 2020 BDE Appointment Requests

Plan	Routine	Specialist	Urgent	Emergency	Total
Access	1	0	1	3	5 (25%)
Health Net	3	2	1	2	8 (40%)
Liberty	4	1	0	2	7 (35%)
Total	8 (40%)	3 (15%)	2 (10%)	7 (35%)	20 (100.0)

- Of the 20 appointment requests received, 25 percent, 40 percent, and 35 percent were for Access, Health Net, and Liberty, respectively.
- Of the 20 appointment requests received, 40 percent, 15 percent, 10 percent, and 35 percent were for routine, specialist, urgent, and emergency appointments, respectively.

In addition, of the 20 appointment requests received, 4 (20 percent) BDE requests were for members ages under 21, and 16 (80 percent) were for members ages 21 and older. By December 2020, all 20 cases were successfully closed as DHCS verified whether the members kept their scheduled appointment and received treatment.

All Plan Letters (APLs)

In 2020, DHCS provided DMC plans with ongoing policy updates and guidance through issuance of various APLs posted on the DMC APLs page²⁷ of the DHCS website.

- **[APL 20-001](#)**: Extension of One-Year Supplemental Payment for Certain Dental Services Using Proposition 56 Tobacco Tax Funds Allocated for State Fiscal Year 2019-20.

²⁶ <https://www.dhcs.ca.gov/services/Pages/BDE-Reporting.aspx>

²⁷ <https://www.dhcs.ca.gov/services/Pages/DentalAllPlanLetters.aspx>

This APL informed DMC plans of the extension of additional Proposition 56 funding for certain dental services and reminded DMC plans of the continuation of directed payments and quarterly reporting to DHCS.

- [APL 20-002](#): Continuation of Supplemental Payments for Certain Dental Services Using Proposition 56 Tobacco Tax Funds for July 1, 2020 through December 31, 2020.
This APL directed DMC plans to continue making supplemental payments to providers from July 1, 2020 through December 21, 2020 as well as continuation of quarterly reports.
- [APL 20-003](#): Centers For Medicare and Medicaid Services (CMS) Final Rule Revisions Effecting Grievance and Appeal Requirements; Revised "Your Rights" Attachments & Grievance and Appeal Requirements; Revised Notice Templates and "Your Rights" Attachments.
This APL provided DMC plans with clarification and guidance regarding the application of new federal and existing state regulations for processing grievances and appeals.
- [APL 20-004](#): 2021 Deliverables Schedule
This APL notified DMC plans of the 2021 deliverables schedule; including changes or additional deliverables associated with the CMS Final Rule requirements.

Annual Network Certification

Pursuant to Title 42, Code of Federal Regulations, Section 438.207, DHCS is required to submit an annual assurance of compliance to CMS certifying that all contracted managed care plans maintain a network of providers that meet the needs of its anticipated enrollment. In June 2020, DHCS completed its Annual Network Certification for DMC plans and provided CMS with an attestation to confirm compliance with network adequacy requirements. DHCS' review consisted of an evaluation of enrollment trends, an assessment of provider-to-member ratios and specialist counts, an analysis of geographic provider distribution, and a validation of compliance with timely access standards.

While DHCS confirmed compliance with all network adequacy requirements, DHCS identified minor inaccuracies within the plans' self-reported provider networks (e.g., providers were listed at locations where they were not practicing). However, these discrepancies were resolved after DHCS' review which determined the self-reported provider network contained duplicate data. Once unduplicated, the plans still met the required provider-to-member ratios and had the capacity to serve members.

External Quality Review Organization

In 2020, DHCS continued to work in close collaboration with Health Services Advisory Group (HSAG), the contracted EQRO designated to oversee the performance of mandatory activities, including validation of the performance measures and QIPs. During the fourth quarter of 2020, HSAG provided specific requirement information for the January 2021 Statewide QIP intervention progress report and Individual Performance Improvement Plan (PIP) Overview. DMC plans were trained on how to apply the rapid-

cycle process to set clear individual PIP goals, establish measureable outcomes, select and test interventions, and sustain improvement. HSAG provided technical assistance to DMC plans on their Individual PIP using these parameters and continues to provide feedback to DMC plans on their Statewide QIP progress reports.

Child Dental Satisfaction Survey

DMC plans are contractually required to contract with an EQRO to conduct one consumer satisfaction survey per year. The survey is designed to evaluate overall consumer satisfaction with the plan as well as its network of contracted providers.

In 2020, all three DMC plans contracted with SPH Analytics to administer the Child Dental Satisfaction Survey as part of their process for evaluating the quality of dental services provided to child Medicaid members enrolled in the various dental plans. The Consumer Assessment of Healthcare Providers and Systems Dental Plan Survey, which is currently available for the adult population only, was modified to specifically address the quality of dental services provided to children ages 0-20. The resulting Child Dental Satisfaction Survey evaluates member satisfaction for ten specific measures. From September to November 2020, SPH Analytics outreached to 3,300 parents and/or caretakers of children from each DMC plan with 1,650 children randomly sampled from both Sacramento and Los Angeles counties. The response rate was defined as the total number of completed surveys divided by all eligible child Medicaid members of the sample. The aggregate response rates for Access, Health Net, and Liberty were low at 2.30 percent, 5.38 percent, and 3.95 percent, respectively.

Table 14 below summarizes the percentage of members satisfied with each of the ten measures evaluated, based on the aforementioned response rate.

Table 14 Percentage of Member Satisfaction Child Dental Satisfaction Survey²⁸

Satisfaction Measures	Access	Health Net	Liberty
All Dental Care	54.1%	51.3%	38.7%
Dental Plan	46.2%	55.0%	46.2%
Finding a Dentist	40.4%	43.7%	17.7%
Regular Dentist	49.0%	56.6%	41.8%
Access to Dental Care	30.7%	33.7%	18.9%
Care from Dentists and Staff	56.5%	61.8%	53.6%
Dental Plan Services	49.5%	52.7%	38.2%
Care from Regular Dentist	47.5%	59.8%	51.7%
Would Recommend Regular Dentist	36.0%	54.7%	56.3%
Would Recommend Dental Plan	54.2%	55.7%	49.4%

²⁸ Source: 2020 Access Dental Plan Child Dental Satisfaction Survey Report (January 2021); 2020 Health Net of California Child Dental Satisfaction Survey Report (January 2021); 2020 LIBERTY Dental Plan Child Dental Satisfaction Survey Report (January 2021).

While the low response rate should be considered prior to interpreting or applying results to the overall population, the 2020 survey reports²⁹ provided DMC plans with an analysis of key drivers of satisfaction. This is intended to assist DMC plans with prioritizing areas of improvement.

DHCS will continue to monitor DMC plans to ensure the Child Dental Satisfaction Survey reports are reviewed to identify opportunities for improvement.

274 Expansion Project

In 2018, DHCS spearheaded the 274 (Provider Information Transaction Set) Expansion Project which allowed for a more comprehensive and standardized file layout for the collection and maintenance of DMC network data via the Health Care Provider Directory Standard. The purpose of the 274 Expansion Project was to implement a comprehensive and standardized file layout and protocol for dental plans to submit provider network data to DHCS. DHCS uses this data for network assessments, data analytics, and other federal and state reporting requirements. Additionally, DHCS uses this data for a variety of purposes including network analysis and certification, review and approval of alternate access standards, program integrity, and trend analysis to identify network shortages. As of April 2020, all plans had successfully completed all three phases of testing and are submitting network production data utilizing the new electronic file layout.

Improvement Efforts

In addition to monitoring DMC dental utilization, DHCS continually strives to implement effective strategies to increase member utilization in partnership with DMC plans and providers through various innovative programs and initiatives. This commitment aligns with CMS' goal of improving children's access to oral health services as well as DHCS' goal of achieving at least a 60 percent dental utilization rate for eligible Medi-Cal children.

Proposition 56

The California Healthcare, Research and Prevention Tobacco Tax Act (Proposition 56) increases the excise tax rate on cigarettes and tobacco products and allocates the resulting revenue, in part, to fund health care programs administered by DHCS. In November 2017, CMS approved SPA 17-031 which allocated \$140 million in Proposition 56 funds for SFY 2017-18 to provide supplemental payments for certain dental services at a rate equal to 40 percent of the Schedule of Maximum Allowances (SMA). As a result, dental providers are incentivized to increase utilization for select dental services in the following categories: restorative, endodontic, prosthodontic, oral and maxillofacial, adjunctive, visits and diagnostic services. DMC plans receive an increase in their PMPM capitation payment and in turn, make supplemental payments to their network providers.

In September 2018, CMS approved SPA 18-0024 which authorized a one-year extension of Proposition 56 supplemental payments through FY 2018-19 and allocated \$210 million in funds, which was inclusive of \$30 million for a student loan repayment program available to dentists. The supplemental payment rates for existing categories remained at a rate equal to 40 percent of the SMA while the supplemental payments for the top 26 utilized dental services in addition to general anesthesia, periodontal, additional time for

²⁹ <https://www.dhcs.ca.gov/services/Pages/Dentalmanagedcare.aspx>

patients with special needs, and orthodontia, reflected either a specific dollar increase or alternate percentage increase above the existing SMA rate.

In August 2019, CMS approved SPA 19-0038 which authorized a 30-month extension of Proposition 56 supplemental payments through CY 2021 and reallocated \$210 million for SFY 2019-20 with no changes to the supplemental payment structure from SFY 2018-19.

In February 2020, DHCS issued [APL 20-001](#) , which directed DMC plans to continue making Proposition 56 supplemental payments to providers for dates of service July 1, 2019 through December 31, 2021, and submit quarterly reports to DHCS tracking all payments made. By December 2020, DMC plans reported a combined total of \$59,388,673.95³⁰ in supplemental payments made to network providers.

Dental Transformation Initiative

Given the importance of oral health to the overall health of an individual, improvements in dental care remain critical for achieving overall better health outcomes for Medi-Cal members, particularly children. Therefore, the DTI³¹ was included within the Medi-Cal 2020 Demonstration Waiver³² as a mechanism for improving dental health for children by focusing on high-value care, improved access, and utilization of performance measures to drive delivery system reform.

With funding of up to \$750 million over a five-year period , the DTI allows DHCS to implement targeted pilot and incentive programs that go beyond the scope of benefits currently allowed under the State Plan, SMA, and the Manual of Criteria. This flexibility affords DHCS the opportunity to test different approaches for maximizing provider participation and increasing children’s preventive services utilization.

On September 16, 2020, DHCS requested a 12-month extension of the Medi-Cal 2020 Section 1115 waiver to continue the DTI program until December 31, 2021. CMS approved the extension request on December 29, 2020. The 12-month extension includes DTI Domains 1, 2, and 3. However, the state’s Designated State Health Programs (DSHP) expenditure authority was not approved for the additional year. DHCS is reviewing the language and consulting with CMS for further information regarding the implications for DTI. The section below summarizes progress made in each of the DTI domains in 2020:

Domain 1: Preventive Services Utilization

The goal of Domain 1 is to increase statewide preventive services utilization for children ages 1-20 by at least 10 percent over a five-year period through bi-annual incentive payments to providers who meet or exceed established benchmarks. This domain operates statewide and both FFS and DMC providers as well as Safety Net Clinics are allowed to participate. DMC providers are not required to opt into the program as DHCS uses encounter data to identify providers who are eligible to receive incentive payments. Since its implementation in 2016, and as of December 2020, approximately 996 DMC

³⁰ Source: Proposition 56 Directed Payments Reports for Access, Health Net, and Liberty (2018-Q2, Q3, Q4; 2019-Q1, Q2, Q3, Q4; 2020-Q1, Q2, Q3, Q4)

³¹ <https://www.dhcs.ca.gov/provgovpart/Pages/DTI.aspx>

³² <https://www.dhcs.ca.gov/provgovpart/Pages/medi-cal-2020-waiver.aspx>

providers achieved benchmarks and received a total of \$11.6 million in incentive payments for Domain 1 contributing to an overall statewide increase in preventive services utilization of 1.20 percent from 2014 (baseline) to 2020. The significant decrease of preventive services utilization from 2019 to 2020 is due to the impact of the COVID-19 pandemic.

Domain 2: Caries Risk Assessment and Disease Management

The goal of Domain 2 is to assess and manage caries risk for children ages six and under through use of preventive services as opposed to more invasive and costly restorative procedures. The Caries Risk Assessment and Disease Management Pilot is a four-year program that offers bundled incentive payments to FFS and DMC providers as well as Safety Net Clinics who opt into the program and complete the standardized Caries Risk Assessment, develop corresponding treatment plans, and conduct nutritional counseling and motivational interviewing. In January 2017, DHCS initially selected 11 counties for participation in the pilot, including Sacramento County. On January 1, 2019, DHCS expanded the pilot to include 18 additional counties, including Los Angeles County, bringing the total to 29 pilot counties. In Sacramento County, there was an approximate 39.86 percent decrease in payments to DMC providers from 2019 to 2020, with a total of \$1,349,312 paid for services delivered in 2020, compared to \$2,243,519 paid for services delivered in 2019. In Los Angeles County, DMC providers were paid a total of \$197,659 in 2020. This decrease in payments correlates with the decrease in utilization during the COVID-19 pandemic.

Domain 3: Continuity of Care

The goal of Domain 3 is to increase continuity of care for children ages 20 and under by providing annual incentive payments to office locations that provide dental examinations for two to six consecutive years. Participation in Domain 3 is available for FFS providers and Safety Net Clinics, but not applicable to DMC. In January 2017, DHCS selected 17 pilot counties, which did not include Sacramento or Los Angeles counties. On January 1, 2019, DHCS expanded the pilot to 19 additional counties; however, the DMC counties were not included.

Domain 4: Local Dental Pilot Project (LDPP)

Domain 4 operations concluded on December 31, 2020. The goal of Domain 4 was to address one or more of the objectives of the other three DTI domains through local pilot projects and innovative approaches targeting specific demographics. DHCS held fully executed contracts with 13 LDPPs, including Sacramento County and University of California, Los Angeles (UCLA). In 2020, DMC plans continued to partner with both of these LDPPs, and participated in several local initiatives in Sacramento and Los Angeles counties, including Every Smile Counts, Early Smiles, Virtual Dental Homes (VDH), More LA Smiles Campaign, and Los Angeles Dental Registry and Referral System (LADRRS). These partnerships focused on medical/dental as well as dental/educational collaborations. A separate section below offers an in-depth description of the VDH and LADRRS programs.

Virtual Dental Home

VDH is a component of the Sacramento County LDPP under Domain 4 of the DTI. The VDH model provides dental care in community settings utilizing teledentistry technology to link dental professionals in the community setting with dentists at remote office sites.

Dental teams consisting of a registered dental hygienist, dental assistant, and care coordinator provide preventive dental care to children at school sites. The onsite team sends x-rays and other information to a designated off-site dentist. If the dentist finds a child is in need of dental care that cannot be provided at the school site, such as a filling or an extraction, the care coordinator will help the family make a dental appointment with a nearby provider who can perform the treatment.

In the first quarter of 2020, all three DMC plans were active participants of the Sacramento County VDH pilot. In the second quarter of 2020, VDH activities came to a halt due to the COVID-19 pandemic, which prompted school closures. Although services could not be provided to families in a similar manner as the prior operating years, telephone conferences and trainings for VDH providers continued in 2020. As of December 2020, the Sacramento County LDPP had served over 4,300 children over the life of the VDH portion of their pilot program.

Los Angeles Dental Registry and Referral System

In 2019, UCLA implemented LADRRS as a website-based referral management tool. LADRRS is designed to increase access to oral health services through electronic referrals and reduce the administrative burden of a manual referral process. UCLA aims to improve care coordination and communication among dental providers, medical providers, and care management teams in Los Angeles County to maintain consistent, quality oral health services for children enrolled in Medi-Cal. This directly aligns with the DTI's goal of increasing access to preventive oral health care services and promoting continuity of care. The LADRRS tool offers a universal database to assist medical practitioners with patient referrals to dentists. In 2020, Access and Health Net successfully on-boarded and are using LADRRS. Some dental offices that accept Liberty coverage are also on-boarded as LADRRS users.

Quality Improvement Projects

The DMC plans are contractually required to participate in two QIPs per year, a "Statewide Collaborative QIP" and an "Individual QIP." For the Statewide Collaborative QIP, DHCS designates the topic of review, and selects a key area for all DMC plans to focus on. The designated topic of review from DHCS aligns with DTI Domain 1 goals to increase statewide preventive services utilization for children ages 1-20.

During 2020, none of the DMC plans met the target Statewide QIP goal, or a necessary percentage increase. For the Individual QIP, DMC plans have the discretion to focus on any area self-identified as in need of improvement. In 2020, DHCS monitored the DMC plans' progress on the Statewide QIP through review of quarterly progress reports, while HSAG worked with the DMC plans to select topics for the Individual QIP.

Statewide Collaborative QIP

In January 2018, DHCS established the goal of the Statewide Collaborative QIP. Consistent with the objective of Domain 1 of the DTI, the Statewide Collaborative QIP aims to increase the annual percentage of preventive services utilization of children ages 1-20 by 10 percent over a five-year period. To meet this common goal, each DMC plan must aim to increase preventive measure utilization by 2 percent each year. In April 2018, DHCS established baseline measurements and benchmarks for each plan.

Table 15 below outlines DHCS-established baselines for SFY 2016-17 as well as projected target goals for each of the DMC plans for the next five years.

Table 15 Statewide QIP Baseline and Goals Preventive Services for Children Ages 1-20

Period	Access GMC	Access PHP	Health Net GMC	Health Net PHP	Liberty GMC	Liberty PHP
SFY 2016-17 (Baseline)	31.26%	40.26%	30.34%	34.95%	33.99%	35.74%
SFY 2017-18 (Goal +2%)	33.26%	42.26%	32.34%	36.95%	35.99%	37.74%
SFY 2018-19 (Goal +2%)	35.26%	44.26%	34.34%	38.95%	37.99%	39.74%
SFY 2019-20 (Goal +2%)	37.26%	46.26%	36.34%	40.95%	39.99%	41.74%
SFY 2020-21 (Goal +2%)	39.26%	48.26%	38.34%	42.95%	41.99%	43.74%
SFY 2021-22 (Goal +2%)	41.26%	50.26%	40.34%	44.95%	43.99%	45.74%

Table 16 below summarizes the DMC plans’ progress in meeting the target annual increase of 2 percent in preventive services utilization and draws a comparison between re-measurement data for SFYs 2017-18, 2018-19, and 2019-20. As can be seen, none of the DMC plans met the target goal. DMC plans are behind in meeting the overall 10 percent goal over the course of five years. While DHCS anticipates utilization to increase as more current encounter data becomes readily available, a steady 2 percent increase has not been sustained for the past three measurement cycles. DMC plans have continued using interventions including outbound phone calls and text message campaigns to members as well as continued involvement with the LDPPs under Domain 4 of the DTI.

Table 16 Preventive Services for Children Ages 1-20³³

Period	Access GMC	Access PHP	Health Net GMC	Health Net PHP	Liberty GMC	Liberty PHP
SFY 2016-17 (Baseline)	31.26%	40.26%	30.34%	34.95%	33.99%	35.74%
SFY 2017-18 (Measurement)	29.40%	36.80%	31.46%	34.18%	34.50%	35.07%
SFY 2018-19 (Measurement)	33.28%	41.73%	35.24%	36.62%	38.48%	38.35%
SFY 2019-20 (Measurement)	30.26%	34.47%	34.79%	31.35%	37.73%	33.68%

³³ Data Source: DHCS Dental Performance Measures Quarterly Reports. SFY 2018-19 was updated from previous DHCS 2020 Activities Relating to Medi-Cal Dental Managed Care Report to the Legislature

Annual Change of Percentage Points	-3.02%	-7.26%	-0.45%	-5.27%	-0.75%	-4.67%
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Individual Quality Improvement Plan

During the fourth quarter of 2020, HSAG provided specific requirement information for the January 2021 Statewide QIP intervention progress report and individual PIP Overview. DMC plans were trained on how to apply the rapid-cycle process to set clear individual PIP goals, establish measureable outcomes, select and test interventions, and sustain improvement. HSAG provided technical assistance to the DMC plans on their Individual PIP using these parameters and continues to provide feedback to DMC plans. DHCS has approved the following Individual PIP topics:

- Access: The goal of the Individual PIP for Access is to increase teledentistry utilization among members without a dental visit in the prior 12 months.
- Health Net: The goal of the Individual QIP for Health Net is to increase ADV among high-risk diabetic members ages 65-85 from 5.17 percent to 10 percent.
- Liberty: The goal of the Individual QIP for Liberty is to increase utilization in the African American children population, ages 0-3, by closing the 5 percent oral health disparity gap (when compared to overall utilization rate) through targeted outreach methods.

Smile, California Campaign

DHCS and its partners, Administrative Services Organization and RSE, Inc. continued the Smile, California outreach campaign in 2020 to build positive momentum and drive increased utilization of dental services for Medi-Cal members in the FFS delivery system, largely through the Smile, California website. DHCS, through its partners, organized community activities and events in January and February, reaching over 5,000 members in person. As a result of the COVID-19 pandemic, community activities and events were no longer feasible, but DHCS did provide COVID-19 information to members. The Smile, California team attended 87 virtual events, distributed 11 member bulletins, and conducted 16 virtual presentations. Smile, California continued to leverage social medial platforms, such as Facebook and Instagram, to promote Medi-Cal dental benefits. New partnerships were formed with California Department of Developmental Services’ Regional Centers and partnerships continued with Senior Centers. Additionally, DHCS co-branded Smile, California with non-profit governmental agencies for printed materials and social media videos available through a variety of channels.

The user-friendly Smile, California website provides an intuitive interface and provides a clear explanation of the scope of covered dental services by age group. The “Find a Dentist” button is featured prominently throughout the site and links the user to an upgraded provider directory of more than 5,800 providers located on the Medi-Cal Dental website, out of the 11,848 rendering providers as of December 2020. For members residing in Sacramento and Los Angeles counties, the website also contains a link to the DMC Dental Plan Directory. In addition to the member materials, the website includes a Partners & Providers tab featuring resources and materials for partners and providers to

use, including an Event-in-a-Box available for hosting an event. Although the campaign is focused on the FFS delivery system, it is a statewide effort so all activities and materials are available to the DMC plans and their members.

California Advancing and Innovating Medi-Cal (CalAIM)

In October 2019, DHCS released the [CalAIM](#) proposal, a multi-year initiative to improve the quality of life and health outcomes by implementing broad delivery system, program, and payment reforms across the Medi-Cal program. The major components of CalAIM build upon the successful outcomes of various pilots including the DTI. In order to progress towards DHCS' goal of achieving at least a 60 percent dental utilization rate for eligible Medi-Cal children, DHCS proposed the following dental-specific reforms for Medi-Cal statewide:

- Add new dental benefits based on the outcomes and successes from the DTI that will provide better care and align with national dental care standards. The proposed new benefits include a Caries Risk Assessment Bundle for young children and Silver Diamine Fluoride for young children and specified high-risk and institutional populations.
- Continue and expand Pay for Performance initiated under the DTI that reward increasing the use of preventive services and to establish and maintain continuity of care through a dental home. These expanded initiatives would be available statewide for children and adults.

Prior to the COVID-19 pandemic, DHCS developed an ambitious plan for advancing Medi-Cal for the future through the implementation of CalAIM set to begin in January 2021. Due to the COVID-19 pandemic, DHCS had to delay the CalAIM initiative for one year. To enable all affected parties to prepare for the significant changes contemplated by CalAIM, DHCS requested an 18-month extension of the 1915(b) waiver and on June 2, 2020, CMS approved a 6-month extension. DHCS is proposing the CalAIM dental components to be implemented statewide on January 1, 2022.

Stakeholder Engagement

DHCS is committed towards maintaining effective partnerships with stakeholders to foster open communication, transparency, and active engagement while collaboratively developing strategies to further drive quality and maintain members' access to oral health care. The following sections highlight the results of these partnerships in CY 2020.

Medi-Cal Dental Advisory Committee

Pursuant to Welfare & Institutions Code §14089.08, Sacramento County was authorized to establish the Sacramento County Medi-Cal Dental Advisory Committee (MCDAC), comprised of providers, dental plans, researchers, advocates, and beneficiaries. The MCDAC's purpose is to provide input on the delivery of oral health and dental care services, including, but not limited to, prevention and education services, as well as collaborate and examine new approaches to member care and maximize dental health for children and adults by recommending improvements to DHCS. MCDAC holds bimonthly meetings to discuss findings and potential improvements to DMC and FFS in Sacramento County and may submit written input

for consideration to DHCS regarding policies that improve the delivery of oral health services under Medi-Cal. The following represents MCDAC activities in 2020:

MCDAC Reported 2020 Efforts and Accomplishments

- Supported projects and policies to improve utilization and access issues, such as the DTI and the Center for Oral Health's 'Early Smiles Sacramento' project;
- Participated in CalAIM stakeholder meetings;
- Maintained a meaningful partnership with DHCS to accomplish the State's oral health goals for children and adults;
- Supported and promoted the work of the DMC plans to provide education and outreach to members by reviewing materials, recommending effective approaches, facilitating access to members in community locations, and other relevant activities;
- Supported the California Department of Public Health Dental Director and participated in implementation of the State Oral Health Plan;
- Continued to monitor the impact of an increasing number of adult and child Medi-Cal members and maintain timely access and utilization of dental services;
- Assisted the Sacramento County Department of Health Services, Division of Public Health, in the implementation of the Sacramento County Oral Health Plan and in the implementation of other Prop 56 funded activities by serving on and coordination with the Sacramento County Oral Health Advisory Committee;
- Provided regional stakeholders the opportunity to bring dental issues for discussion, problem solving and action, and;
- Worked with legislative leaders in 2020 to facilitate improvements in access to dental care in the Medi-Cal Dental program.

Stakeholder Engagement

DHCS is committed to effective stakeholder engagement. Stakeholder input and participation is essential to help DHCS achieve its mission, vision, and core values, to develop policy and operational decisions with the best available information. DHCS facilitates two semiannual dental stakeholder meetings.

Los Angeles (LA) Dental Stakeholder Meetings

The LA Dental Stakeholder Group provides input on the delivery of oral health and dental care services in Los Angeles County for both DMC and FFS. Comprised of dental providers, DMC plan representatives, researchers, statewide and community advocates, community members, county and state representatives, and DHCS staff, the LA Dental Stakeholder Group convenes on a bi-monthly basis to review Los Angeles County-

specific data, discuss barriers and identify solutions to promote timely access to care for Medi-Cal Dental members. The LA Dental Stakeholder Group reviews data on members in Los Angeles County, identifies gaps in care, assesses new approaches to provide member education and provider incentives, and collaborates on programs aimed to improve timely access to dental care.

Los Angeles Dental Stakeholder participants include member advocacy organizations, DMC plans, and representatives of various Medi-Cal provider groups.

Statewide Dental Stakeholder Meetings

The Statewide Dental Stakeholder Meeting convenes on a semiannual basis. The purpose of these meetings is to offer dental stakeholders across the state with an ongoing forum to provide input on the Medi-Cal Dental Program to help improve the delivery of oral health and for DHCS to share updates and information on new and/or upcoming work efforts. The participants discuss new approaches to provide member and provider education, ways to increase provider participation, and collaborate on programs aimed to improve timely access to dental care.

Statewide Dental Stakeholder participants include dental providers, DMC plan representatives, community advocates, county and state representatives, and DHCS staff.

In 2020, the LA and Statewide Stakeholder Meetings provided a forum for stakeholders to discuss various oral health issues and share feedback and guidance on DHCS-specific efforts, including:

- Newly uploaded tools, forms and videos to the *Smile, California* and the Medi-Cal Dental websites.
- Continued member outreach to newly enrolled members and members who have not utilized dental services for 12 months.
- Provider outreach efforts focused on enrollment, recruitment, trainings and retention; including letter campaigns to newly licensed providers, presentations, seminars, increased provider support, and enrollment assistance events.
- A comparison of Los Angeles County-specific data and statewide data, as it relates to language assistance and dental utilization for children and adults.
- Expansion of the Medi-Cal dental provider network by exploring alternatives such as mobile dental care and teledentistry.
- Updates on current dental programs, including the DTI and Proposition 56.

Conclusion

DHCS' mission is to provide Californians with access to affordable, high-quality dental services, with the specific goal of the DMC program to achieve major cost savings while ensuring access and quality of care. To this end, DHCS will continue to collaborate with contracted DMC plans, legislative and federal partners, and stakeholders to attain the goals identified in this report. DHCS will continue to closely monitor DMC contract

compliance and provide oversight of DMC plans to achieve growth in dental utilization. DHCS will continue to collaborate with DMC plans to develop new strategies for addressing challenges in increasing utilization for performance measures as well as meeting the plans' own improvement goals. These efforts remain a high priority for DHCS as it constantly strives to improve the quality of dental services and provide member-centered coordinated care within the DMC delivery system.