

Department of Health Care Services
2018 Activities Relating to
Medi-Cal Dental Managed Care
Report to the Legislature
June 2019



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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 986,013 members enrolled in DMC during 2018¹.

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 2018

DHCS continued oversight of DMC plans through various activities including compliance monitoring, dental utilization tracking, quality improvement projects (QIPs) and initiatives, and stakeholder engagement. Key highlights of efforts undertaken during 2018 include:

- DHCS continued operating its Beneficiary Dental Exception (BDE) process for members mandatorily enrolled in DMC in Sacramento County, successfully facilitating the scheduling of 247 appointments for members who requested assistance accessing dental care.
- DHCS continued to work in partnership with the Centers for Medicare and Medicaid Services (CMS) to make necessary updates to the DMC contracts to ensure alignment with the final rule requirements.
- DHCS continued to issue All Plan Letters (APLs) to DMC plans to communicate policy guidance on key final rule topics such as grievance and appeal requirements, timely access standards, and provider screening and enrollment responsibilities.
- DHCS completed the Annual Network Certification and provided CMS with confirmation that all DMC plans were deemed conditionally compliant with network adequacy requirements. DHCS imposed two network-related Corrective Action Plans (CAPs) to DMC plans for not meeting time and distance and/or timely access requirements and required the plans to provide out-of-network access to members during the interim period for which the CAPs remained open. However, DHCS worked closely with the DMC plans to bring them into compliance.
- CMS approved a contract amendment allowing DHCS to expand the scope of its existing contract with its External Quality Review Organization (EQRO) to include oversight activities pertaining to DMC plans including validation of

¹ Source: MIS/DSS Data Warehouse (Query date: January 2019). Data represents members with 90 days continuous enrollment from 11/1/17 – 10/31/18.

performance measures and quality improvement projects (QIP).

- DMC plans continued to contract with an EQRO to administer the Child Dental Satisfaction Survey to evaluate the quality of dental services provided to children ages 0-20.
- DHCS began implementation of the 274 Expansion Project to develop a more robust and standardized file to capture provider network data for DMC plans.
- DHCS continued monitoring dental utilization of DMC plan members through 13 performance measures, including Annual Dental Visits (ADV) and preventive services. ADV and preventive services utilization for children ages 0-20 remained relatively stable from 2017 to 2018.
- DHCS continued publishing FFS and DMC performance measure data on both the DHCS website and California Health and Human Services (CHHS) Open Data Portal.
- CMS approved State Plan Amendment (SPA) 18-0024, extending Proposition 56 supplemental payments for State Fiscal Year (SFY) 2018-19.
 - Additional procedure codes eligible for supplemental payments were added to further incentivize providers to increase dental utilization.
 - As of December 2018, DMC plans have issued approximately \$15 million in Proposition 56 supplemental payments to providers.
- DHCS continued overseeing and monitoring the Dental Transformation Initiative (DTI), which aims to increase access to care, boost provider participation, and improve overall dental outcomes for children.
 - Domain 1: As of July 2018, DMC providers received \$5 million in incentive payments, contributing to the overall statewide increase of 7.78 percent in preventive services utilization for children ages 1-20.
 - Domain 2: In 2018, DMC providers in Sacramento County received \$815,823 in incentive payments to conduct Caries Risk Assessments (CRA) and provide related preventive services for children ages six and under.
 - Domain 4: DMC plans continued to partner with various Local Dental Pilot Projects (LDPP) in both Sacramento and Los Angeles counties, which focus on medical/dental and dental/educational collaborations, including Every Smile Counts, Early Smiles, Virtual Dental Home (VDH), and More LA Smiles Campaign.
- DHCS monitored the DMC plans' progress in implementing both a Statewide and Individual QIP through review of quarterly progress reports.
- DHCS and its partners launched the *Smile, California* campaign to build positive momentum and drive increased utilization of dental services for Medi-Cal members through the new website, targeted outreach, and organized community activities and events.

- DHCS continued participating in quarterly meetings with the Medi-Cal Dental Advisory Committee (MCDAC) and bi-monthly meetings with the Los Angeles Stakeholder Group (LA Stakeholder Group) to foster open communication and transparency while developing strategies to ensure Medi-Cal members' access to care in Sacramento and Los Angeles counties.
- Governor Brown signed SB 1287 (Hernandez, Chapter 855, Statutes of 2018) to revise the Medi-Cal definition of "medical necessity" as it relates to Early and Periodic Screening, Diagnostic, and Treatment (EPSDT) services for members under 21 years of age to align with the broader scope of the federal definition, enabling further access to medically necessary services, regardless of benefit or coverage limitations.

Background

In 1995, DHCS implemented DMC in Sacramento (GMC) and Los Angeles (PHP) 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 dental 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 (PCD) 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 2018, DMC plans were paid State Fiscal Year (SFY) 2017-18 rates². SFY 2017-18 rates will continue to be paid into 2019 until SFY 2018-19 rates are approved, at which time, DMC plans will be retroactively reimbursed at the new rate for the latter half of 2018.

- **GMC:** In Sacramento County, Medi-Cal members are mandatorily enrolled in a DMC plan, with the exception of specific populations. Approximately 497,405 members³ were enrolled in DMC in Sacramento County in 2018. DHCS provided GMC plans a PMPM rate of \$16.04 for children ages 0-20 and \$11.89 for adults ages 21 and older.
- **PHP:** In Los Angeles County, Medi-Cal members have the option to receive dental services through either the Dental Fee-For-Service (FFS) or DMC

² SFY 2017-18 rates are inclusive of Proposition 56 supplemental payments.

³ Source: MIS/DSS Data Warehouse (Query date: January 2019). Data represents members with 90 days continuous enrollment from 11/1/17 – 10/31/18.

delivery system. Approximately 488,608 members⁴ were enrolled in DMC in Los Angeles County in 2018. DHCS provided PHP plans with a PMPM rate of \$18.16 for children ages 0-20 and \$12.39 for adults ages 21 and older.

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.

Beneficiary Dental Exception (BDE)

In 2012, the BDE process was established pursuant to Welfare and Institutions (W&I) Code Section 14089.09 to afford members mandatorily enrolled in a GMC plan in Sacramento County the opportunity to opt out of DMC and move into FFS if unable to obtain timely access to services within the mandated timeframes specified in the Knox-Keene Act. The BDE process allows DHCS to reach out to contracted DMC plans and facilitate scheduling of appointments on behalf of members.

- If an appointment is available within the required standard, DHCS contacts each member through a follow-up phone call after the scheduled appointment to verify services were obtained and solicit feedback regarding the overall satisfaction of services rendered by the dental provider. The feedback is assessed and concerns are shared with the respective GMC plan for follow-up as appropriate.
- If an appointment is not available within the required standard, DHCS must allow the member to opt out of DMC and move into FFS and select his or her 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 2018 where 100 percent of members requesting appointments received assistance scheduling appointments within the 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 regarding plans, providers, benefits, and/or eligibility status. DHCS routinely publishes both monthly and quarterly BDE statistics on the BDE Reports page⁵ of the DHCS website.

In 2018, DHCS received a total of 2,987 incoming inquiries or requests through the BDE process, 350 (12 percent) of which were requests for DHCS to facilitate scheduling an appointment with the member's DMC plan. Table 1 below provides a summary of appointment requests received broken-out by appointment type and plan.

- Of the 350 appointment requests received, 31.4, 36.3, and 32.3 percent were for Access, Health Net, and Liberty, respectively.

⁴ Source: MIS/DSS Data Warehouse (Query date: January 2019). Data represents members with 90 days continuous enrollment from 11/1/17 – 10/31/18.

⁵ <http://www.dhcs.ca.gov/services/Pages/BDE-Reporting.aspx>

- Of the 350 appointment requests received, 28.6, 4.6, 21.1, and 45.7 percent were for routine, specialist, urgent, and emergency appointments, respectively.

**TABLE 1:
2018 BDE Appointment Requests**

Plan	Routine	Specialist	Urgent	Emergency	Total
Access	27	4	27	52	110 (31.4%)
Health Net	38	10	22	57	127 (36.3%)
Liberty	35	2	25	51	113 (32.3%)
Total	100 (28.6%)	16 (4.6%)	74 (21.1%)	160 (45.7%)	350 (100.0%)

In addition, of the 350 appointment requests received, 54 (15.4 percent) BDE requests were for children ages 0-20, and 296 (84.6 percent) were for adults ages 21 and older. By December 2018, 247 (70.6 percent) cases were successfully closed (DHCS verified that members kept their scheduled appointments and received treatment); 64 (18.3 percent) cases were unsuccessfully closed (members did not show up to their scheduled appointments); and 39 (11.1 percent) cases remained open (DHCS had yet to validate the appointment took place).

Final Rule Implementation

On May 6, 2016, the Centers for Medicare and Medicaid Services (CMS) published the Medicaid and Children’s Health Insurance Program Managed Care final rule. The final rule aimed to align Medicaid managed care regulations with requirements of other major sources of coverage. Overall, the regulations strengthen the regulatory framework of the Medicaid program by promoting quality of care, ensuring appropriate member protections, and enhancing policies related to program integrity. The final rule requirements apply to all prepaid ambulatory health plans, including DMC plans.

During 2018, DHCS engaged in the following activities to require its contracted DMC plans to maintain compliance with the final rule requirements:

- DHCS continued to work in partnership with CMS to make necessary updates to the DMC contracts to ensure alignment with the final rule requirements. In 2019, DHCS will continue to work with CMS to resolve all outstanding questions and comments.
- In May 2018, DHCS held a meeting with all DMC plans to communicate all final rule-related revisions to the contracts.
- DHCS continued to make necessary updates to the Model Member Handbook to ensure alignment with final rule requirements. Proposed revisions are currently undergoing CMS review and will be distributed to DMC plans upon CMS approval.

- DHCS continued to provide ongoing policy guidance to DMC plans on final rule requirements through issuance of various All Plan Letters (APLs). A separate section below summarizes all APLs published in 2018.
- In June 2018, DHCS published the Managed Care Quality Strategy Report, which incorporated updates on DMC performance measures and quality improvement efforts.
- In June 2018, DHCS completed the Annual Network Certification and provided CMS with confirmation that all DMC plans were compliant with network adequacy requirements. A separate section below provides a more in-depth discussion of the network review process and any resulting Corrective Action Plans (CAPs).
- In December 2018, CMS approved a contract amendment allowing DHCS to expand the scope of its existing External Quality Review Organizations (EQRO) contract to include oversight activities pertaining to DMC plans. A separate section below provides a more in-depth discussion of EQRO activities.

APL

In 2018, DHCS provided DMC plans with ongoing policy updates and guidance through issuance of various APLs posted on the DMC APLs page⁶ of the DHCS website.

- **[APL 18-001](#)**: Revised Grievance and Appeal Report
This APL provided a revised quarterly reporting template to ensure DMC plans are accurately capturing all grievances and appeals in accordance with new federal definitions.
- **[APL 18-002](#)**: Exhibit A, Attachment 5 – Quality Improvement System
This APL outlined requirements for the annual Quality Improvement report and QIPs and introduced a new quarterly reporting template for QIP submissions.
- **[APL 18-003E](#)**: Network Adequacy Standards for Timely Access to Care for Routine and Specialist Appointments
This APL reinforced timely access standards for appointments and provided a revised quarterly reporting template.
- **[APL 18-004](#)**: Provider Screening/Enrollment and Credentialing/Recertification
This APL delineated new DMC plan responsibilities related to screening and enrollment of network providers.
- **[APL 18-005](#)**: Dental Transformation Initiative (DTI) Domain 2 Outreach
This APL provided DMC plans in Sacramento County with provider outreach and quarterly reporting requirements to encourage provider participation in Domain 2 of the DTI Caries Risk Assessment (CRA).
- **[APL 18-006](#)**: Modifications to the Performance Measures and Benchmarks for the Medi-Cal Dental Managed Care Program
This APL revised the quarterly reporting template to incorporate additional age stratifications and an expanded reporting period for performance measure data submissions.
- **[APL 18-007](#)**: Requirements for Oral Health Assessments
This APL instructed DMC plans to perform initial screenings for new members using the designated Oral Health Information Form.
- **[APL 18-008](#)**: Language Access Services for Limited-English Proficient and Non-English Proficient Individuals

⁶ <https://www.dhcs.ca.gov/services/Pages/DentalAllPlanLetters.aspx>

This APL informed DMC plans of the methodology for determining threshold languages and reinforced the requirement to provide members with oral and written translation services.

- **[APL 18-009](#)**: Requirements for Use of Non-Monetary Member Incentives
This APL established criteria for providing non-monetary incentives to members and provided instructions for submitting requests to DHCS for review and approval.
- **[APL 18-010](#)**: Proposition 56 Directed Payment Expenditures for Dental Services for - SFY 2017-18
This APL directed DMC plans to make supplemental payments to network providers for Proposition 56 qualifying services and track payments through use of a quarterly reporting template.
- **[APL 18-011](#)**: Encounter Data Submission Reconciliation Form
This APL introduced the monthly Encounter Data Submission Reconciliation Form to ensure DMC plans submit complete and accurate encounter data.

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 2018, DHCS completed its Annual Network Certification for DMC plans and provided CMS with an attestation confirming 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. DMC plans that were unable to meet one or more standards for network certification were deemed conditionally compliant and were closely monitored through the CAP process. During the interim period for which the CAP remained open, DHCS mandated that the DMC plans allow members access to out-of-network services regardless of travel time or transportation costs. The following two CAPs were issued as a result of the Annual Network Certification:

- **Time and Distance CAP:**
In July 2018, a CAP was imposed on all three DMC plans for failing to ensure that members residing in two or three remote zip codes in either Sacramento or Los Angeles counties had access to a PCD within the required time and distance standard (30 minutes or 10 miles). DHCS subsequently worked with the DMC plans to provide bi-weekly updates on the status of contracting efforts with additional PCDs. In October 2018, all CAPs were closed due to additional provider contracts secured and/or DHCS' approval of alternate access standards.
- **Timely Access CAP:**
In April 2018, a CAP was imposed on Health Net and Liberty for failing to substantiate timely access to specialist appointments. DHCS identified that there were no established processes in place to ensure that non-responsive specialists to the DMC plans' appointment survey were appropriately followed-up on. In September 2018, both CAPs were closed as Health Net and Liberty provided DHCS with supporting documentation that demonstrated they implemented an appropriate follow-up process to enforce compliance for non-responsive providers.

Encounter Data CAP

In September 2017, DHCS imposed a CAP on Access due to identified discrepancies between encounter data and performance measure reports. Throughout the first quarter of 2018, the CAP remained open as DHCS attempted to work closely with Access to remedy the issue. However, in March 2018, DHCS held an in-person meeting with Access due to the plan's continued failure to submit complete and accurate encounter data. Access subsequently established an internal validation and auditing process to reduce errors and reconcile the data discrepancy. In April 2018, DHCS approved the validation process and closed the CAP. DHCS continues to review all encounter data and performance measure reports to validate the implementation and effectiveness of the CAP.

EQRO

In December 2018, CMS approved a contract amendment allowing DHCS to expand the scope of its existing contract with its EQRO to include oversight activities pertaining to DMC plans. Health Services Advisory Group (HSAG) is the designated EQRO tasked with producing the annual technical report on behalf of DHCS in compliance with federal requirements. The report will summarize access and quality of care findings of DMC plans. In 2019, DHCS will work in close collaboration with HSAG and the DMC plans to begin performing mandatory activities, including validation of the performance measures and QIPs.

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 2018, all three DMC plans contracted with Morepace to administer the Child Dental Satisfaction Survey. The Consumer Assessment of Healthcare Providers and Systems (CAHPS) 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 June to August 2018, Morepace 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 rates for Access, Health Net, and Liberty were low at 8.19, 11.78, and 7.01 percent, respectively.

Table 2 below summarizes the percentage of members satisfied with each of the ten measures evaluated.

**TABLE 2:
Percentage of Member Satisfaction
Child Dental Satisfaction Survey⁷**

Satisfaction Measures	Access	Health Net	Liberty
Rating of All Dental Care	34.2%	25.8%	29.3%
Rating of Dental Plan	36.5%	33.9%	36.6%
Rating of Finding a Dentist	28.0%	30.8%	23.0%
Rating of Regular Dentist	37.4%	29.6%	32.5%
Access to Dental Care	29.2%	25.8%	26.2%
Care from Dentists and Staff	62.9%	54.7%	54.7%
Dental Plan Services	54.4%	51.8%	58.9%
Care from Regular Dentist	62.9%	49.4%	54.7%
Would Recommend Regular Dentist	54.4%	47.5%	43.4%
Would Recommend Dental Plan	54.0%	51.1%	49.6%

While the low response rate should be considered prior to interpreting or applying results to the overall population, the survey reports nevertheless provided DMC plans with an analysis of key drivers of satisfaction to assist DMC plans with prioritizing areas of improvement. In 2019, DHCS will continue to monitor DMC plans to ensure the Child Dental Satisfaction reports are reviewed to identify opportunities for improvement.

274 Expansion Project

The purpose of the 274 Expansion Project is to implement a comprehensive and standardized file layout and protocol for dental plans to submit provider network data to DHCS. The data will be used by DHCS for network assessments, data analytics, and other federal and state reporting requirements. In 2018, DHCS spearheaded the 274 Expansion Project to begin implementing a more robust and standardized file layout for the collection and maintenance of DMC network data via the Health Care Provider Directory Standard. Once fully implemented, DHCS will use this monthly provider network data for a variety of purposes including but not limited to, network analysis and certification, review and approval of alternate access standards, program integrity, and trend analysis to identify network shortages.

In December 2018, DHCS finalized all necessary requirements to begin transition to the new file layout standard for DMC plans. Key activities included: conducting a detailed gap analysis between DMC plans’ existing process for submitting provider network data and proposed transition to the 274 standards, assessing operational and system impacts to DHCS’ Post Adjudicated Claims & Encounters System and Management Information System/Decision Support System (MIS/DSS), and holding bi-weekly meetings with DMC plans. Full transition to the new standard is expected to be complete by Spring 2019. See

⁷ Source: 2018 Access Dental Plan Child Dental Satisfaction Survey Report (October 2018); 2018 Health Net of California Child Dental Satisfaction Survey Report (October 2018); 2018 LIBERTY Dental Plan Child Dental Satisfaction Survey Reports (October 2018).

the DHCS frequently asked questions on the Medi-Cal Dental DMC [webpage](#) for more information about the 274 Expansion Project.

Dental Managed Care Utilization

DHCS is committed towards developing and maintaining effective strategies to accurately monitor dental utilization for DMC plan members.

Performance Measures

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

- Annual Dental Visit (ADV)
- 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 criteria to calculate performance measure utilization for DMC plans. However, because the dental industry applies Current Dental Terminology (CDT) which includes dental-specific procedure codes, DHCS uses CDT codes to accurately capture DMC utilization.

DHCS retrieves encounter data from the 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.

To estimate 2018 DMC utilization, DHCS ran a query for a 12-month span of data from November 1, 2017 to October 31, 2018 (hereinafter referred to as “October 2018 data”). Data was queried for an October 2018 end-date rather than a December 2018 end-date to account for the potential lag in claims submission and processing. October 2018 data represented a more complete set of annual data to compensate for the potential claims lag. However, as additional 2018 claims continue to be processed in 2019, DHCS will be able to more accurately approximate 2018 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 (SNC) encounter data into DMC performance measure utilization by cross-walking International Classification of Disease codes to CDT codes. From 2016 to 2017, DHCS consequently saw an increase in ADV utilization for children ages 1-20.

Tables 3 and 4 below summarize ADV utilization for children ages 0-20 with data broken-out separately for GMC/PHP and by DMC plan from 2016 through 2018. In comparison to 2017, ADV utilization in 2018 increased slightly for Health Net and Liberty (GMC), and decreased slightly for Access (GMC) and all three PHP plans.

**TABLE 3:
ADV for Children Ages 0-20 (GMC)**

Plan	2016	2017	2018⁸	2017-2018 Change
Access	34.9%	36.8%	35.9%	-0.9%
Health Net	35.6%	36.7%	38.2%	+1.5%
Liberty	39.3%	42.2%	42.6%	+0.4%
Total	36.7%	38.9%	39.2%	+0.3%

**TABLE 4:
ADV for Children Ages 0-20 (PHP)**

Plan	2016	2017	2018⁹	2017-2018 Change
Access	42.1%	46.8%	46.1%	-0.7%
Health Net	39.7%	43.8%	42.7%	-1.1%
Liberty	39.1%	44.6%	43.7%	-0.9%
Total	40.8%	45.3%	44.4%	-0.9%

Table 5 below draws a comparison between FFS and DMC ADV utilization for children ages 0-20 from 2015 through 2018. Although 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 2015 to 2017. In comparison to 2017, ADV utilization in 2018 increased slightly for FFS and GMC, and decreased slightly for PHP.

⁸ Source: MIS/DSS Data Warehouse (Query date: January 2019). Data represents members with 90 days continuous enrollment from 11/1/17 – 10/31/18. Data does not include complete claims run-out.

⁹ Source: MIS/DSS Data Warehouse (Query date: January 2019). Data represents members with 90 days continuous enrollment from 11/1/17 – 10/31/18. Data does not include complete claims run-out.

TABLE 5:
ADV for Children Ages 0-20 (FFS/GMC/PHP)

		2015	2016	2017	2018 ¹⁰	2017-2018 Change
FFS	Numerator	2,403,907	2,505,065	2,596,671	2,574,882	
	Denominator	5,311,700	5,565,454	5,465,625	5,374,362	
	% Utilization	45.3%	45.0%	47.5%	47.9%	+0.4%
GMC	Numerator	80,677	85,558	91,152	89,226	
	Denominator	224,901	232,901	234,284	227,593	
	% Utilization	35.9%	36.7%	38.9%	39.2%	+0.3%
PHP	Numerator	122,006	105,657	96,701	82,419	
	Denominator	290,718	259,008	213,567	185,819	
	% Utilization	42.0%	40.8%	45.3%	44.4%	-0.9%

Preventive Services

Similar to ADV utilization results, the inclusion of SNC encounter data in the 2016 DMC performance measures resulted in an increase in preventive services utilization for children ages 1-20 from 2016 to 2017.

Tables 6 and 7 below summarize preventive services utilization for children ages 1-20 with data broken-out separately for GMC/PHP and by DMC plan from 2016 through 2018. In comparison to 2017, preventive services utilization in 2018 increased for Health Net and Liberty (GMC), and decreased for Access (GMC) and all three PHP plans.

TABLE 6:
Preventive Services for Children Ages 1-20 (GMC)

Plan	2016	2017	2018 ¹¹	2017-2018 Change
Access	29.2%	32.0%	30.7%	-1.3%
Health Net	30.3%	31.9%	34.2%	+2.3%
Liberty	32.6%	35.6%	36.7%	+1.1%
Total	30.7%	33.4%	34.1%	+0.7%

¹⁰ Source: MIS/DSS Data Warehouse (Query date: January 2019). Data represents members with 90 days continuous enrollment from 11/1/17 – 10/31/18. Data does not include complete claims run-out.

¹¹ Source: MIS/DSS Data Warehouse (Query date: January 2019). Data represents members with 90 days continuous enrollment from 11/1/17 – 10/31/18. Data does not include complete claims run-out.

**TABLE 7:
Preventive Services for Children Ages 1-20 (PHP)**

Plan	2016	2017	2018 ¹²	2017-2018 Change
Access	37.4%	42.4%	41.3%	-1.1%
Health Net	34.7%	38.5%	37.7%	-0.8%
Liberty	34.4%	39.7%	39.1%	-0.6%
Total	36.0%	40.4%	39.4%	-1.0%

Table 8 below draws a comparison between FFS and DMC preventive services utilization for children ages 1-20 from 2015 through 2018. Although 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 2015 to 2017. In comparison to 2017, preventive services utilization in 2018 increased slightly for FFS and GMC, and decreased slightly for PHP.

**TABLE 8:
Preventive Services for Children Ages 1-20 (FFS, GMC, and PHP)**

		2015	2016	2017	2018 ¹³	2017-2018 Change
FFS	Numerator	2,003,939	2,304,644	2,403,789	2,382,602	
	Denominator	5,064,660	5,324,719	5,236,336	5,158,485	
	% Utilization	39.6%	43.3%	45.9%	46.2%	+0.3%
GMC	Numerator	65,080	69,750	76,289	75,516	
	Denominator	219,079	226,927	228,587	221,610	
	% Utilization	29.7%	30.7%	33.4%	34.1%	+0.7%
PHP	Numerator	104,939	91,998	85,462	72,385	
	Denominator	286,766	255,736	211,332	183,649	
	% Utilization	36.6%	36.0%	40.4%	39.4%	-1.0

Dental Data Reports

In 2012, the Medi-Cal Dental Dashboard tool was developed under a grant from the California Health Care Foundation. DHCS collaborated with Health Management Associates to develop an interactive tool to provide DHCS with a means for efficiently generating reports by modifying parameters to extract specific data sets. This dashboard tool greatly improved DHCS' ability to interpret and analyze data to identify trends and better inform policy decisions.

¹² Source: MIS/DSS Data Warehouse (Query date: January 2019). Data represents members with 90 days continuous enrollment from 11/1/17 – 10/31/18. Data does not include complete claims run-out.

¹³ Source: MIS/DSS Data Warehouse (Query date: January 2019). Data represents members with 90 days continuous enrollment from 11/1/17 – 10/31/18. Data does not include complete claims run-out.

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 2018, DHCS continued publishing quarterly performance measure utilization reports to the Dental Data Reports page¹⁴ of the DHCS website for both FFS¹⁵ and DMC¹⁶. 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, allowing DHCS with a more accurate means for evaluating ongoing utilization trends.

- **CHHS Open Data Portal:**

The CHHS Open Data Portal¹⁷ compiles reports from various State agencies. In 2018, DHCS contributed to the Open Data Portal by publishing seven dental-specific datasets¹⁸ on Medi-Cal performance measure utilization. The datasets are inclusive of utilization data from 2013 to 2017 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. to extract desired information.

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 is aligned with CMS’ goal of improving children’s access to oral health services.

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 providers. In May 2018, DHCS issued [APL 18-010](#), directing DMC plans to make Proposition 56 supplemental payments to providers for dates of service July 1, 2017 through June 30, 2018 and submit quarterly reports to DHCS tracking all payments made. By December 2018, DMC plans

¹⁴ <https://www.dhcs.ca.gov/services/Pages/DentalReports.aspx>

¹⁵ <https://www.dhcs.ca.gov/services/Pages/FFSPerformanceMeasures.aspx>

¹⁶ <https://www.dhcs.ca.gov/services/Pages/DMCPerformanceMeasures.aspx>

¹⁷ <https://data.chhs.ca.gov/>

¹⁸ <https://data.chhs.ca.gov/dataset?organization=department-of-health-care-services&q=dental>

reported a combined total of \$15,253,061¹⁹ made in supplemental payments to network providers.

In September 2018, CMS approved SPA 18-0024 which authorized a one-year extension of Proposition 56 supplemental payments through SFY 2018-19 and allocated an additional \$210 million in funds, which was inclusive of a \$30 million loan repayment program for 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 patients with special needs, and orthodontia, reflected either a specific dollar increase or alternate percentage increase above the existing SMA rate.

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 DTI²⁰ was included within the Medi-Cal 2020 Demonstration Waiver²¹ 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 utilization. The section below summarizes progress made in each of the DTI domains in 2018:

- **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 utilization benchmarks. This domain operates statewide and both FFS and DMC providers as well as SNCs 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 CY 2016, and as of July 2018, approximately 853 DMC providers achieved utilization benchmarks and received a total of \$5 million in incentive payments for Domain 1, contributing to an overall statewide increase in preventive services utilization of 7.78 percent from CY 2014 (baseline) to CY 2018.

- **Domain 2: Caries Risk Assessment and Disease Management Pilot**

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

¹⁹ Source: Proposition 56 Directed Payments Reports for Access, Health Net, and Liberty (Q2, Q3, Q4 2018)

²⁰ <https://www.dhcs.ca.gov/provgovpart/Pages/DTI.aspx>

²¹ <https://www.dhcs.ca.gov/provgovpart/Pages/medi-cal-2020-waiver.aspx>

DMC providers as well as SNCs who opt into the program and complete the standardized CRA, 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. In February 2018, DHCS issued APL 18-005, providing DMC plans in Sacramento County with provider outreach and quarterly reporting requirements to encourage provider participation. In 2018, there was approximately a 70 percent increase in payments to DMC providers in Sacramento County, with a total of \$815,823 paid in 2018, compared to \$479,117 paid in 2017.

While Los Angeles County was not included as one of the initial 11 pilot counties, on December 31, 2018, DHCS issued a stakeholder notification of its intent to expand Domain 2 to 18 additional counties, including Los Angeles County, effective January 1, 2019.

- **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 SNCs, but not applicable to DMC, as the 17 pilot counties did not include Sacramento or Los Angeles counties. On December 31, 2018, DHCS issued a stakeholder notification of its intent to expand to 19 additional counties in January 2019; however, the DMC counties will not be included.

- **Domain 4: Local Dental Pilot Project (LDPP)**

The goal of Domain 4 is 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 holds fully executed contracts with 13 LDPPs, including Sacramento County and University of California, Los Angeles (UCLA). In 2018, 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 Home (VDH), and More LA Smiles Campaign. These partnerships focus on medical/dental as well as dental/educational collaborations. A separate section below provides a more in-depth discussion on VDH.

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 needs 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 2018, all three DMC plans participated in the VDH pilot, which focuses on elementary school children in the Twin Rivers School District. In 2018, Sacramento County LDPP submitted a request for additional funds to expand their VDH program in two ways: 1) Include the San Juan School District and/or Sacramento City Unified School District, which would aim to provide dental services to at least 2,000 more children; and 2) Utilize the Center for Oral Health (COH) to provide dental screenings, fluoride varnish, and care coordination in conjunction with DMC plans through the Early Smiles program for children in 3rd through 6th grades at VDH schools. The COH would refer children who have not had a dental visit in the previous year and found to be in need of dental care services following a VDH visit to onsite VDH providers. Overall, these efforts aim to contribute to the pilot's mission of providing dental services to at least 5,000 children over the duration of the contract. By the end of 2018, Sacramento County LDPP was more than halfway in meeting its oral health goal, having served 2,711 children. Due to outreach efforts and oral health education efforts, over 4,000 children and hundreds of parents/caregivers have been educated on proper oral health care methods, with many of these same families guided to dental homes by care coordinators.

Quality Improvement Plans

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, choosing a key area for all DMC plans to focus on. For the Individual QIP, DMC plans have the discretion to focus on any area self-identified as in need of improvement. In 2018, DHCS monitored the DMC plans' progress on both the Statewide and Individual QIPs through review of quarterly progress reports.

- **Statewide Collaborative QIP:**

In January 2018, DHCS issued APL 18-002, establishing 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 issued subsequent guidance to DMC plans, establishing baseline measurements and benchmarks for each plan.

Table 9 below outlines the 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 9:
Statewide QIP Baseline and Goals
Preventive Services for Children Ages 1-20

	Access		Health Net		Liberty	
	GMC	PHP	GMC	PHP	GMC	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 10 below summarizes the DMC plans' progress in meeting the target annual increase of 2 percent in preventive services utilization and draws a comparison between baseline (SFY 2016-17) and re-measurement (SFY 2017-18) data. Although none of the DMC plans met the target goal, DHCS anticipates utilization to increase as more current encounter data becomes readily available. In the meantime, DMC plans continue to implement the following 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 including Early Smiles, Every Smiles Counts, VDH, and More LA Smiles.

TABLE 10:
Preventive Services for Children Ages 0-20

	Access		Health Net		Liberty	
	GMC	PHP	GMC	PHP	GMC	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%	36.68%
Change	-1.86%	-3.46%	+1.12%	-0.77%	+0.51%	+0.94%

- **Individual QIP:**

- Access

- The goal of Access' Individual QIP is to increase the annual percentage of ADV utilization of children ages 1-20 by 10 percent over a five-year period.

Table 11 below summarizes Access' progress in meeting the target annual increase of 2 percent in ADV utilization and draws a comparison between

baseline (SFY 2016-17) and re-measurement (SFY 2017-18) data. While preventive services increased by almost 2 percent for PHP but decreased slightly by 0.3 percent for GMC, DHCS anticipates utilization to increase as more current encounter data becomes readily available. In the meantime, Access continues to deploy a number of interventions to increase ADV utilization such as developing best practices from successful provider offices, implementing a text message campaign aimed at increasing benefit awareness and member engagement, and continued partnership with Early Smiles and both Sacramento County and UCLA LDPPs under Domain 4 of the DTI.

**TABLE 11:
ADV for Children Ages 0-20**

	Access	
	GMC	PHP
SFY 2016-17 (Baseline)	35.4%	40.0%
SFY 2017-18 (Measurement)	35.1%	41.9%
Change	-0.3%	+1.9%

o Health Net and Liberty

Both Health Net and Liberty's Individual QIPs focus on the following two shared goals:

1. By the end of the first quarter of 2020, increase utilization of preventive services overall for children ages 6-9 and 10-14 by four percent.
2. By the end of the first quarter of 2020, increase utilization of sealant services for the targeted experimental group (select low-utilizing zip codes) for children ages 6-9 and 10-14 by eight percent.

Table 12 below summarizes Health Net and Liberty's progress in meeting its secondary goal and draws a comparison between baseline (calendar year (CY) 2017) and re-measurement (CY 2018) data. Results show a positive correlation between the plans' targeted interventions as sealant utilization for the experimental group increased for both plans in GMC and PHP. DHCS anticipates utilization to continue to increase as more current encounter data becomes readily available. In the meantime, Health Net and Liberty continue to deploy a number of interventions to increase sealant utilization such as providing basic oral health education and encouragement to members to utilize services, specifically sealants, through targeted mailings and outbound phone calls to members in low-utilizing ZIP codes.

**TABLE 12:
Sealants for Children Ages 6-9 and 10-14 (Experimental Group)**

	Health Net		Liberty	
	GMC	PHP	GMC	PHP
CY 2017 (Baseline)	8.4%	9.0%	13.4%	7.8%
CY 2018 (Measurement)	13.5%	11.0%	16.4%	11.3%
Change	+5.1%	+2.0%	+3.0%	+3.5%

Smile, California Campaign

DHCS and its partners launched the *Smile, California* campaign in October 2018 to build positive momentum and drive increased utilization of dental services for Medi-Cal members in the FFS delivery system, largely through the new website²² and organized community activities and events. From October 5, 2018 through November 19, 2018, organizers of the campaign conducted a statewide tour. *Smile, California* also leveraged social medial platforms, such as Facebook and Instagram, to promote Medi-Cal dental benefits by posting information and photos about community events and activities.

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. It includes member materials, such as brochures, bulletins and short videos in both English and Spanish. The “Find a Dentist” button is featured prominently throughout the site and links the user to an upgraded provider directory of more than 10,000 providers located on the Medi-Cal Dental website. For members residing in Sacramento and Los Angeles counties, the website also contains a link to the DMC Dental Plan Directory²³. Although this campaign is funded by dental FFS, it is a statewide effort so all activities and materials are available to the DMC plans and their members.

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 ensure members’ access to care. The following sections highlight the results of these partnerships in 2018.

Medi-Cal Dental Advisory Committee (MCDAC)

Pursuant to W&I Code Section 14089.08, Sacramento County was authorized to establish the Sacramento County MCDAC, comprised of providers, dental plans, researchers, advocates, and members. 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 by recommending improvements to DHCS. MCDAC holds bi-monthly meetings to discuss findings and potential improvements to DMC and FFS in Sacramento County and may submit written input for consideration to DHCS regarding

²² <http://smilecalifornia.org/>

²³ https://www.denti-cal.ca.gov/Beneficiaries/Dental_Managed_Care/DMC_Dental_Plan_Directory/

policies aimed to improve the delivery of oral health services for Medi-Cal. The following represents achievements of the MCDAC in 2018 and goals for 2019.

- MCDAC Reported 2018 Efforts and Accomplishments
 - Partnered with and continued to support the Sacramento County LDPP's Every Smile Counts.
 - Worked closely with DHCS to improve data transparency, timeliness, and reporting.
 - Worked collaboratively with DHCS, First 5 Sacramento, Sacramento County Division of Public Health, and DTI partners to address the performance of the DMC delivery system to achieve utilization targets.
 - Maintained a meaningful partnership with DHCS to support the State's oral health goals for children and adults.
 - Engaged in continued efforts to improve access to general anesthesia/intravenous sedation for members needing these services.
 - Worked with DMC plans on projects such as Every Smile Counts and Early Smiles, and took part in multiple community events throughout the year.
 - Supported the California Department of Public Health (CDPH) Dental Director by assisting with implementation of the State Oral Health Plan.
 - Monitored the impact of an increasing number of adult and child Medi-Cal members to obtain timely access and utilization of dental services.
 - In partnership with the Sacramento County Division of Public Health, developed a Sacramento County Oral Health Strategic Plan.
 - Provided regional stakeholders with the opportunity to bring forth dental issues for discussion, problem solving, and action.

- MCDAC 2019 Goals
 - Support projects and policies to improve utilization and access issues, such as the DTI and the COH's Early Smiles project.
 - Review DMC contract requirements and provide input to DMC plans and DHCS for potential future contracts when documents become available.
 - Monitor access to general anesthesia/intravenous sedation to reduce barriers for members needing this service.
 - Maintain a meaningful partnership with DHCS to support the State's oral health goals for children and adults.
 - Support and promote the work of DMC plans to provide education and outreach to members by reviewing materials, recommending effective approaches, facilitating access to members in community locations, and engaging in other relevant activities.
 - Support the CDPH Dental Director and participate in implementation of the State Oral Health Plan.
 - Continue to monitor the impact of an increasing number of adult and child Medi-Cal members to obtain timely access and utilization of dental services.
 - Assist the Sacramento County Division of Public Health with the implementation of the Sacramento County Oral Health Plan and other Proposition 56 funded activities by serving on and coordinating with the Sacramento County Oral Health Advisory Committee.
 - Provide regional stakeholders with the opportunity to bring forth dental issues for discussion, problem solving, and action.

- Work with legislative leaders in 2019 to facilitate improvements in accessing care in DMC.

Los Angeles Stakeholder Group

The LA 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 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 members. The LA 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.

Meetings in 2018 provided forums for stakeholders to discuss access issues and share feedback and guidance on DHCS-specific efforts such as:

- Launch of the *Smile, California* Campaign and website in October 2018 to build positive momentum and drive increased utilization of dental services for Medi-Cal members statewide.
- 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, and retention; including letter campaigns to newly licensed providers, recruitment of providers in underserved areas, presentations, increased provider support and enrollment assistance events.
- Los Angeles County-specific data in comparison to statewide data, as it relates to language assistance and dental utilization for adults and children.
- Launch of the new secure provider website for FFS providers and their staff to access a variety of information such as claims data, member history, status of treatment authorization requests, weekly check amounts, and monthly/year-to-date payment totals. Providers can also report members' missed appointments, which allows DHCS to follow-up with members.
- Expansion of the Medi-Cal dental provider network by exploring alternatives such as mobile care, VDH, and teledentistry.
- Updates on the DTI and Proposition 56 programs.

Legislative Action

SB 1287

On September 27, 2018, Governor Brown signed SB 1287 (Hernandez, Chapter 855, Statutes of 2018), which amended W&I Code, Section 14059.5, and revised the Medi-Cal definition of “medical necessity” as it relates to EPSDT services for members under 21 years of age. The revised definition aligns with the broader scope of the federal definition, which requires coverage of other necessary health care, diagnostic services, treatment, and other measures to correct or ameliorate defects and physical and mental illnesses and conditions discovered by the screening services, whether or not such services are covered under the Medi-Cal program. SB 1287 required DHCS to update its existing materials for members and providers to clarify EPSDT guidelines, and issue an APL instructing DMC plans to apply the federal definition of “medical necessity.”

Conclusion

DHCS' mission is to provide Californians with access to affordable, high-quality dental services. 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. In addition, 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 DMC.