



OUR VISION

All Children in SF are Caries Free

March 22, 2018

Little Hoover Commission
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Submitted via email: littlehoover@lhc.ca.gov

SUBJECT: Comments on Denti-Cal

Dear Honorable Members of the Little Hoover Commission

CavityFree SF, our San Francisco Children's Oral Health Collaborative, is a group of oral health stakeholders in San Francisco, dedicated to using best practices to improve children's oral health. We have witnessed many recent efforts within the State Department of Health Care Services (DHCS) to improve access to preventive dental care for our most vulnerable children. However, on the local level we are keenly aware of some policy barriers that stand firmly in the way of positively impacting the outcomes we are seeking. There are "cost saving" policy changes that we believe that the DHCS can develop and implement to improve low-income children's oral health in CA. We believe that DHCS has to 'de-silo' Medi-Cal from Denti-Cal and work together, in order to truly implement early preventive dental care in California. Below are our recommendations:

- 1. Actualize the provision of Fluoride Varnish:** Fluoride Varnish (FV) is a proven effective preventive treatment for dental caries. USPSTF, AAP and CDC all recommend this highly effective preventive treatment be applied during a child's (ages 0 up to 6th birthday) well child visit. Despite being covered by Medi-Cal, fluoride varnish has been a severely underused preventive benefit since 2006. Children see their medical providers 9-11 times before they ever see a dentist and have many opportunities to receive this protection. Fluoride varnish will SAVE the state of CA DHCS millions of dollars by preventing dental caries from establishing a foothold in a child's mouth, thus preventing the cost of restorative (drill and fill) treatments, ER visits or hospital dental treatments. DHCS Medi-Cal Managed Care Division should:
 - **Establish a baseline** on how many of 0-5-year-old Medi-Cal children are actually receiving FV benefit.
 - **Monitor** annually by provider to learn what percentage of their patients in this age range receive 1 or 2 or 3 applications/annually.
 - **Report** to LHJs (MCAH) FV utilization data annually.
 - Require Medi-Cal Managed Care (MMC) Plans in local counties to report provision of this benefit. (Currently since it is capitated and NOT a Hedis Measure, providers do not bother entering CPT 99188 as they are NOT reimbursed.)
 - **Reimburse:** Provide direction and requirements for contracted Medi-Cal Plans to provide additional reimbursement for FV or offer MMC Plans additional funding for FV.
- 2. Care Coordination:** Currently Care Coordination from dental referrals is in a confused state for MMC Plan beneficiaries. There is no standard across counties regarding who is responsible and who offers this service. The care coordination referral/reporting form that was used by Child Health and Disability Prevention (CHDP) Program providers for years, has been discontinued for all but FQHCs, RHS and IHS. MMC Plans in many counties in CA state they "do not care coordinate for dental referrals. It is up

to the provider." This important link to routine dental care does not occur. The Department for Health Care Services could help rectify this:

- **Standardize dental Care Coordination policies** across MMC Plans in all CA counties.
- **Require local MMC Plans to care coordinate managed care** beneficiaries into dental care.
- **Monitor MMC Plans Care Coordination results and report to LHJs** and statewide, dental care coordination data

OR

- **Fund local CHDP established programs** to implement this dental Care Coordination. (Currently our county is piloting such a program through our Local Dental Pilot Program (DTI) funding.) It is important that this care coordination program gets expanded to all ages 0-20 years of age) Medi-Cal children.

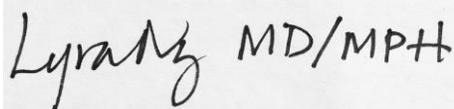
3. **Denti-Cal Utilization Data:** County level and state level is available and very welcomed! This has been a great help for LHJs that are working on improving children's oral health. However, we need ZIP CODE Level Data to target local community efforts to improve utilization.

- **Zip code level data** can help LHJs target those specific areas of a city that are not utilizing Denti-Cal services either preventive and/or restorative. Efforts can then be made by LHJs to link MDs with Dentists, encourage Family Resource Centers to promote to their zip code residents, etc.
 - The data tells the story and convinces leaders to put resources into that area. Without the zip code level data we are "firing into the woods randomly hoping to hit a deer".
 - PRA/Denti-Cal has the data program already developed to pull zip codes from at least one CA county. They are asking that county to pay for another year of that data. We were also quoted \$20,000 for this data. The county that received the data is now being asked to pay \$5,000.
 - Denti-Cal zip code level data for programmatic planning purposes, will save the state money, and should be disseminated regularly to counties and statewide.

Thank you for considering our recommendations from our "ground level" perspective. We know we all have our children's welfare in our hearts and goals, and hope we can improve this persistent health disparity



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