

March 22, 2018

Little Hoover Commission
925 L Street, Suite 805
Sacramento, CA 95814
Submitted via email: littlehoover@lhc.ca.gov

SUBJECT: Comments on Denti-Cal

Dear Honorable Members of the Little Hoover Commission:

Since the 2015 Little Hoover Commission (LHC) hearings examining the state's Denti-Cal program and the resulting 2016 report, "Fixing Denti-Cal," Children Now has witnessed several initial steps taken by the California Department of Health Care Services (DHCS) to improve the Denti-Cal program and ensure Medi-Cal child beneficiaries are able to access the dental benefits for which they are entitled. One catalyst for DHCS' recent actions to improve the Denti-Cal program is the passage of AB 2207 (Wood), which contained several key provisions that address the role of managed care health plans in the promotion and monitoring of dental services provided to children (and adults) enrolled in Medi-Cal, and required DHCS to improve transparency by posting dental performance indicator data to a public web-based portal.

Although AB 2207 required DHCS to promote transparency and improve care coordination, Children Now still has outstanding concerns. Among the language in AB 2207, are provisions that mirror what DHCS had previously already required of Medi-Cal managed care health plan contracts whose networks served children. AB 2207 calls for Medi-Cal managed care health plans to do the following¹:

- (1) Provide dental screenings for every eligible beneficiary as a part of the beneficiary's initial health assessment.
- (2) Ensure that an eligible beneficiary is referred to an appropriate Medi-Cal dental provider.
- (3) Identify plan liaisons available to dental managed care contractors and dental fee-for-service contractors to assist with referrals to health plan covered services.

Children Now is concerned that since the passage of AB 2207 there is no understanding of how and by what measure(s) will DHCS ensure enforcement of the provisions outlined above. In addition, we are concerned that DHCS has not provided clear guidance on how managed care health plans are expected to uphold these provisions.

On a related note, Children Now is compelled to highlight the unique role of the Child Health and Disability Prevention Program (CHDP) that operates out of the Systems of Care Division at DHCS. Historically, local CHDP programs have provided care coordination for dental services to children

¹ https://leginfo.legislature.ca.gov/faces/billNavClient.xhtml?bill_id=201520160AB2207, Sec. 2 Article 4.10 (g)

enrolled in Medi-Cal, and have the capacity to continue to provide this vital service. At a September 2017 meeting with DHCS, we were informed that Memorandums of Understanding (MOU) between the Medi-Cal managed care health plans and local Child Health and Disability Prevention county offices would be put in place to delineate who is providing what type of dental care coordination services for the children enrolled in Medi-Cal. While we are not clear on the status of these MOUs to date, we have heard from local CHDP representatives and managed care health plans that they have not yet received any written guidance on how to proceed with establishing the MOUs. Children Now recognizes that the lack of guidance around how provisions of AB2207 will be enforced by DHCS might be, at least in part, due to DHCS not knowing how CHDP and Medi-Cal managed health care plans are planning to cooperate when it comes to the coordination of dental services for children. This information seems especially critical given the current local oral health planning processes that local health departments are now engaged in as part of funds disbursed from the State Office of Oral Health through Proposition 56 funds.

As previously noted, AB 2207 requires DHCS to post Denti-Cal program data to the California Health and Human Services Data Portal. The availability of county-level dental performance data that can be disaggregated by demographic factors such as race/ethnicity and age has been helpful to local stakeholders in determining what disparities exist, and in comparing counties throughout the state. We concur with stakeholders, especially from those with large populations, that county-level data requires another level of granularity – specifically by zip code – in order to have a more informed understanding of where within counties, particularly those that are larger and more densely populated, disparities might exist. In the context of local health departments developing strategic plans and working with stakeholders to eliminate disparities, zip-code level data would be extremely helpful in ensuring interventions are targeted and resources are used efficiently.

Another issue we want to call to the Commission's attention is the absence of a reporting requirement for primary care providers that see and treat children enrolled in Medi-Cal. AB 2207 does not contain a requirement for Medi-Cal primary care providers to report when fluoride varnish is applied to a child's teeth, an evidence-based practice known to prevent dental caries. While this preventive dental service is a billable service in the medical fee-for-service system, the majority of children enrolled in Medi-Cal receive their medical care from managed care health plans. We do not have data to show whether providers in the managed health care networks are providing fluoride varnish to their child patients. Our understanding is that California does not report this as encouraged by the CMS-416 (g) line. Children Now believes that the provision and reporting of fluoride varnish application should be required for all Medi-Cal managed care providers in order to have a complete understanding of what preventive services are provided. Children Now's recommendation would be to ensure that primary care providers in all delivery systems are required to report if and when fluoride varnish is applied to a child enrolled in Medi-Cal.

Finally, Children Now recommends that the Commission encourage DHCS to carefully monitor and track dental utilization among children and adults given the full restoration of adult dental benefits in Medi-Cal. While the Dental Transformation Initiative (DTI) incentivizes Denti-Cal to provide preventive services to children, we recognize that providers will need to meet the demand for services for adults as a result of the restoration. To ensure adults and children can

access the services they need, the state must monitor utilization for both populations to track trends and drops in utilization for both populations.

Thank you for taking these comments into consideration as you continue to determine ways in which the Denti-Cal Program can improve oral health outcomes for children in California. We welcome the opportunity to meet with you and/or your staff to discuss our comments and other strategies to ensure children enrolled in Medi-Cal access the dental services to promote their overall health.

Sincerely,

A handwritten signature in black ink, appearing to read "Eileen Espejo". The signature is fluid and cursive, with a large, stylized initial "E" and a long, sweeping underline.

Eileen Espejo
Senior Managing Director, Media & Health Policy