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Department of Health Care Services



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GOVERNOR

October 19, 2017

Ms. Carole D'Elia  
Executive Director  
Little Hoover Commission  
925 L Street, Suite 805  
Sacramento, CA 95814

Dear Ms. D'Elia:

Thank you for the invitation to the Little Hoover Commission (Commission) meeting on October 26, 2017, to provide an update on the Department of Health Care Services' (DHCS) progress in addressing the recommendations from the Commission's April 2016 report, *Fixing Denti-Cal*. Below and attached you will find noteworthy updates in response to your request; I look forward to discussing these further.

- *An overview of the department's report to the Legislature on the progress achieving a 60 percent utilization goal for children and efforts to streamline and automate enrollment for dentists. Please also specifically address the department's efforts to meet the 60 percent target and describe any challenges to meeting this goal. Additionally, please provide a copy of the report to the Legislature, and if it is not yet available, a status of its submission.*

DHCS is currently finalizing its Legislative Report and anticipates releasing the report in early November. A copy of the report will be provided to the Commission as soon as it is released. However, for a response regarding the department's progress in achieving a 60 percent utilization goal for children and enrollment of dentists, please see DHCS' response to the Commission's recommendations in *Attachment 1*.

- *An overview of the department's Dental Transformation Initiative and expected outcomes. Please also provide an update on the department's progress monitoring access and utilization, as well as any data based on this monitoring.*

Within the Medi-Cal 2020 Waiver, the Dental Transformation Initiative (DTI) represents a critical mechanism to improve dental health for Medi-Cal children by focusing on high-value care, improved access, and utilization of performance measures to drive delivery system reform. More specifically, this strategy aims to

increase the use of preventive dental services for children, prevent and treat more early childhood caries, and increase continuity of care for children. Given the importance of oral health to the overall health of an individual, California views improvements in dental care as critical to achieving overall better health outcomes for Medi-Cal beneficiaries, particularly children.

For the most up-to-date information on the Dental Transformation Initiative (DTI) and dental performance measures and data reports, please refer to our dedicated webpages:

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

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

- *An update on how DHCS is addressing each of the recommendations made in the Commission's 2016 report. A copy of the executive summary from the report is attached.*

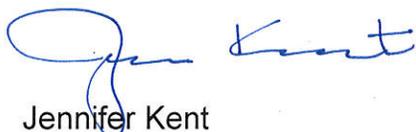
Please see *Attachment I* for DHCS' updates to the Commission's recommendations.

- *A discussion of any roadblocks that DHCS has encountered expanding access to care and any solutions needed to overcome these barriers.*

DHCS has not identified any new roadblocks or barriers which are not currently being addressed by the department. However, the department is continually monitoring the program to identify areas where improvements can be made. Data collection and reporting are critical elements in identifying areas of improvement and measuring program goals both from the perspective of service utilization and provider participation. Another key component relies on beneficiary and provider knowledge of program benefits and operations. DHCS takes very seriously its role in administering the dental benefit under Medi-Cal and works closely with its contractor and dental plans to collect and analyze program performance and utilization data. Furthermore, DHCS, along with the dental contractor and dental plan partners, are continually performing outreach and enrollment activities targeting beneficiaries and providers to increase utilization and access. These collective efforts, along with engagement of interested stakeholders on emerging program policies, are used by DHCS to administer the program and to inform decisions on program policies and procedures.

If you have any questions regarding this information, please contact Ms. Alani Jackson, Chief, Medi-Cal Dental Services Division, at (916) 552-8559 or via e-mail at [Alani.Jackson@dhcs.ca.gov](mailto:Alani.Jackson@dhcs.ca.gov).

Sincerely,



Jennifer Kent  
Director

## Fixing Denti-Cal - Little Hoover Commission Recommendations – April 2016

### Attachment I

**Recommendation 1:** *The Legislature should set a target of 66 percent of children with Denti-Cal coverage making annual dental visits.*

Based on the Centers for Medicare and Medicaid Services (CMS)-416 methodology, in 2014, 37.84 percent of children ages one through 20 enrolled in Medi-Cal received a preventive dental service. In alignment with the CMS Oral Health Initiative, and via the Dental Transformation Initiative (DTI), under the Medi-Cal 2020 Waiver, DHCS is actively performing efforts, to increase by ten percentage points over a five year period, the percent of children one through 20 who receive a preventive service, moving from 37.84 to 47.84 percent by the end of 2020. Given that beneficiary enrollment numbers are not static – both in terms of eligible population and the individuals that are enrolled – this utilization goal of a ten percentage point increase over five years seems like an appropriate benchmark to aim for. However, DHCS agrees with the overall goal of increasing the percentage of children that receive an annual dental visit and is currently implementing a variety of policies to achieve that goal.

**Recommendation 2:** *The Department of Health Care Services should simplify the Denti-Cal provider enrollment forms and put them online in 2017.*

In January 2017, DHCS implemented a dental specific provider application. This application was designed to streamline the application process and make it less burdensome for dental providers to participate in the program. To view the presentation given to providers in December 2016, please visit: [http://www.denti-cal.ca.gov/provsrvcs/assistance/DHCS\\_5300\\_overview\\_presentation.pdf](http://www.denti-cal.ca.gov/provsrvcs/assistance/DHCS_5300_overview_presentation.pdf). To view the provider bulletins announcing the revised and streamlined application, please visit: [http://www.denti-cal.ca.gov/provsrvcs/bulletins/Volume 32 Number 19.pdf](http://www.denti-cal.ca.gov/provsrvcs/bulletins/Volume_32_Number_19.pdf) and [http://www.denti-cal.ca.gov/provsrvcs/bulletins/Volume 32 Number 20.pdf](http://www.denti-cal.ca.gov/provsrvcs/bulletins/Volume_32_Number_20.pdf).

**Recommendation 3:** *The Department of Health Care Services should overhaul the process of treatment authorization requests.*

DHCS maintains the treatment authorization request (TAR) process for specific procedures, as required, to determine medically necessary and appropriate treatment plans for our Medi-Cal beneficiaries. These measures are necessary for program integrity and patient safety.

However, if there are processes that are found to be overly burdensome and hinder the ability for patients to access necessary services, DHCS is willing to modify those processes so long as program integrity and patient safety is maintained. For example, we have modified the restoration radiograph submission requirements; please view the provider bulletin here:

[http://www.denti-cal.ca.gov/provsrvcs/bulletins/Volume 32 Number 02.pdf](http://www.denti-cal.ca.gov/provsrvcs/bulletins/Volume_32_Number_02.pdf)

***Recommendation 4:*** *The Department of Health Care Services should implement a customer-focused program to improve relationships with its providers.*

DHCS, via our dental fiscal intermediary – Delta Dental, performs regular outreach to our providers through an annual outreach plan. We focus on providers statewide, both enrolled and yet to enroll, to increase provider participation in the Medi-Cal dental program. Additionally, via the DTI, DHCS has small workgroups and sub-workgroups which are inclusive of the State Dental Director (Dr. Jayanth Kumar), dental providers, and their professional associations. Also, as previously mentioned, DHCS made changes to the provider application process, at the behest of the provider community, to make it easier for providers to participate in the program.

***Recommendation 5:*** *The Department of Health Care Services should purge outdated regulations.*

DHCS makes efforts to streamline processes where possible, in alignment with state and federal regulations, as evidenced in the condensed dental provider enrollment application. Additionally, AB 2207 (Wood, Chapter 613, Statutes of 2016) provides DHCS increased flexibility with regard to program policy, to implement, interpret, or make specific policies and procedures pertaining to the dental fee-for-service program and dental managed care plans, as well as applicable federal waivers and state plan amendments, by means of all-county letters, plan letters, plan or provider bulletins, or similar instructions until regulations are adopted. This legislation also afforded DHCS the ability to accept existing information in a provider enrollment packet that may be missing in another section of the application; previously DHCS could not use this information. This simplification has decreased the amount of back and forth to process a complete application.

***Recommendation 6:*** *The Legislature and Governor should enact and sign legislation in 2016 to create an evidence-based advisory group for the Denti-Cal program.*

DHCS participates in numerous stakeholder meetings and engagement, as well as leads stakeholder engagement efforts around dental services provided under the Medi-Cal program. DHCS also works very closely with the State Dental Director and actively participates on various workgroups convened by the Dental Director. Given that stakeholders have multiple opportunities to interact with and advise DHCS, we do not believe establishing an additional advisory group is necessary.

***Recommendation 7:*** *The Legislature and Governor should fund a statewide expansion of teledentistry and the virtual dental home.*

Effective July 1, 2015, as a result of AB 1174 (Bocanegra, Chapter 662, Statutes of 2014), DHCS permits the use of teledentistry as an optional modality for the purposes of providing services to beneficiaries and improving access to care. In addition,

teledentistry was approved via a State Plan amendment with a July 2015 effective date. Also, eight of the 15 Local Dental Pilot Projects (LDPP) associated with the DTI are exploring virtual dental homes.

***Recommendation 8:*** *State government, funders and non-profits should lead a sustained statewide “game changer” to reorient the oral health care system for Denti-Cal beneficiaries toward preventative care.*

DHCS believes our DTI program focuses on and supports increased utilization of preventive services for Med-Cal children. Additionally, pending federal approval, supplemental payments will be applied to select dental services across six categories (restorative, endodontic, prosthodontic, oral and maxillofacial, adjunctive, and visits and diagnostic services) via Proposition 56 funds, which includes visits, for dates of service July 1, 2017 – June 30, 2018. DHCS believes these efforts will increase provider participation and access and improve health outcomes as a result of increased utilization of preventative services.

For a full list of procedure codes eligible for Prop 56 supplemental payment, please visit <http://www.dhcs.ca.gov/services/Documents/MDSD/Prop56Dental%20CodesforSupplementalPaymentsv2.pdf>.

***Recommendation 9:*** *The Legislature and Department of Health Care Services should expand the concepts of Washington State’s Access to Baby and Child Dentistry Program and Alameda County’s Healthy Kids, Healthy Teeth program to more regions of California.*

Through the DTI, DHCS has 15 LDPPs exploring innovative strategies to increase preventive service utilization, treat childhood caries through the disease management process, and increase continuity of care. These LDPPs were proposed and are being administered by local entities implementing targeted interventions specifically designed to address dental issues in the communities they serve. Once the LDPPs are complete, DHCS will be able to assess those programs and determine if they can be leveraged and scaled to a broader population. More on the LDPPs can be found here: <http://www.dhcs.ca.gov/provgovpart/Pages/dtidomain4.aspx>.

For a high level summary of the projects, please visit [http://www.dhcs.ca.gov/provgovpart/Documents/DTI/Domain%204/Medi-Cal 2020 DTI D4 LDPP Summary 08302017.pdf](http://www.dhcs.ca.gov/provgovpart/Documents/DTI/Domain%204/Medi-Cal%2020%20DTI%20D4%20LDPP%20Summary%2008302017.pdf).

DHCS is excited to track these LDPPs through 2020 for insight and impact on the above mentioned goals.

***Recommendation 10:*** *The Department of Health Care Services and California counties should steer more Denti-Cal-eligible patients into Federally Qualified Health Centers with capacity to see them.*

DHCS supports beneficiaries accessing medically necessary services from any provider qualified to provide the service that participates in the Medi-Cal program or are in a member's health plan network. Safety net clinics (SNC), inclusive of FQHCs, currently render dental services to Medi-Cal beneficiaries at over 400 clinic locations. The beneficiaries seen at SNCs are dental fee-for-service and dental managed care members as SNCs also contract with dental plans to serve their beneficiaries. If beneficiaries are having trouble getting appointments or finding a provider, DHCS works with those individuals and our dental contractor or dental plan to find available providers. This can include SNCs as well as participating dental providers.

***Recommendation 11:*** *Medical societies and non-profit organizations should recruit more pediatricians to provide preventative dental checkups during well-child visits.*

DHCS continues to have collaborative working relationships with professional societies and organizations, inclusive of Children Now, First 5 California, The Children's Partnership and more.