

March 9, 2018

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

Terri Hardy, Acting Executive Director
Little Hoover Commission
925 L Street, Suite 805
Sacramento, CA 95814

Dear Chairman Nava,

My name is Nagaraja Murthy. My office is located in the City of Compton and has served the community since 1979. I have two general dentists on my staff, a part time oral surgeon, and an orthodontic group, which practices 4 to 5 days a month. We are mainly a general dental office providing all types of dental care. We have a large adult population, but also see children starting from age one.

I have experienced changes in my community over the years and find that more and more of my neighbors struggle to make ends meet and are in need of dental services provided through the state's Denti-Cal program; as a result, Medi-Cal beneficiaries now comprise 90 percent of our practice. Over those same years, I have watched and weathered the program's up and downs, but have always remained committed to my community and to the state's dental program. I appreciate the Commission's invitation to share my experience and provide my recommendations.

As a business, we have struggled to be profitable over the years, especially from 2009 to 2014, after adult dental services were eliminated. Having served people of all ages for over 30 years, there is no way to abruptly stop providing their care. What's more, we have employees that count on their jobs. So, even in those tough times, we kept our commitment to our employees and our patients as best we could. During this time, we also experienced a ten-percent reduction in reimbursement rates – rates that were already some of the lowest in the country. We did what we had to do, reducing our hours of operations and focusing on the child population.

The reason I am including this point is to make sure everyone understands the level of our commitment to this program. This has been my life and that of every member of our team. Everyone is earning less and making sacrifices to serve our neighborhood. I am sure there are many other providers who have similar experiences.

I offer a few other comments that may help the Commission understand what happens at our office:

It takes a lot of staff time and multiple approaches to get parents to bring kids in for care. We use telephone calls, post cards, texts, and e-mails. In our office, we have at least two people constantly busy with these tasks, especially when parents fail to keep their child's appointment. This happens approximately 30% of the time and our staff works to help parents understand the importance of showing up when scheduled.

We see many barriers to beneficiaries getting dental care, including parents' fear, children's fear and transportation challenges. We hear from parents that a dental visit is only necessary when the child complains of pain. It is especially difficult for the child, parents and our staff when parents do not understand how to prevent disease in their infants and we see children who are

one or two years old that already have severe decay and require extractions. We work hard in our office to educate families and change these perceptions, but it is something we must continually work at to help our patients.

I believe that a true partnership between the beneficiary (parents/kids), and the state of California / the Department of Health Care Services, and the provider is needed. Everyone who is part of this has to play his or her role efficiently for beneficiaries to be healthy and the department to achieve the desired access to care outcomes.

With regard to my experience with the children's program now, I believe that they are doing a good job making it easier for dentists. Except for one or two procedures, authorization requirements have been reduced, and in general, we are receiving payments sooner than in previous years.

With regard to payment levels, the recent 40% increase through supplemental payments is very welcome. I recommend that the state do everything it can to make this reimbursement level stable and permanent, and as soon as possible, to apply it across the board to all preventive procedures. I believe this is especially important for dental practices like mine, which have not been able to benefit from the payment incentives in Dental Transformation Initiative. We did everything we could to increase the number of children we see to meet the DTI payment threshold, but were not successful. Our lack of success was not for lack of effort. Dental practices who were treating very few Denti-Cal beneficiaries were able to increase their numbers substantially and benefit from the DTI incentive. Practices like ours, who were already treating hundreds of children needed hundreds more to reach the threshold to receive incentive payments.

My strong recommendation is for the state to support prevention by paying for it and doing that in a way that reaches all patients and benefits all dental practices. The other single most important recommendation I can make is more overarching. I ask the state to make a true commitment to the program, to take actions and institute processes that make the program stable and predictable on an ongoing basis. I believe this is the only way providers will gain trust and be willing to plan for the future with Denti-Cal as part of that plan.

Thank you for the opportunity to contribute to the Commission's work to improve the Denti-Cal program. Please let me know if you have questions.

Sincerely,

A handwritten signature in black ink, appearing to read 'Nagaraja Murthy', written over a light-colored background.

Nagaraja Murthy, DDS