

Department of Health Care Services
2019 Activities Relating to
Medi-Cal Dental Managed Care
Report to the Legislature
June 2020



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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 924,772 members enrolled in DMC during 2019¹.

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 2019

DHCS continued oversight of DMC plans through various activities including dental utilization tracking, compliance monitoring, quality improvement projects (QIPs) and initiatives, and stakeholder engagement. Key highlights of efforts undertaken during calendar year (CY) 2019 include:

- DHCS continued monitoring DMC member utilization through 13 performance measures, including Annual Dental Visits (ADVs) and preventive services. ADV and preventive services utilization for children ages 0-20 remained relatively unchanged from 2018 to 2019, with less than a 1 percent increase for GMC and less than a 1 percent decrease for PHP.
- DHCS published FFS and DMC performance measure data on its website and on the California Health and Human Services (CHHS) Open Data Portal.
- DHCS continued operating its Beneficiary Dental Exception (BDE) process for members mandatorily enrolled in DMC in Sacramento County, and successfully facilitated scheduling 94 appointments for members who requested assistance.
- DHCS issued All Plan Letters (APLs) to DMC plans to communicate policy guidance on key topics such as requirements for the provision of Early and Periodic Screening, Diagnostic, and Treatment (EPSDT) Services and continuation of Proposition 56 directed payments and reporting.
- DHCS completed the Annual Network Certification and provided the Centers for Medicare and Medicaid Services (CMS) with confirmation that all DMC plans met network adequacy requirements.
- DHCS collaborated with its contracted External Quality Review Organization (EQRO) to oversee the plans' performance of mandatory activities, including validation of the performance measures and quality improvement projects (QIPs).

¹ Source: MIS/DSS Data Warehouse (Query date: January 2020). Data represents members with 90 days continuous enrollment from 11/1/18 – 10/31/19.

- DMC plans worked with their contracted EQRO to administer the Child Dental Satisfaction Survey to evaluate the quality of dental services provided to children ages 0-20.
- DHCS continued the 274 Expansion Project to establish a robust and standardized file layout to capture DMC plans' provider network data.
- CMS approved State Plan Amendment (SPA) 18-0024, to extend Proposition 56 supplemental payments for State Fiscal Year (SFY) 2018-19. As of December 2019, DMC plans have issued approximately \$36 million in Proposition 56 supplemental payments to providers.
- DHCS continued monitoring the Dental Transformation Initiative (DTI), which aims to increase access to care, increase provider participation, and improve overall dental outcomes for children.
 - Domain 1: As of July 2019, DMC providers received \$8.9 million in incentive payments, contributing to the overall statewide increase of 8.04 percent in preventive services utilization for children ages 1-20.
 - Domain 2: In 2019, DMC providers in Sacramento and Los Angeles counties received \$1,336,053 and \$156,077, respectively, to conduct Caries Risk Assessments (CRA) and provide related preventive services for children ages six and under.
 - Domain 3: This domain is not available to DMC providers.
 - 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.
- DHCS monitored the DMC plans' progress in implementing the Statewide QIP through review of quarterly progress reports and worked with its contracted EQRO to assist plans with selecting new topics for their Individual QIPs. For the Statewide QIP, none of the DMC plans met the target goal of achieving a 2 percent annual increase in preventive services utilization.
- DHCS and its partners continued the *Smile, California* campaign to build positive momentum and drive increased utilization of dental services for Medi-Cal members through the website and organized community activities and events.
- DHCS released the California Advancing and Innovating Medi-Cal (CalAIM) proposal, a multi-year initiative by DHCS to improve the quality of life and health outcomes of the Medi-Cal population by building upon the successful outcomes of various pilots under the Medi-Cal 2020 1115 Demonstration Waiver, including the DTI.
- DHCS participated 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 maintain Medi-Cal members' access to dental care in Sacramento and Los Angeles counties.

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 2019, DMC plans were paid State Fiscal Year (SFY) 2018-19 rates². SFY 2018-19 rates will continue to be paid into 2020 until SFY 2019-20 rates are approved, at which time, DMC plans will be retroactively reimbursed at the new rate for the latter half of 2019.

- **GMC:** In Sacramento County, Medi-Cal members are mandatorily enrolled in a DMC plan, with the exception of specific populations. Approximately 483,537 members³ were enrolled in 2019. DHCS provided GMC plans a PMPM rate of \$11.67 for children ages 0-20 and \$20.49 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 delivery system. Approximately 441,235 members⁴ (11 percent of the Medi-Cal population in Los Angeles County) were enrolled in DMC in 2019. DHCS provided PHP plans with a PMPM rate of \$11.35 for children ages 0-20 and \$22.96 for adults ages 21 and older.

Dental Managed Care Utilization

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

Performance Measures

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

² SFY 2018-19 rates are inclusive of Proposition 56 supplemental payments.

³ Source: MIS/DSS Data Warehouse (Query date: January 2020). Data represents members with 90 days continuous enrollment from 11/1/18 – 10/31/19.

⁴ Source: MIS/DSS Data Warehouse (Query date: January 2020). Data represents members with 90 days continuous enrollment from 11/1/18 – 10/31/19.

- Annual Dental Visit (ADV)
- Use of 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 capture DMC utilization.

DHCS retrieves encounter data from the Management Information System/ Decision/Decision Support System (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 2019 DMC utilization, DHCS ran a query for a 12-month span of data from November 1, 2018 to October 31, 2019 (hereinafter referred to as “October 2019 data”). Data was queried for an October 2019 end-date rather than a December 2019 end-date to account for the potential lag in claims submission and processing. October 2019 data represented a more complete set of annual data to compensate for the potential claims lag. However, as additional 2019 claims continue to be processed in 2020, DHCS will be able to more accurately approximate 2019 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 for adults and children 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 1 and 2 below summarize ADV utilization for children ages 0-20 with data broken-out separately for GMC/PHP and by DMC plan from 2016 through 2019. In comparison to 2018, ADV utilization in 2019 slightly increased for all GMC plans, and slightly decreased for all PHP plans.

**TABLE 1:
ADV for Children Ages 0-20 (GMC)**

Plan	2016	2017	2018	2019 ⁵	2018-2019 Change
Access	34.9%	36.8%	36.4%	37.8%	+1.4%
Health Net	35.6%	36.7%	38.7%	39.3%	+0.6%
Liberty	39.3%	42.2%	43.4%	43.4%	+0.0%
Total	36.7%	38.9%	39.8%	40.5%	+0.7%

**TABLE 2:
ADV for Children Ages 0-20 (PHP)**

Plan	2016	2017	2018	2019 ⁶	2018-2019 Change
Access	42.1%	46.8%	46.7%	45.9%	-0.8%
Health Net	39.7%	43.8%	42.4%	41.7%	-0.7%
Liberty	39.1%	44.6%	44.0%	42.6%	-1.4%
Total	40.8%	45.3%	44.5%	43.6%	-0.9%

Table 3 below draws a comparison between FFS and DMC ADV utilization for children ages 0-20 from 2016 through 2019. 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 2016 to 2019. In comparison to 2018, ADV utilization in 2019 slightly increased for FFS and GMC, and slightly decreased for PHP.

⁵ Source: MIS/DSS Data Warehouse (Query date: January 2020). Data represents members with 90 days continuous enrollment from 11/1/18 – 10/31/19. Data does not include complete claims run-out.

⁶ Source: MIS/DSS Data Warehouse (Query date: January 2020). Data represents members with 90 days continuous enrollment from 11/1/18 – 10/31/19. Data does not include complete claims run-out.

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

		2016	2017	2018	2019 ⁷	2018-2019 Change
FFS	Numerator ⁸	2,505,065	2,596,671	2,570,418	2,564,634	
	Denominator ⁹	5,565,454	5,465,625	5,320,822	5,201,681	
	% Utilization	45.0%	47.5%	48.3%	49.3%	+1.0%
GMC	Numerator ¹⁰	85,558	91,152	90,092	89,901	
	Denominator ¹¹	232,901	234,284	226,204	222,051	
	% Utilization	36.7%	38.9%	39.8%	40.5%	+0.7%
PHP	Numerator ¹²	105,657	96,701	80,810	70,130	
	Denominator ¹³	259,008	213,567	181,685	160,878	
	% Utilization	40.8%	45.3%	44.5%	43.6%	-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 4 and 5 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 2019. In comparison to 2018, preventive services utilization in 2019 slightly increased for Access and Health Net (GMC), and slightly decreased for all PHP plans.

⁷ Source: MIS/DSS Data Warehouse (Query date: January 2020). Data represents members with 90 days continuous enrollment from 11/1/18 – 10/31/19. Data does not include complete claims run-out.

⁸ Number of children ages 0-20 with at least 90 days continuous enrollment in FFS who received any dental procedure.

⁹ Number of children ages 0-20 with at least 90 days continuous enrollment in FFS.

¹⁰ Number of children ages 0-20 with at least 90 days continuous enrollment in the same plan who received any dental procedure.

¹¹ Number of children ages 0-20 with at least 90 days continuous enrollment in the same plan.

¹² Number of children ages 0-20 with at least 90 days continuous enrollment in the same plan who received any dental procedure.

¹³ Number of children ages 0-20 with at least 90 days continuous enrollment in the same plan.

**TABLE 4:
Preventive Services for Children Ages 1-20 (GMC)**

Plan	2016	2017	2018	2019 ¹⁴	2018-2019 Change
Access	29.2%	32.0%	31.3%	33.8%	+2.5%
Health Net	30.3%	31.9%	34.6%	35.3%	+0.7%
Liberty	32.6%	35.6%	37.4%	37.3%	-0.1%
Total	30.7%	33.4%	34.7%	35.6%	+0.9%

**TABLE 5:
Preventive Services for Children Ages 1-20 (PHP)**

Plan	2016	2017	2018	2019 ¹⁵	2018-2019 Change
Access	37.4%	42.4%	42.0%	41.7%	-0.3%
Health Net	34.7%	38.5%	37.1%	36.4%	-0.7%
Liberty	34.4%	39.7%	39.1%	37.7%	-1.4%
Total	36.0%	40.4%	39.5%	38.8%	-0.7%

Table 6 below draws a comparison between FFS and DMC preventive services utilization for children ages 1-20 from 2016 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 2016 to 2019. In comparison to 2018, preventive services utilization in 2019 slightly increased for FFS and GMC, and slightly decreased for PHP.

¹⁴ Source: MIS/DSS Data Warehouse (Query date: January 2020). Data represents members with 90 days continuous enrollment from 11/1/18 – 10/31/19. Data does not include complete claims run-out.

¹⁵ Source: MIS/DSS Data Warehouse (Query date: January 2020). Data represents members with 90 days continuous enrollment from 11/1/18 – 10/31/19. Data does not include complete claims run-out.

**TABLE 6:
Preventive Services for Children Ages 1-20 (FFS, GMC, and PHP)**

		2016	2017	2018	2019 ¹⁶	2018-2019 Change
FFS	Numerator ¹⁷	2,304,644	2,403,789	2,383,702	2,388,099	
	Denominator ¹⁸	5,324,719	5,236,336	5,107,424	4,997,291	
	% Utilization	43.3%	45.9%	46.7%	47.8%	+1.1%
GMC	Numerator ¹⁹	69,750	76,289	76,409	77,141	
	Denominator ²⁰	226,927	228,587	220,396	216,393	
	% Utilization	30.7%	33.4%	34.7%	35.6%	+0.9%
PHP	Numerator ²¹	91,998	85,462	71,029	61,552	
	Denominator ²²	255,736	211,332	179,772	158,674	
	% Utilization	36.0%	40.4%	39.5%	38.8%	-0.7

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.

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 CHHS Open Data Portal.

- **DHCS Website:**

In 2019, DHCS published quarterly performance measure utilization reports to the Dental Data Reports page²³ of the DHCS website for both FFS²⁴ and DMC²⁵. 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,

¹⁶ Source: MIS/DSS Data Warehouse (Query date: January 2020). Data represents members with 90 days continuous enrollment from 11/1/18 – 10/31/19. Data does not include complete claims run-out.

¹⁷ Number of children ages 1-20 with at least 90 days continuous enrollment in FFS who received any preventive dental service.

¹⁸ Number of children ages 1-20 with at least 90 days continuous enrollment in FFS.

¹⁹ Number of children ages 1-20 with at least 90 days continuous enrollment in the same plan who received any preventive dental service.

²⁰ Number of children ages 1-20 with at least 90 days continuous enrollment in the same plan.

²¹ Number of children ages 1-20 with at least 90 days continuous enrollment in the same plan who received any preventive dental service.

²² Number of children ages 1-20 with at least 90 days continuous enrollment in the same plan.

²³ <https://www.dhcs.ca.gov/services/Pages/DentalReports.aspx>

²⁴ <https://www.dhcs.ca.gov/services/Pages/FFSPerformanceMeasures.aspx>

²⁵ <https://www.dhcs.ca.gov/services/Pages/DMCPerformanceMeasures.aspx>

providing DHCS with a more accurate means for evaluating ongoing utilization trends.

- **CHHS Open Data Portal:**

The CHHS Open Data Portal²⁶ compiles reports from various State agencies. In 2019, DHCS contributed to the Open Data Portal by publishing eight dental-specific datasets²⁷ on Medi-Cal performance measure utilization. The datasets are inclusive of utilization data from 2013 to 2018 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., and extract the desired information.

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 facilitate scheduling of appointments on behalf of DMC 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 2019 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 eligibility status. DHCS routinely publishes both monthly and quarterly BDE statistics on the BDE Reports page²⁸ of the DHCS website.

²⁶ <https://data.chhs.ca.gov/>

²⁷ <https://data.chhs.ca.gov/dataset?organization=department-of-health-care-services&q=dental>

²⁸ <http://www.dhcs.ca.gov/services/Pages/BDE-Reporting.aspx>

In 2019, DHCS received a total of 1,976 inquiries or requests through the BDE process, 94 (5 percent) of which were requests for DHCS to facilitate scheduling an appointment with the member’s DMC plan. Table 7 below provides a summary of appointment requests by appointment type and plan.

**TABLE 7:
2019 BDE Appointment Requests**

Plan	Routine	Specialist	Urgent	Emergency	Total
Access	6	2	8	11	27 (28.7%)
Health Net	10	3	14	15	42 (44.7%)
Liberty	7	2	6	10	25 (26.6%)
Total	23 (24.5%)	7 (7.4%)	28 (29.8%)	36 (38.3%)	94 (100.0%)

- Of the 94 appointment requests received, 28.7 percent, 44.7 percent, and 26.6 percent were for Access, Health Net, and Liberty, respectively.
- Of the 94 appointment requests received, 24.5 percent, 7.4 percent, 29.8 percent, and 38.3 percent were for routine, specialist, urgent, and emergency appointments, respectively.

In addition, of the 94 appointment requests received, 14 (14.9 percent) BDE requests were for members ages 0-20, and 80 (85.1 percent) were for members ages 21 and older. By December 2019, all 94 cases were successfully closed as DHCS verified that 100 percent of the members kept their scheduled appointments and received treatment.

All Plan Letters (APLs)

In 2019 DHCS provided DMC plans with ongoing policy updates and guidance through issuance of various APLs posted on the DMC APLs page²⁹ of the DHCS website.

- **APL 19-001**: Early and Periodic Screening, Diagnostic, and Treatment (EPSDT) Services
This APL informed DMC plans of recent policy changes regarding EPSDT services, including the responsibility to provide all medically necessary services for members under the age of 21, whether or not those services are a covered benefit.
- **APL 19-002**: Extension of One-Year Supplemental Payment for Certain Dental Services Using Proposition 56 Tobacco Tax Funds Allocated for State Fiscal Year 2018-19

²⁹ <https://www.dhcs.ca.gov/services/Pages/DentalAllPlanLetters.aspx>

This APL informed DMC plans of the extension of additional Proposition 56 funding for certain dental services and reminded DMC plans of the continuation of directed payments and quarterly reporting to DHCS.

- **[APL 19-003](#)**: Payment Error Rate Measurement (PERM) Provider Update
This APL informed DMC plans of the upcoming quadrennial PERM audit conducted by CMS to measure improper payments in the Medicaid program and reminded DMC plans of required participation and documentation processes.
- **[APL 19-004](#)**: X12 274 Provider Network Data Reporting Requirements
This APL informed DMC Plans of the transition of monthly provider network reporting from an Excel format to the electronic X12 standard format.

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 2019, DHCS completed its Annual Network Certification for DMC plans and provided CMS with an attestation to confirm 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.

While DHCS confirmed compliance with all network adequacy requirements, DHCS identified inaccuracies within the plans' self-reported provider networks (e.g., providers were listed at locations where they were not practicing). These discrepancies were not found to impact the plans' ability to meet the required provider-to-member ratios as the DMC networks exceeded the required ratios and had the capacity to serve members even with a substantial increase in projected enrollment or decrease in provider participation. However, to ensure the accuracy of all future submissions of provider network reports, DHCS imposed a CAP on all three plans in May 2019. By November 2019, all three CAPs were closed as the plans reconciled the discrepancies and submitted documentation to support ongoing validation activities to accurately report provider network data.

External Quality Review Organization (EQRO)

In 2019, DHCS continued to work in close collaboration with Health Services Advisory Group (HSAG), the contracted EQRO designated to oversee the performance of mandatory activities, including validation of the performance measures and QIPs. During the fourth quarter of 2019, HSAG provided training to DMC plans on the framework for QIPs and introduced the Plan-Do-Study-Act (PDSA) cycle. DMC plans were trained on how to apply the rapid-cycle process to set clear QIP goals, establish measureable outcomes, select and test interventions, and sustain improvement. HSAG continues to provide feedback to DMC plans on their QIP progress reports.

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 2019, all three DMC plans contracted with SPH Analytics to administer the Child Dental Satisfaction Survey as part of their process for evaluating the quality of dental services provided to child Medicaid members enrolled in the various dental plans. 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 September to November 2019, SPH Analytics 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 5.83 percent, 8.88 percent, and 7.01 percent, respectively.

Table 8 below summarizes the percentage of members satisfied with each of the ten measures evaluated, based on the aforementioned response rate.

TABLE 8:
Percentage of Member Satisfaction
Child Dental Satisfaction Survey³⁰

Satisfaction Measures	Access	Health Net	Liberty
All Dental Care	49.2%	51.1%	57.2%
Dental Plan	55.9%	56.1%	64.9%
Finding a Dentist	46.3%	46.8%	54.1%
Regular Dentist	50.7%	53.2%	61.2%
Access to Dental Care	26.2%	28.5%	31.8%
Care from Dentists and Staff	52.3%	52.8%	63.1%
Dental Plan Services	42.9%	44.9%	53.3%
Care from Regular Dentist	51.8%	45.7%	64.5%
Would Recommend Regular Dentist	47.4%	43.5%	48.9%
Would Recommend Dental Plan	54.2%	55.1%	62.1%

While the low response rate should be considered prior to interpreting or applying results to the overall population, the survey reports provided DMC plans with an analysis of key drivers of satisfaction to assist DMC plans with prioritizing areas of improvement.

274 Expansion Project

The purpose of the 274 (Provider Information Transaction Set) 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

³⁰ Source: 2019 Access Dental Plan Child Dental Satisfaction Survey Report (January 2020); 2019 Health Net of California Child Dental Satisfaction Survey Report (January 2020); 2019 LIBERTY Dental Plan Child Dental Satisfaction Survey Report (January 2020).

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 August 2019, DHCS issued [APL 19-004](#) which provided DMC plans with formal guidance and requirements regarding full transition from the DMC plans' current process of submitting provider network data through use of an Excel spreadsheet to the new electronic format. As of December 2019, Health Net and Liberty had successfully completed all three phases of testing and had begun submitting network production data utilizing the new electronic file layout. Access is currently in the final stage of testing and DHCS anticipates full implementation of the 274 Expansion Project by Spring 2020.

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 aligns with CMS' goal of improving children's access to oral health services as well as DHCS' goal of achieving at least a 60 percent dental utilization rate for eligible Medi-Cal children.

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 their 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 \$210 million in funds, which was inclusive of \$30 million for a student loan repayment program available to 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.

In August 2019, CMS approved SPA 19-0038 which authorized a 29-month extension of Proposition 56 supplemental payments through CY 2021 and reallocated \$210 million for SFY 2019-20 with no changes to the supplemental payment structure from SFY 2018-19.

In February 2019, DHCS issued [APL 19-002](#) which directed DMC plans to continue making Proposition 56 supplemental payments to providers for dates of service of July 1, 2018 through June 30, 2019 and submit quarterly reports to DHCS tracking all payments

made. By December 2019, DMC plans reported a combined total of \$36,182,748³¹ in supplemental payments made to network providers.

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 DTI³² was included within the Medi-Cal 2020 Demonstration Waiver³³ 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 preventive services utilization. The section below summarizes progress made in each of the DTI domains in 2019:

- **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 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 2019, approximately 853 DMC providers achieved benchmarks and received a total of \$8.9 million in incentive payments for Domain 1 contributing to an overall statewide increase in preventive services utilization of 8.04 percent from CY 2014 (baseline) to CY 2019.

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

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 (CRA) and Disease Management Pilot is a four-year program that offers bundled incentive payments to FFS and 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. On January 1, 2019, DHCS expanded the pilot to include 18 additional counties, including Los Angeles County, bringing the total to 29 pilot counties. In Sacramento County, there was an approximate 14.4 percent increase in payments to DMC providers from 2018 to 2019, with a total of \$1,336,053 paid

³¹ Source: Proposition 56 Directed Payments Reports for Access, Health Net, and Liberty (2018–Q2, Q3, Q4; 2019–Q1, Q2, Q3, Q4)

³² <https://www.dhcs.ca.gov/provgovpart/Pages/DTI.aspx>

³³ <https://www.dhcs.ca.gov/provgovpart/Pages/medi-cal-2020-waiver.aspx>

in 2019, compared to \$1,167,685 paid in 2018. In Los Angeles County, DMC providers were paid a total of \$156,077 in 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. In January 2017, DHCS selected 17 pilot counties, which did not include Sacramento or Los Angeles counties. On January 1, 2019, DHCS expanded the pilot to 19 additional counties; however, the DMC counties were not 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 2019, DMC plans continued to partner with both of these LDPPs, and participated in several local initiatives in Sacramento and Los Angeles counties, such as Every Smile Counts (ESC), Early Smiles, Virtual Dental Homes, More LA Smiles Campaign, and Los Angeles Dental Registry and Referral System (LADRRS). These partnerships focus on medical/dental as well as dental/educational collaborations. A separate section below offers an in-depth description of the VDH and LADRRS.

Virtual Dental Home (VDH)

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 is in need of 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 2019, all three DMC plans continued to participate in the VDH pilot. In early 2019, a media campaign was launched through social marketing to encourage parents to visit the ESC website to access VDH forms and dental education modules. During summer school and lunch time, VDH providers were made available to provide follow-up services to children, even if children were not attending summer school. Parent Interest Forms were also incorporated into the Kindergarten Oral Health Assessment packets which show parents the results of their child's assessment. Sacramento County reported that these outreach efforts, including assistance from teachers, yielded a high rate of return as parents were able to access VDH materials. Outreach and oral health education efforts continue to be key drivers of the VDH program, contributing to the pilot's mission of providing dental services to at least 5,000 children over the duration of the contract. As of September 2019, the Sacramento County LDPP had served over 3,300 children through the VDH program.

Los Angeles Dental Registry and Referral System (LADRRS)

UCLA implemented LADRRS as a website-based referral management tool. LADRRS is designed to increase access to oral health services through electronic referrals and reduce the administrative burden of a manual referral process. UCLA aims to improve care coordination and communication among dental providers, medical providers, and care management teams in Los Angeles County to ensure consistent, quality oral health services for children enrolled in Medi-Cal. This directly aligns with the DTI's goal of increasing access to preventive oral health care services and promoting continuity of care. The LADRRS tool offers a universal database to assist medical practitioners with patient referrals to dentists. The tool also offers a dashboard to enable providers to monitor care delivery metrics for patients whose data is entered in LADRRS.

During the fourth quarter of 2019, UCLA launched LADRRS' six-month long pilot phase to onboard multiple medical and dental organizations/practices in targeted communities. Liberty was the first DMC plan onboarded, with Access and Health Net following suit. Access and Health Net have gone live while Liberty Dental is in the process of setting up their care coordination team. After completion of the pilot onboarding phase, UCLA's goal is to offer the LADRRS tool throughout all of Los Angeles County for the duration of the DTI.

Quality Improvement Projects

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, and selects 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 2019, DHCS monitored the DMC plans' progress on the Statewide QIP through review of quarterly progress reports, while HSAG worked with the DMC plans to select new topics for the Individual QIP.

- **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 re-measurement data for SFYs 2017-18 and 2018-19. As can be seen, none of the DMC plans met the target goal. DMC plans are behind in meeting the overall 10 percent goal over the course of five years. While DHCS anticipates utilization to increase as more current encounter data becomes readily available, a steady 2 percent increase has not been sustained for the past two measurement cycles. DMC plans have continued using 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.

TABLE 10:
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 (Measurement)	29.40%	36.80%	31.46%	34.18%	34.50%	35.70%
SFY 2018-19 (Measurement)	30.20%	35.80%	29.50%	31.20%	36.20%	33.80%
Annual Change	+0.80%	-1.00%	-1.96%	-2.98%	+1.70%	-1.90%

- **Individual QIP:**
 During the fourth quarter of 2019, HSAG provided training to DMC plans on the framework for QIPs and introduced the PDSA cycle. DMC plans were trained on how to apply the rapid-cycle process to set clear QIP aims, establish measureable outcomes, select and test interventions, and sustain improvement. HSAG worked

with DMC plans to select and refine new Individual QIP topics using these parameters and continues to provide feedback to DMC plans.

- Access
The goal of the Individual QIP for Access is to by August 30, 2020, decrease the total percentage of children ages 5-18 (assigned to four targeted provider groups) who have not received an ADV to 9 percent. HSAG continues provide guidance to Access to establish a baseline percentage, realign the end date to June 30, 2021, and further narrow the population size to optimize results using the rapid-cycle process.
- Health Net & Liberty
The goal of the Individual QIPs for both Health Net and Liberty is to by June 30, 2021, increase ADV among high-risk diabetic members ages 65-85 from 5.17 percent to 10 percent (Health Net) and from 7.06 percent to 12 percent (Liberty). HSAG continues provide guidance to Health Net and Liberty in implementing its QIP.

Smile, California Campaign

DHCS and its partners continued the *Smile, California* campaign in 2019 to build positive momentum and drive increased utilization of dental services for Medi-Cal members in the FFS delivery system, largely through the website³⁴ and organized community activities and events. DHCS, through its partners, organized 49 Oral Health Fair Activities in counties throughout the state which were attended by over 33,000 members. The campaign celebrated Healthy Aging Month in September 2019 by visiting community-based adult services and adult day health centers throughout California to educate Medi-Cal seniors about the importance of maintaining good oral health habits. *Smile, California* continues to leverage social medial platforms, such as Facebook and Instagram, to promote Medi-Cal dental benefits by posting information and photos about community events and activities. Monthly bulletin articles, print-ready articles for news media, fotonovelas, presentations and children’s activity books were developed for use by providers, partners and members. Partnerships were formed with Senior Centers and the California Women, Infants and Children Association. Additionally, DHCS has co-branded *Smile, California* with non-profit governmental agencies for printed materials and social media videos available through a variety of channels.

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. 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 Directory³⁵. In addition to the member materials, the website includes a Partners & Providers tab featuring resources and materials for partners and providers to use, including an Event-in-a-Box available for hosting an event. Although the campaign is focused on the FFS delivery system, it is a

³⁴ <http://smilecalifornia.org/>

³⁵ https://www.denti-cal.ca.gov/Beneficiaries/Dental_Managed_Care/DMC_Dental_Plan_Directory/

statewide effort so all activities and materials are available to the DMC plans and their members.

California Advancing and Innovating Medi-Cal (CalAIM)

In October 2019, DHCS released the [CalAIM](#) proposal, a multi-year initiative to improve the quality of life and health outcomes by implementing broad delivery system, program, and payment reforms across the Medi-Cal program. The major components of CalAIM build upon the successful outcomes of various pilots including the DTI. In order to progress towards DHCS' goal of achieving at least a 60 percent dental utilization rate for eligible Medi-Cal children, DHCS proposed the following dental-specific reforms for Medi-Cal statewide:

- Add new dental benefits based on the outcomes and successes from the DTI that will provide better care and align with national dental care standards. The proposed new benefits include a CRA Bundle for young children and Silver Diamine Fluoride for young children and specified high-risk and institutional populations.
- Continue and expand Pay for Performance initiated under the DTI that reward increasing the use of preventive services and to establish/maintain continuity of care thorough a dental home. These expanded initiatives would be available statewide for children and adults.

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 maintain members' access to oral health care. The following sections highlight the results of these partnerships in CY 2019.

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

- MCDAC Reported 2019 Efforts and Accomplishments
 - Partnered with and continued to support the Sacramento County DTI LDPP ESC.
 - 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.
- Established the MCDAC Special Needs/General Anesthesia Ad Hoc Committee to identify issues, create a work plan, and find solutions for barriers to care for children and adults. A Special Needs Study will be completed in 2020 with specific recommendations.
- Worked with DMC plans on projects such as ESC and Early Smiles, and took part in multiple community events throughout the year.
- Supported the California Department of Public Health 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 ensure timely access and utilization of dental services.
- Developed a Sacramento County Oral Health Strategic Plan in partnership with the Sacramento County Division of Public Health.

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 Dental 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.

In 2019, the LA Stakeholder Group meetings provided forums for stakeholders to discuss various oral health issues and share feedback and guidance on DHCS-specific efforts such as:

- Newly uploaded tools, forms and videos to the *Smile, California* and the Medi-Cal Dental websites.
- 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, trainings and retention; including letter campaigns to newly licensed providers, presentations, seminars, increased provider support, and enrollment assistance events.
- A comparison of Los Angeles County-specific data and statewide data, as it relates to language assistance and dental utilization for children and adults.
- Launch of the new Provider Directory functions which allow members to search for providers by specialty, language, and those who are accepting new patients.
- Expansion of the Medi-Cal dental provider network by exploring alternatives such as mobile dental care, VDH, and teledentistry.
- Updates on current dental programs, including the DTI and Proposition 56.

Conclusion

DHCS' mission is to provide Californians with access to affordable, high-quality dental services, with the specific goal of the DMC program to achieve major cost savings while ensuring access and quality of care. To this end, 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. 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 the DMC delivery system.