

February 28, 2017

Department of Health Care Services  
Attn: Director's Office  
P.O. 997413, MS 0000  
Sacramento, CA 95899-7413  
dhcsmcqmndnau@dhcs.ca.gov

Dear Director Kent,

On behalf of our 27,000 member dentists, the California Dental Association (CDA) appreciates the opportunity to provide comment on the Network Adequacy Policy Proposal for Medicaid managed care. Setting strong time and distance, and timely access standards is the first step to ensuring that beneficiaries have access to oral health care. We are pleased that the proposal includes requirements for strengthened monitoring including use of an External Quality Review Organization to validate health plan networks and that plans will be required to submit documentation to the state regarding network adequacy with subsequent annual DHCS certification. This level of oversight is essential to identifying weaknesses and achieving improvements.

CDA remains concerned that utilization of dental services in dental managed care (DMC) counties continues to lag behind at 36.6% in Sacramento County and 38.7% in Los Angeles County in comparison to Denti-Cal Fee-for-Service (FFS) utilization at 44.8%.<sup>1</sup> Although the proposed policy would maintain the current standards set forth in the Knox-Keene Act (KKA) and current DMC contracts, the current standards are not sufficient to ensure adequate access to oral health care for beneficiaries. When surveyed, parents in DMC counties report many reasons for not taking children to the dentist including difficulties making appointments, dissatisfaction with their ability to find a dentist, and wait times of over 1 month.<sup>2,3</sup> In Sacramento County, only about 10% of the (mostly) general dentists polled reported accepting children with Denti-Cal<sup>4</sup>.

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<sup>1</sup> Department of Health Care Services 2015 Activities Relating to Denti-Cal Dental Managed Care Report to the Legislature, May 2016.

<sup>2</sup> *Dental Plan Denti-Cal Member Survey (Aggregate Report)*, Barbara Aved Associates, January 2016

<sup>3</sup> *What Parents are Saying About....Fear, Misconceptions and Other Barriers to Children's Use of Dental Services*. Prepared for First 5 Sacramento by Barbara Aved Associates, November 2016.

<sup>4</sup> 2015 Aved

Since 2013, DMC contracts have enabled DHCS to implement financial penalties, Corrective Action Plans, and sanctions if a dental plan does not meet the defined benchmark measures and performance standards. Pursuant to AB 1467 of 2012, one of the performance measures that DHCS is required to monitor and report on is network adequacy, although we note that there are no data on network adequacy included in the DMC performance measures released to date<sup>5</sup>. CDA believes that network adequacy proposal and the performance monitoring of the plan contracts should be more clearly aligned.

Additionally, the proposed monitoring plan for pediatric dental is quite limited when compared to the monitoring plans described in this proposal for health plans, mental health plans, and substance use disorder services. For example, medical plan monitoring includes "utilizing findings from DHCS Medical Audits and DMHC Medical Surveys as indicators of network adequacy issues, as well as reviewing other indicators that identify performance trends, such as MCP grievances and appeals reports, Medi-Cal Office of the Ombudsman call statistics, State Fair Hearing data, DMHC health center data, and other reports. DHCS looks at these data at the individual plan level, by plan model, and on a statewide aggregate level. These varied monitoring activities occur at various frequencies throughout the year ranging from real time, to quarterly, to annually." All of the elements outlined above utilized for monitoring medical plans are also available for dental managed care plans; as a result, CDA asks that the department provide a more extensive proposal for how network adequacy will be monitored for children enrolled in DMC plans.

Additionally, CDA would like clarification as to which network adequacy standards apply to Denti-Cal beneficiaries who require general anesthesia in a hospital or ambulatory surgery center setting for dental treatment. Are the proposed dental network adequacy standards based on the delivery system, the provider type, or the setting where treatment is rendered?

CDA appreciates the department's commitment to maintain "close oversight and monitoring of DMC plans to ensure contract provisions and performance standards are being met and to hold them accountable for meeting these contractual requirements". Given the known deficiencies in utilization rates within the DMC plans, we suggest that the department continue heightened scrutiny of these plans and consider re-evaluating the effectiveness of the dental managed care system's ability to provide access to care for the nearly 1 million beneficiaries residing in Sacramento and Los Angeles counties.

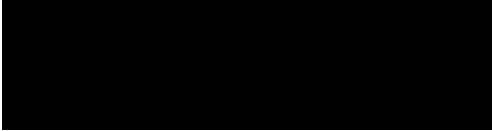
With the challenges that exist within the dental managed care program, it is important that the Network Adequacy Proposal provide the necessary monitoring and data by which to

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<sup>5</sup> [http://www.denti-cal.ca.gov/WSI/ManagedCare.jsp?fname=dental\\_managed\\_care\\_plan\\_util](http://www.denti-cal.ca.gov/WSI/ManagedCare.jsp?fname=dental_managed_care_plan_util)

measure access to dental care. Please let us know how we can be of further assistance on this policy or other dental matters. Ann Milar ([ann.milar@cda.org](mailto:ann.milar@cda.org)), CDA Public Policy Manager, or Dharia McGrew ([dharia.mcgrew@cda.org](mailto:dharia.mcgrew@cda.org)), CDA Senior Policy Analyst, are available to assist with any questions or concerns regarding our comments.

Sincerely,



John Blake, DDS  
Chair, Government Affairs Council  
California Dental Association