



January 19, 2015

Diana Dooley, Secretary
California Health and Human Services
1600 9th Street, Room 460
Sacramento, CA 95814
Via e-mail: ddooley@chhs.ca.gov

Subject: California's Proposed 1115 Waiver Renewal Stakeholder Engagement

Dear Secretary Dooley:

On behalf of our more than 25,000 member dentists throughout the state, the California Dental Association (CDA) extends our appreciation for your agency's leadership to improve the health of Californians through the 1115 Medicaid Waiver Renewal. We applaud the State's efforts to make stakeholder input a priority through the various assembled workgroups.

Our organization has been following the activities of the stakeholder workgroups with interest and we would like to offer our continued assistance as a partner to the agency on all issues related to oral health, as we share the agency's stated goals of improving health for all Californians and enhancing the quality of the patient care experience. As you know, nearly 10 million Californians — including low-income children, the elderly and people with disabilities — face barriers to accessing the dental care they need.

Upon detailed review of the State's 1115 Waiver concept paper, and based on some of the stakeholder workgroup discussions we have monitored, we do have a few specific comments below:

- Increase patient access and dentist participation through enhanced reimbursement and other financial incentives: We recognize one of the States' three goals for the 1115 Waiver includes reducing the total cost of care. This is an important goal for our state; however, the state's current Denti-Cal payment structure does not allow for achieving this. As the result of the low reimbursement rates, dentists ability to participate in the Denti-Cal program is low, often times resulting in patients needing to seek emergency care in hospital settings – increasing costs exponentially. In order to achieve the state's goals of improving patient care and reducing the total cost of care for beneficiaries long-term, the state needs to increase reimbursement to dentists incentivizing increased access to much-needed dental care for children and adults provided in the dental office, including basic dental care under general anesthesia. Accessing preventive dental care in a dental practice is a much less expensive option than treating patients in a hospital setting.

In addition, CDA believes loan repayment incentives will also play an important role in bringing dental care to underserved Californians, and have found that dental loan repayment programs are proven to be a successful incentive for dentists to locate their practice in remote locations or dental public health settings. It is noted in the State's 1115 waiver concept paper that developing incentive payment programs for behavioral health care and substance abuse disorders is being considered, however there is no mention of incentive payments for other health providers, specifically dentists. In order to increase patient care and utilization of their benefits, CDA feels it is important to include incentive payment programs for all providers, including dentists, to improve access to care for Medi-Cal beneficiaries.

- No further expansion of dental managed care: Despite what we know is an interest by dental benefit plans to expand their reach and expand dental managed care statewide, there is no basis to do so. CDA appreciates that the Department has wisely decided not to move that concept forward through this waiver. Aside from the poor performance of the piloted dental managed care programs over the past several years, one only has to review the recent California Bureau of State Audits (BSA) report, which clearly demonstrates that there is no evidence to support further expansion of managed care for Medicaid beneficiaries in California. The audit findings note that the two counties which currently offer dental managed care plans, Sacramento and Los Angeles, provide even lower utilization rates (at 25.8% and 42.8%) than the statewide average of 43.9 percent. While the state is moving rapidly to managed care for its medical Medi-Cal program, administering benefits through dental managed care is very different than administering benefits through a medical managed care system. It is clear that the Department has made the appropriate decision to not pursue dental managed care expansion as part of the 1115 waiver
- Expand access in underserved areas through telehealth and FQHCs: CDA supports the option included in the concept paper of expanding the use of telehealth to increase virtual dental homes in high need communities. However, CDA disagrees with incentivizing the use of telehealth through managed care plans only, and encourages the department to identify other methods for encouraging technology use in all dental settings. We encourage the state to look at the recently signed legislation, Ab 1174, for a teledentistry program that is proven successful and should be supported and replicated. Additionally, CDA supports the expansion of dental care in safety net settings by removing any perceived or real barriers to FQHCs providing dental care beyond their facilities through contracts with individual dentists. We see this expansion as a win-win for both patients and providers since this expansion will offer patients increased access to geographically diverse locations for care and allow dentists to address the needs of their community by serving those who have the most need and the least access to care.
- Coordination of care beneficiary payments: Finally, the Waiver Renewal concepts paper discusses the Federal/State shared savings initiative which proposes to establish per beneficiary payments to deliver whole-person, coordinated care for beneficiaries. It is our understanding that this does not include the Medi Cal dental services and the associated beneficiary costs. Based on past experience working with the Department and medical plans around these kinds of issues, it is our experience that the task differentiating the cost of dental care from medical care is quite daunting and it is a challenge to make sure the system is designed to ensure enough resources are allocated to the dental program, which is essential to attaining access to dental care. If the Department wishes to explore the inclusion of dental care in this initiative, CDA would like to assist the department in determining these costs and ensuring that the payments allocated for dental are adequate for ensuring Californians' improved oral health.

We realize there are many challenges ahead with the expansion of Medicaid and the provision of dental services to this underserved population. We remain interested in continuing to work with the State and the new state dental director on all issues related to improving oral health of Californians.

Sincerely,



Nicette Short
Director, Public Policy