



April 15, 2016

Ellen Beck, MCHAP Chair
Medi-Cal Children's Health Advisory Panel
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RE: MCHAP Pediatric Dental Subcommittee: Denti-Cal Policy and Programmatic Recommendations dated January 27, 2016.

Dear MCHAP Chair,

We recognize the importance of focusing on the dental program for Medi-Cal beneficiaries. As the three contracted dental plans for the Dental Managed Care program, we understand the importance of oral health to overall health and well-being and the need to create and implement innovative solutions for CA's most needy and vulnerable population. We understand and share your desire to make and implement new recommendations and solutions.

Sacramento County is unique in that it offers Medi-Cal dental through Access Dental Plan, LIBERTY Dental and Health Net. This unique relationship has provided the community with strong relationships and links to those who are managing and providing the dental services. Over the last five years the community advocates and the dental plans have worked extremely close to improve the dental program. Working with the Medi-Cal Dental Advisory Committee, Sacramento Dental District Society, First 5 Sacramento, and more has created a close working group that is responsible for the improvement.

Utilizing dental managed care plans affords those enrollees:

- Each plan holds a Knox-Keene (KK) license and is subject to all of the KK plan requirements including timely access, network adequacy, grievance standards, claims adjudication standards, access and availability standards, financial stability and more. The Department of Managed Health Care (DMHC) has oversight of these licenses and engages in monitoring and enforcement to ensure that the plans are meeting these standards. Plan enrollees benefit from this oversight, enforcement and built in member protections.
- DHCS also provides oversight of the plans, via their contracts, which include performance measures, quality improvement systems, utilization management, provider networks, provider compensation, access and availability, case management, member transportation and more.
- In addition to contract and Knox-Keene requirements the plans take it upon themselves to implement additional notifications, more frequent call campaigns, stakeholder engagement, external unique partnerships and programs.
- Dental Plans are responsible to provide timely access to care, regardless of the lack of dental provider participation.
- Dental Plans establish a dental home for each member to ensure continuum of care.
- Specialty services are handled through a specialty network of providers, using contracted fee schedules. Each dental plan utilizes case management to monitor and manage specialty services.

- Unlike stand-alone dental providers, dental plans have the capacity and infrastructure to reach out to enrollees to drive appointments, partner with school based programs, and provide member education.
- Dental Plans are paid capitation rates from DHCS that are equivalent to the FFS rates, in addition with the 10% performance withhold they are providing the same services at a reduced rate.
- Dental Plans have and will continue to be committed to stakeholder engagement and partnership. Each dental plan dedicates a liaison contact for the community to utilize.
- Nearly three-quarters (73%) of non-mandatory children in Sacramento enrolled into a dental managed care plan.

Over the last four years the program has made great progress:

- Increase in Utilization DOUBLED in 4 years!
- 250% increase in Utilization for age 0-3!
- Increase in Access and Availability through more providers and increased monitoring.
- Comprehensive Oversight with DHCS **AND** DMHC.
- Membership DOUBLED with a change in demographics with child and adult split to 50/50.
- Stakeholder Engagement and Community Involvement held as intricate piece of the Dental Managed Care program.
- Provider Reimbursement models have changed and NOT ONE DENTAL PLAN offers strait capitation.
- Dental Plans renew commitment to increase utilization through school-based programs, new call campaigns to drive appointments, member education, and unique delivery models.
- Dental Plan focus on prevention to drive better health outcomes for the future.

In fact the recent Barbara Aved Study: “Sacramento Children and Dental Care: Better Served than 5 Years Ago?” included the following positive findings:

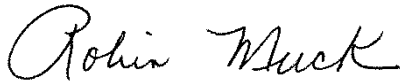
- GMC is improving!
- 100% increase in utilization for all child age populations since 2008.
- Increase in utilization for ages 0-20.
- 250% increase in utilization for age 0-3, thanks to the adoption of the First Tooth First Birthday by the dental plans who educated providers.
- GMC dentists have a much more positive view of the GMC program than do dentists who do not participate in the program though both groups believe reimbursement rates paid to dentists need to increase to retain current dentists and to recruit prospective providers.
- Member complaints for access were often related to families’ requests for appointments on specific dates and at specific times, which dental offices cannot always fulfill.
- Validates that dental managed care can ensure linkage to a dental home, encourage use of benefits and promote preventive services.
- Room for more improvement.
- No one right way to deliver dental care.

We respectfully disagree with the ninth recommendation presented: “Dismantle or completely replace the current managed dental care model in Sacramento and Los Angeles counties with a redesigned system.” We urge this group to reach out to those who are intimately involved with these programs in both Sacramento and Los Angeles to understand the realities and challenges that exist in these areas. We further question the intent of calling for elimination or replacement with presumably the Denti-Cal Program---the same Program that all agree needs its own improvements, particularly in Sacramento

County where persistent provider access and participation issues exist. We recommend responsible, collaborative solutions to improve oral health of Medi-Cal beneficiaries.

We appreciate your willingness to talk with us about our concerns and look forward to working collaboratively to make the program work better for plans and enrollees.

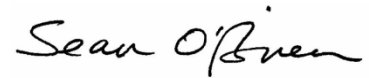
Thank you for your attention to this matter and please contact us with any questions.



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Access Dental Plan



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