Medi-Cal Children's Health Advisory Panel Pediatric Dental Subcommittee Denti-Cal Policy and Programmatic Recommendations January 27, 2016

The goal of the Medi-Cal Children's Health Advisory Panel Pediatric Dental Subcommittee is to identify and propose recommendations to the Department of Health Care Services regarding the health and well-being of children and families served and to be served by the Medi-Cal Dental Program

1. Increase provider reimbursement by targeted changes in the Schedule of Maximum Allowances (SMA) in the fee-for-service (FFS) program to incentivize provider participation and retention in the Denti-Cal program.

2. Simplify and streamline the Denti-Cal provider enrollment application and recertification process.

3. Reduce unnecessary administrative claim payment and treatment authorization requirements so that the Medi-Cal dental program more closely resembles that of commercial benefit carriers.

4. Assess and report on actual network capacity and set beneficiary utilization goals.

5. Engage within the Department of Health Care Services transparency and opportunities for stakeholder participation in the planning and implementation of the Dental Transformation Initiative within the Medi-Cal 2020 CMS Federal Section 1115 Continuation Waiver.

Recommendation 4: Assess and report on actual network capacity and set beneficiary utilization goals

- ADA Health Policy Institute, 2015 Medicaid Dental Utilization Rates
  - Connecticut and Texas ~65%
  - National Average 48%
  - California Commercial Plans FFS ~65%
- Little Hoover Commission 2015
  - The Legislature should set a target of 66 percent of children with Denti-Cal coverage making annual dental visits.
  - The Legislature should declare its intent that annual Denti-Cal utilization rates among children in California climb well into the 60 percent range, as is the case in approximately 20 percent of U.S. states

Recommendation 6: Revisit the Medi-Cal Department of Health Care Services All Plan Letter 15-012 (Revised 8/21/15) and the Denti-Cal Provider Bulletin Vol 31, No 12 (August 2015) regarding modified General Anesthesia and IV Sedation policies.

- Inconsistent authorization criteria by medical managed care plans
- Inappropriate denials
- Unnecessary appeals; delayed treatment
- Little Hoover Commission: The DHCS Care should overhaul the process of treatment authorization requests.
  - The department should consult with an evidence-based advisory board during this reassessment.

Reference No:
Provider:
Facility/Vendor: RIDEOUT MEMORIAL HOSPITAL
Client: MEDICAID-CALIFORNIA
Patient ID:
Patient: [redacted]
Physician Reviewer:
Admit Date: N/A
Date Created: 07-Oct-2015

Service	Date	Quantity	Code	Description
Surgical	02-Oct-2015	1 Unit(s)	41899	dental surgery procedure

Review Outcome: Initial Denial: Not Medically Necessary
Place of Service: Ambulatory Surgical Center

The above provider has asked Anthem Blue Cross Partnership Plan to approve medicine to put your child to sleep while your child has her teeth worked on (general dental anesthesia 41899). This request is denied at this time. Based on the records we have received, your child did not fail numbing the part of the mouth (local anesthesia) and awake (conscious) sedation. There are no records that there are immature or mental issues that call for this medicine. At this time we cannot say that this medicine is needed for your child. This is stated in the July 2015 Medi-Cal Health Plan Evidence of Coverage (EOC) book page 43 and per DHCS - APL15-012 Dental Services Intravenous Sedation and General Anesthesia Coverage, which can be found at http://www.dhcs.ca.gov/formsandpubs/Pages/Letters.aspx. Call your physician if you have questions.

You may appeal this decision. The enclosed 'Your Rights' information notice tells you how. It also tells you where to go to get help, including free legal help.

The State Medi-Cal Managed Care 'Ombudsman Office' is available to answer questions and help you with this notice. You may call them at 1-888-452-8609. You may also get help from your doctor, or call us at **(888) 831-2246.**

This notice does not affect any other Medi-Cal services.

Reference No:
Provider:
Facility/Vendor: SUTTER ROSEVILLE MEDICAL CENTER
Client: MEDICAID-CALIFORNIA
Patient ID:
Patient:
Physician ...D
Reviewer:
Admit Date: N/A
Date Created: 18-Apr-2016

Service	Date	Quantity	Code	Description
Surgical	11-Apr-2016	1 Unit(s)	41899	dental surgery procedure

Review Outcome: Initial Denial: Not Medically Necessary
Place of Service: Outpatient Hospital

The above provider has asked Anthem Blue Cross Partnership Plan to approve medicine to put your childto sleep while your teeth are worked on (general dental surgery 41899 and anesthesia 00170). These procedures are not approved. We need to see that your child tried numbing of the mouth (local anesthesia) or calming medicine while awake (conscious sedation). We need records that learly show the need for a lengthy procedure. Without this documentation we cannot say that these drugs are needed for your child. This is stated in the July 2015 Medi-Cal Health Plan Evidence of Coverage (EOC) book page 43 and per DHCS - APL15-012 Dental Services ? Intravenous Sedation and General Anesthesia Coverage, which can be found at http://www.dhcs.ca.gov/formsandpubs/Pages/Letters.aspx. Call your physician if you have questions.

You may appeal this decision. The enclosed 'Your Rights' information notice tells you how. It also tells you where to go to get help, including free legal help.

The State Medi-Cal Managed Care 'Ombudsman Office' is available to answer questions and help you with this notice. You may call them at 1-888-452-8609. You may also get help from your doctor, or call us at **(888) 831-2246.**

This notice does not affect any other Medi-Cal services.

Recommendation 7: Establish and utilize the expertise of an independent Medi-Cal Dental Program Evidence-Based Policy Advisory Committee, the purpose of which would be to assess and make recommendations to the DHCS regarding the delivery of Denti-Cal services.

- Subject matter experts (practicing dentists, dental specialists, dental school faculty, oral health scientists and researchers) recommending best practices and evidence-based outcomes.
- Purpose: Unbiased, unfettered, clear scientific information on which to base policy decisions
- Little Hoover Commission: The Legislature and Governor should enact and sign legislation in 2016 to create an evidence-based advisory group for the Denti-Cal program.
  - The Governor and Legislature should appoint dental experts in early 2017 to guide development of Denti-Cal priorities and oversee policy decisions.
  - The Department of Health Care Services should begin to consult with the Denti-Cal advisory board in early 2017.
- May be coordinated with the State Dental Director/CDPH

Recommendation 8: Explore increased case management services to Denti-Cal beneficiaries and their families to overcome obstacles of limited oral health literacy, cultural attitudes and beliefs, transportation challenges, appointment compliance, follow-through with professional recommendations, and other barriers to good oral health.

- A *Community Dental Health Coordinator* in each county's Child Health and Disability Prevention (CHDP) Program
  - Targeted outreach campaign to bring Medi-Cal enrollees < 5 years of age into the dental delivery system
  - Educate Medi-Cal beneficiaries and families on importance of infant and childhood oral health (oral health literacy), including appointment compliance and follow-through with treatment recommendations
  - Provide direct case management services
  - Recruit and support Denti-Cal providers
- Built upon existing and readily available infrastructure in county CHDP programs
  - Funding, as with all EPSDT/CHDP non-clinical administrative services designed to enroll eligible children or access and utilize program benefits (such as dental) can be matched with Federal funds.

Case Management Codes

Dental Case Management – Addressing Appointment Compliance Barriers

Individualized efforts to assist a patient to maintain scheduled appointments by solving transportation challenges or other barriers.

The inability to maintain scheduled appointments prevents the delivery and utilization of oral health services and deters providers from participating in public or commercial programs with low compliance rates. Efforts to increase compliance go beyond traditional postal mailings and telephone messaging and may include face-to-face communication through collaboration with social service agencies, community health workers (promotoras), family relatives and friends, and medical care systems and health providers, as well as accommodating family needs such as arranging child supervision. Efforts to solve transportation challenges may include identifying and subsidizing public transportation or providing taxi or other private transportation services.

Case Management Codes

Dental Case Management – Care Coordination

Assisting in a patient's decisions regarding the coordination of oral health care services across multiple providers, provider types, specialty areas of treatment, health care settings, health care organizations and payment systems. This is the additional time and resources expended to provide experience or expertise beyond that possessed by the patient.

Care coordination involves facilitating communication and the delivery and utilization of oral health services across health care settings (primary and specialty care providers), between health care organizations including medical service plans, among third party payers including government and commercial benefit plans, and between patient and community resources. Such complexity is often beyond the experience or expertise of the patient, who, without assistance, would be confounded by the multiple intricacies of our health care funding and delivery system.

Case Management Codes

Dental Case Management – Motivational Interviewing

Patient-centered, personalized counseling using methods such as Motivational Interviewing (MI) to identify and modify behaviors interfering with positive oral health outcomes. This is a separate service from traditional nutritional or tobacco counseling.

Reflective listening and the use of open-ended questioning are the basic elements of Motivational Interviewing (MI). The goal of MI is to assist patients in self-examination by (1) helping raise their awareness of the problem, (2) identifying their own oral health-related goals, (3) increasing their understanding of how their current behaviors may not be consistent with their goals, and (4) identifying behavior changes to help them reach their goals.

Case Management Codes

Dental Case Management – Patient Education To Improve Oral Health Literacy

Individualized, customized communication of information to assist the patient in making appropriate health decisions designed to improve oral health literacy, explained in a manner acknowledging economic circumstances and different cultural beliefs, values, attitudes, traditions and language preferences and adopting information and services to these differences, which requires the expenditure of time and resources beyond that of an oral evaluation or case presentation.

Oral health literacy is the capacity to obtain, communicate, process, and understand basic health information and services which allow the patient make appropriate health care decisions. Efforts to improve patients' oral health literacy include the provision of information about their oral condition(s), options for improved oral health, the consequences of ignoring these conditions, and the resources available to them explained in a manner acknowledging economic circumstances and different cultural beliefs, values, attitudes, traditions and language preferences and adopting information and services to these differences. For providers not proficient in a patient or caregiver's primary language, use of a professional interpreter is a critical element. Fulfilling these requirements requires the expenditure of additional time and resources which goes beyond traditional case presentation.

9. Eliminate or redesign the current managed dental care model in Sacramento and Los Angeles counties.

- Lower utilization rates (especially 0- 5 years of age)
- Longer wait times for appointments
- Lower medical loss ratios (i.e. higher administrative costs)
- Lower provider to beneficiary ratios

At a minimum, automatic mandatory enrollment in dental managed care in Sacramento (with a very limited opt-out provision) should be changed to a voluntary op-in structure (such as exists in Los Angeles county.