



# Sacramento & LA County's Most Vulnerable Children are at Risk!

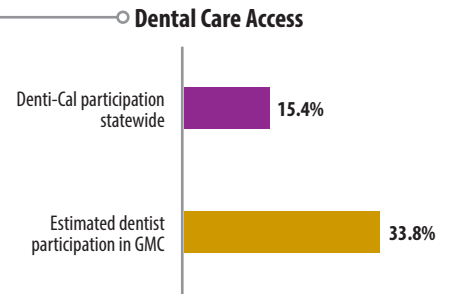
**The State Budget proposes to eliminate Dental Managed Care for low-income at risk children.**

For more than 25 years, Denti-Cal participants in Sacramento County have received care through California's Dental Managed Care (DMC) Program. Started as a pilot program, DMC has evolved into a fully integrated dental benefit administration plan that puts beneficiaries at the center of care. Given state oversight of the program, DMC's contracted dental plans work in partnership with community based non-profits like First 5, Sacramento District Dental Society, and the Center for Oral Health, to provide high-quality, cost-effective care to approximately 800,000 participants in Sacramento and Los Angeles counties.

Despite extensive gains over the past 10 years in program utilization and dental network access, DMC could be eliminated on July 1, 2020. It's wrong to eliminate this program by comparing DMC to a fee-for-service program because that's like comparing apples to oranges.

## Dental Managed Care Beneficiaries are Guaranteed Access to Dental Care

Under rigorous state contracts, participating dental plans must contract with enough dentists in the county to meet the dental needs of the participants. There is no such requirement under the Denti-Cal Fee-For-Service program.



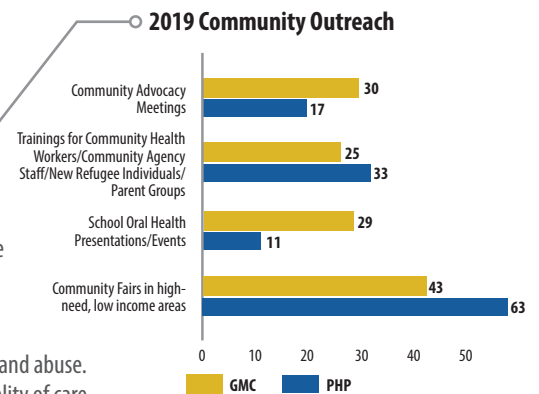
## State Licensed Knox-Keene Protections Means Better Care Management and Navigation to Dental Homes for Beneficiaries

Support is provided to high-risk and vulnerable populations to ensure that quality care is identified and received. Navigating care for beneficiaries with special needs or foster children means that they quickly get the dental procedures needed. Under the fee-for-service program, the burden of finding specialty care falls on the beneficiary and generally leads to unfinished or bad oral health outcomes. DMC plans are subject to Knox-Keene requirements, which include:

- Licensure Verification Process
- Beneficiary/Provider Dispute Resolution Mechanism
- Compliance with Patient Protection and Affordable Care Act Requirements
- Utilization Review Process
- Access to Care/Network Adequacy
- Patient Grievance System

## Dental Managed Care is More Comprehensive, with Value-Added Benefits

Participating dental plans partner with school districts and community groups to provide wellness and outreach programs to thousands of low-income families in the county. Through the Early Smiles program, more than 27,000 mostly-GMC eligible children from 60 Title 1 schools have received dental screenings and navigation to a dentist. These valuable community outreach programs would be eliminated if the DMC program is cut.



## DMC Can Save the State Money

Participating dental plans have expanded and strengthened dental provider networks while eliminating fraud, waste, and abuse. Using a host of incentives, coupled with provider education and care improvement metrics, DMC has increased the quality of care for beneficiaries while paying the highest Dent-Cal reimbursements in the state. Reports have shown that Denti-Cal's Fee-for-Service program is riddled with fraud and there are no initiatives within the program aimed at provider education or incentives to improve dental care delivery.

## Utilization is Actually Higher in Dental Managed Care

Under state reporting requirements, participating dental plans can only report services related to dental care unlike fee-for-services utilization reports that include services provided for "other dental services." By removing dental services provided by "other health care practitioners," utilization in DMC plans is higher than fee-for-services counties in the state.

	2017	2018
FFS	37.33%	37.38%
GMC - LIBERTY Dental	42.40%	43.32%
PHP - LIBERTY Dental	44.80%	43.79%

**Let's preserve and strengthen the program** while the Governor works to protect ALL under-served children through his innovative CalAIM initiative that will provide whole-health, fully integrated care to Medi-Cal participants.

