

WITHOUT CHANGE IT'S THE SAME OLD DRILL

**Improving Access to Denti-Cal Services for
California Children Through Dentist Participation**



EXECUTIVE SUMMARY

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INTRODUCTION

California faces a continuing challenge of achieving and maintaining an adequate level of dentist participation in its Medicaid (Medi-Cal) dental program. Increasing investments in Medicaid is difficult during tight fiscal times, but some states have shown that it is possible to make improvements with limited dollars.

The demand for Medi-Cal coverage will only grow—from the transition of Healthy Families enrollees, expanded eligibility in health reform, and a sluggish economic recovery that leaves some children without coverage.

This study by BARBARA AVED ASSOCIATES examined the extent of private practice dentist participation in the Medi-Cal dental fee-for-service program (“Denti-Cal”), the factors that account for their willingness to participate, and the challenges for increasing children’s access to care. Denti-Cal claims data, a dentist survey, key informant interviews and existing research were used in the analysis.

KEY FINDINGS

Of the dentists surveyed in this study:

- 24.8% participate in the Denti-Cal program.
- 38% of general dentists and 69% of pediatric dentists who take Medi-Cal have 15% or fewer children with Medi-Cal in their practices.
- The number one reason for not accepting Medi-Cal is low reimbursement, reported by 97% of non-participants.
- 54% of general dentists do not accept children until they are at least 3 years old.
- 90% of general dentists said it was very or somewhat difficult to find a pediatric dentist to take Medi-Cal problem referrals.
- 53% of dentists in the Healthy Families Program are willing to accept Medi-Cal patients.
- 80% who discontinued their participation in the Healthy Families Program did so because of low reimbursement.
- If reimbursement and administrative processes improved about 80% of general dentists and 65% of pediatric dentists indicate it is at least somewhat likely they would take children with Medi-Cal, regardless of current participation.

Denti-Cal claims data show:

- 82% participating in Medi-Cal program served fewer than 100 new children with Medi-Cal.

- High frequency of restorative and endodontic services may indicate a lack of preventative services for children.
- The high submissions of claims for extractions suggest that the children’s teeth were unsalvageable at the time of the visit.
- Medi-Cal beneficiaries use the hospital emergency department for dental services at higher rates than privately insured children.

Previous studies show:

- 47.8% of all children ages 0-20 with Medi-Cal did not make a dental visit in 2011; 66% of children age 3 and younger did not see a dentist in 2011.
- California lags behind 39 other states in utilization of *any* dental services and behind 37 states in the percentage of children receiving *preventive* dental services under the EPSDT benefit.
- California’s Denti-Cal reimbursement rates are nearly the lowest in the nation.
- The number of dentists participating in the Denti-Cal program has declined over the last 5 years.
- Provider distribution and access for specialty care is less than general dental care.
- Community Health Centers throughout the state report a high level of need for dental services as well as long waits for appointments.

- A relatively low percentage of parents report problems in trying to find a Medi-Cal dentist for their child, but not all studies ask specific questions that can uncover access and quality issues.

CONCLUSIONS

Children who bear a disproportionate burden of dental disease are not getting adequate dental care—and not getting it early enough. Improved access to care is dependent on participation in Denti-Cal by the private practice community. But, too few Denti-Cal providers, due mainly to inequitable reimbursement, has created access problems resulting in utilization of services that lags behind other states.

There are too many extractions (inadequate preventive care leads to unsalvageable teeth), the ER is being used for dental care that could have been handled in a non-emergency setting if addressed sooner, there is inadequate use of sealants (less preventive care resulting in more decay), and there are no quality measures for Denti-Cal except utilization.

Implementing needed improvements in the Denti-Cal program is essential to creating more access to improve children's oral health.

RECOMMENDATIONS

1. Make Denti-Cal more attractive to encourage participation. Streamline and expedite the dental provider enrollment process.
2. Simplify claims submission to reduce provider burden and lower costs.
3. Raise Medi-Cal dental fee-for-service rates.
4. Recruit more dentists into the Medi-Cal dental program by targeting those most likely to enroll.
5. Adopt more quality measures for the Denti-Cal program.
6. Monitor Denti-Cal utilization rates, provider participation and providers-to-eligibles ratios.
7. Monitor Denti-Cal claims for patterns linked to over utilization and patient safety.
8. Sponsor more trainings for general dentists to increase their comfort and skill level in seeing younger children.
9. Expand outreach and education to families on the availability and importance of early, regular dental care for children.
10. Make Denti-Cal data more easily accessible and in more usable formats.
11. Collect EPSDT dental data from federally funded clinics that allow more accurate reporting of utilization rates.
12. Support the collection of more recent and consistent CHIS (California Health Information Survey) data on oral health.
13. Identify a "legislative champion(s)" willing to be visible in taking on an oral health leadership role.
14. Examine more closely the reasons why more parents do not fully utilize Medi-Cal dental benefits for their children.
15. Outreach to women whose pregnancies are covered by Medi-Cal to educate women about the importance of getting a dental visit for themselves and their children.