

Office Info/Logo/Letterhead

Date:

RE: OPPOSITION TO ELIMINATE SACRAMENTO COUNTY DMC PROGRAM

Dear State Representative:

I am writing, as a local dentist, in opposition to a provision in the recently proposed FY 2020-21 State Budget. I strongly urge you, as my County Supervisor/State Legislator/State Senator, to join me in actively opposing this provision which would eliminate the Denti-Cal Managed Care (DMC) Program in Sacramento County.

I have been in practice in Sacramento for 4 years, am a member of the SDDS, and have been a part of LIBERTY Health Plan (LIBERTY) for more than 4 years that practice general/specialty dentistry and provide care and services to _____ low-income individuals, adults, children, and families in this mandatory program.

I am proud of the work I am doing for my patients in partnership with LIBERTY. We work closely together to help ensure the needs of my patients are met. We jointly coordinate care and take responsibility for ensuring the highest quality oral health care is delivered so that my patients can access care on a continuous basis. Moreover, LIBERTY is committed to our community. It provides educational opportunities, screenings, and other programs **FREE OF CHARGE** for community members — regardless of whether someone is insured by LIBERTY.

The FFS system is unstructured; it does not and will not, in any way, shape, or form, provide care coordination, quality improvement, ensure the timely delivery of services, and continuity of care for my patients.

The proposal to eliminate the Sacramento County DMC Program completely contradicts the major tenet of the State's new and groundbreaking Medi-Cal Healthy CA for All Initiative which would place most vulnerable populations into managed care plans over the next three-to-five years. Please do not let this happen to our community.

Thank you for your consideration.

If you or your staff has any questions, I can be reached at _____ .ext.

Sincerely,

(310) 666-4882

Provider Name

SHAHIN SHAMSIAW DDS.

Provider Signature



Office Info/Logo/Letterhead

Date:

RE: OPPOSITION TO ELIMINATE LOS ANGELES COUNTY "PHP" DMC PROGRAM

Dear State Representative:

I am writing, as a local dentist, in opposition to a provision in the recently proposed FY 2020-21 State Budget. I strongly urge you, as my _____, to join me in actively opposing this provision which would eliminate the Denti-Cal Managed Care (DMC) Program in Los Angeles County.

I have been in practice in Los Angeles for _____ years, am a member of the ADA/CDA/LADS and have been a part of LIBERTY Dental Plan (LIBERTY) for more than _____ years in General/Specialty practice for adults, children, and families in the LA PHP program.

I am proud of the work I am doing for my patients in partnership with LIBERTY. We work closely together to help ensure the needs of my patients are met. We jointly coordinate care and take responsibility for ensuring the highest quality oral health care is delivered so that my patients can access care on a continuous basis. Moreover, LIBERTY is committed to our community. It provides educational opportunities, screenings, and other programs **FREE OF CHARGE** for community members — regardless of whether someone is insured by LIBERTY.

The proposal to eliminate the Los Angeles County DMC Program completely contradicts the major tenet of the State's new and groundbreaking Medi-Cal Healthy CA for All Initiative. Please do not let this happen to our most vulnerable community members.

Thank you for your consideration.

If you or your staff has any questions, I can be reached at _____, ext. _____.

Sincerely,

(310) 666-4882

Provider Name

SIHAHIN SHAMSIAN DDS.

Provider Signature

