



February 26, 2020

The Honorable Joaquin Arambula  
Chair, Assembly Budget Subcommittee 1 on Health and Human Services  
State Capitol, Room 5155  
Sacramento, CA 95814

The Honorable Richard Pan  
Chair, Senate Budget Subcommittee 3 on Health and Human Services  
State Capitol, Room 5114  
Sacramento, CA 95814

**Re: Governor Newsom's January Proposed 2020-21 Health Budget – Dental requests**

Dear Drs. Arambula and Pan,

Western Center on Law and Poverty represents low-income Californians in need of affordable housing, public benefits, and affordable, quality health care. We are writing to request consideration for the following dental proposals.

**Neutral on dental managed care carve-out proposal but request consumer protections**

We are neutral on the governor's proposal to terminate dental managed care in Sacramento and Los Angeles and move individuals into fee-for-service dental, but request any transition include the following consumer protections: network adequacy protections, continuity of care, and strengthened ombudsman resolution process.

The lower utilization among dental managed care plan enrollees compared to the rest of the state is troubling, but we do think there are important consumer protections worth preserving, including network adequacy. Dental managed care plans are required to provide dental services within 10 miles or 30 minutes from the enrollee's residence. WIC 14197(a)(3). We recognize the challenges in applying these standards statewide due to regional variations, so we would recommend a regional approach with longer distance and travel times for less densely populated areas. We appreciate past efforts to increase access to Medi-Cal dental providers, but they have fallen short. Based on a recent Medi-Cal dental provider search, there are 8 counties with no Medi-Cal dental provider including Alpine, Amador, Calaveras, Inyo, Mariposa, Mono, Sierra, and Trinity and 7 counties with only one provider including Colusa, Glenn, Lassen, Plumas, Siskiyou, Tehama, and Yuba. This is consistent, if not worse, than 2017 data from DHCS where there were 7 counties with no Medi-Cal dental provider and 8 counties with two or fewer providers.

We expect some of the dentists who contract with dental managed care plans to contract with the state to provide Medi-Cal dental services, but for those who do not, there will be Medi-Cal beneficiaries left without a dentist. We request that DHCS make every effort to contract with



existing managed care dental providers with no known quality issues and provide continuity of care protections for up to 12 months similar to other transitions.

In addition, we recommend the state strengthen its ombudsman resolution process as legal aid advocates report greater provider accountability with dental managed care and significant quality issues with FFS dental providers. There is no strong mechanism for the state to take action against dental providers who have frequent quality of care violations including upselling non-covered services, third-party credit/balance-billing issues for these non-covered services, and refusal to complete Treatment Authorization Request for covered services. DHCS' quality of care and billing complaint categories do not include these issues, raising questions about the accuracy of complaint data reported and the department's response. Rather, FFS patients are left with the state fair hearing process, which can be intimidating and lengthy. The state fair hearing process is also not equipped to take any action against frequent dental providers with violations. Therefore, we recommend the state accurately capture consumer issues by including quality of care violations, specifically upselling non-covered services, third-party credit/balance-billing for non-covered services, and refusal to complete Treatment Authorization Request, and the state, on its own or through its Administrative Services Organization, follow-up directly with providers and take action based on frequency and severity of complaint, rather than merely referring patients to the Dental Board (which lacks enforcement authority on these issues).

In addition, with the upcoming Administrative Services Organization contract up for renewal, more must be done to help patients find providers as patients have reported difficulty finding a Medi-Cal dental provider accepting new patients or scheduling an appointment that is not months in advance. Patients in dental plans have the options of filing a plan grievance when they cannot find a provider. Although Medi-Cal maintains a provider directory that purportedly indicates whether dentists are currently accepting new patients, patients have no recourse when the providers they contact will not schedule an appointment. Therefore, we recommend that the state require contracted providers to report monthly whether they are accepting new patients, so that the publicly accessible list of Medi-Cal dental providers is accurate.

### **Dental Transformation Initiative (DTI)**

We support the additional funding to support elements of the Dental Transformation Initiative (DTI), including expansion to adults and silver diamine fluoride as a benefit, and recommend that the payment not duplicate incentives for adult services already receiving supplemental Proposition 56 payments. Our understanding is that no children specific preventive codes were provided supplemental Proposition 56 payments due to potential conflicts with pre-existing DTI incentive payment. In addition, no evaluation of the effectiveness of supplemental Proposition 56 payments have been provided, so recommend some of the provider requirements for DTI, including increase in preventive and continuity of care services to children, be reported on Proposition 56 side.



**Concerns regarding TBL to change dental rate review from annual to periodic and request DTI data elements be included in rate review report**

There are longstanding access issues with the Medi-Cal dental program, including the 2014 California State Auditor report that found that less than 38 percent of Medi-Cal-eligible children received dental care in 2014, more recent data that shows preventive utilization for children remains less than 50 percent, despite a 60 percent goal, and the April 2016 Little Hoover Commission report which found that 11 of the 58 counties in California have no providers accepting new Medi-Cal patients. Considering these access issues and efforts to improve access, we have concerns with the proposal to move the dental rate review from annual to periodic at this time. We have no position on aligning the data with Access Monitoring Review Plan on physician side.

The dental rate review provides critical data, including dental service counts and reimbursement levels by delivery system, place of service, and age; top 25 most utilized Medi-Cal dental services; monthly counts of each provider type; and rate comparisons with other states. We would not want to lose this critical data and on the February 18 stakeholder call the Department has indicated that it does not either. With the termination of DTI at the end of calendar year and proposed continuation of DTI elements, we would also request some of the data provided in DTI reports, such as preventive dental service utilization rate for children (and add for adults), continuity of care data for children (and add for adults), and silver diamine fluoride also be included in dental rate review report.

**Request fully funding the State Office of Oral Health**

The Governor's proposal to reduce the State Office of Oral Health funding by \$3.5 million, over 10 percent of its annual \$30 million budget, threatens the important programs that many low-income families utilize including school based dental prevention, access to fluoride, dental sealants, and developing programs that promote oral health literacy and healthy habits. Therefore, we request fully funding the State Office of Oral Health.

Thank you for your consideration, and please feel free to contact Linda Nguy at (916) 282-5117 or at [lnguy@wclp.org](mailto:lnguy@wclp.org) should you have additional questions or comments.

Sincerely,

Linda Nguy  
Policy Advocate