

May 4, 2020

Alani Jackson
Chief
Medi-Cal Dental Services Division
California Department of Health Care Services
1501 Capitol Avenue
Sacramento, CA

RE: Recommendations related to the Dental Managed Care (DMC) to Fee-for-Service (FFS) Transition Plan and the dental Fee-for-Service system overall

Dear Mrs. Jackson,

On behalf of Children Now, I write to provide recommendations on the Department's transition plan for restoration of dental fee-for-service in Sacramento and Los Angeles Counties and to provide recommendations on the dental fee-for-service system overall.

Children Now is a statewide research and policy organization focused on transforming children's advocacy by taking a whole-child approach, covering the full range of issues from prenatal through age 26. Children Now has been involved in efforts related to children's oral health and the Medi-Cal dental program for several years including involvement in the Sacramento and Los Angeles dental stakeholder processes, the Dental Transformation Initiative, and state and local public health efforts impacting oral health. The following recommendations are grounded in our extensive partnerships and communications with local and state stakeholders and our expertise in oral health issues. Additionally, our recommendations are presented with an awareness of and sensitivity to the impacts of the COVID-19 public health crisis on our communities, in particular the one in four children in our state who are living with someone highly affected by the COVID-19 economic shutdown.¹ As California continues to navigate and respond to the economic and health system impacts of the pandemic, it is critical that the Department safeguard and expand access to comprehensive dental services for our state's most vulnerable children to promote their oral health and overall well-being during and after the current crisis.

Recommendations on the Transition Plan for Restoration of Dental Fee-for-Service in Sacramento and Los Angeles Counties

Estimates of the Impacted Population -The Department estimates that as of December 2019, 336,380 children (42% of the total transition population) will be impacted by the phase out of DMC in both counties. Given the ongoing economic impacts of the COVID-19 public health crisis, we recommend the Department include updated estimates of enrollment in the DMC and FFS systems by age group and by county as well as an assessment of the impact of increased Medi-Cal enrollment on member access to care and the proposed timing for the transition.

¹ Kimberlin, S., Mesquita, A., and Anderson, A. *California Workers with Less Education, People of Color, and Immigrants are at Greatest Financial Risk Due to COVID-19*. California Budget and Policy Center, April 2020. https://calbudgetcenter.org/wp-content/uploads/2020/04/CA_Budget_Center_COVID_worker_demographics_04152020.pdf

Member Notifications - We recommend the Department collaborate with the Administrative Services Organization (ASO), DMC plans, and stakeholders to draft member notices and specify the timeline and process details for gathering input and revising notices and member communications based on stakeholder feedback. In addition to text and email communications, we recommend the DMC plans contact members via telephone to provide information about the transition, treatment continuation rights and processes, and where to call for help given the phase in of the transition (e.g. 90, 60, 30-day notices). Member notices should include information about how care and existing treatments will be coordinated during and after the transition to ensure continuity of care and provide information about appeals and right to due process if care is disrupted or negatively impacted by the transition. All member communications about the transition should be sent in the threshold language of the family. Additionally, the Department should collaborate with the ASO, DMC plans, and stakeholders to develop a script for use by Telephone Service Center (TSC) staff to inform members and providers of the transition.

Provider Outreach - We recommend the Department clarify the role of providers in educating members about the transition and ongoing treatment and delineate the support providers will receive to advance such efforts. We recommend that provider outreach, training, and on-site supports be offered not only to providers that are transitioning from DMC to FFS, but to all enrolled rendering providers that are not actively billing.

Network Overlap - The COVID-19 public health crisis has deeply impacted dental practices and it remains unclear how many dental practices will be available in a post COVID-19 California. During stakeholder meetings, the Department has reported on its provider outreach efforts to assess the impact of the pandemic on the FFS dental provider network. The transition plan should account for and reflect findings from the Department's efforts to assess the provider network available to the Medi-Cal members considering the current crisis. Therefore, we recommend the Department provide updated estimates of the number and percentage of geographic managed care (GMC) and prepaid health plan (PHP) rendering providers in each county. We further recommend the Department clarify the number and percentage of overlapping DMC and FFS rendering providers that are actively billing within each county and the number and percentage of overlapping DMC and FFS rendering providers that are accepting new patients by county and age group (children and adults). Additionally, of the 15% DMC-only providers in LA County, the Department should clarify the types and percentages of providers encompassed within that category (e.g. percent and number of general dentists accepting children, pediatric dentists, specialists, etc.) to better assess the potential impact of the transition on access to certain types of providers that are not currently enrolled and may not choose to enroll in FFS.

Treatment Continuation – The Department is requiring the DMC plans to make available all pertinent patient information necessary to provide efficient case management. Based on the information from DMC plans, we recommend the Department work with the ASO to automatically route patients into case management and clarify the criteria for determining who is routed to case management and how members will be notified. Additionally, the ASO and DMC plan should work collaboratively to monitor and review all open treatment plans/prior authorizations before the transition, contact members to inform them of their rights to treatment continuation, and address any member questions or concerns. The ASO should continue to monitor the progress of treatment plans and treatment continuation requests after the transition to remedy any disruptions in access to care. Providers currently serving a member with a pre-approved treatment plan/authorization should be enlisted to help members understand how their care will be maintained through the transition. We recommend the Department clarify the ASO phone triage process referenced in the transition plan and address how, if at all, the

triage process will differ from the TSC's existing protocols/processes, as well as clarify the timeline for the development of the triage process and the accompanying script.

Policy Development - We recommend the Department engage interested stakeholders and the Medi-Cal Children's Health Advisory Panel (MCHAP) in the policy development process to gather feedback on draft guidance such as the All Plan Letter and instructions to the ASO and Fiscal Intermediary.

Stakeholder Engagement – The Department indicates that it will consult stakeholders in the development of the transition plan and member notices. We recommend the Department leverage existing stakeholder groups such as the LA Dental Stakeholder group, Sacramento Medi-Cal Dental Advisory Committee, Medi-Cal Children's Health Advisory Panel, and the Statewide Dental Stakeholders group, in addition to other interested parties, during the design and implementation of the transition. In addition to member notices and the transition plan, we recommend the Department consult with stakeholders on the development of the treatment continuation process, TSC call scripts, the ASO triage process, provider bulletins, DMC outreach materials (e.g. emails, calls, texts), and updates to the Smile, CA website. We recommend the Department support translation and community review if requested from community partners and stakeholders. Lastly, the Department should clarify a process for ongoing engagement of stakeholders before (to collaborate on transition planning) and after the transition (to monitor progress and identify and address any issues).

Key Milestones - We recommend the Department submit the final transition plan to the fiscal and policy committees in May/June, prior to the start of any transition phases and any outreach to providers and plans.

Transition Plan Monitoring and Evaluation - The transition plan fails to specify any process or metrics for assessing the impact and timing of the transition before and after January 1, 2021. Therefore, we recommend the Department outline a monitoring and evaluation plan to inform the transition planning process, transition implementation readiness, and assess the impact of the transition on members and providers. For example, the Department should institute ongoing monitoring of the DMC and FFS provider networks and overall enrollment in Medi-Cal in LA and Sacramento counties, and delay the implementation of the transition plan if ongoing evaluations indicate a negative impact on members and/or provider networks. Attachment A outlines the measures we recommend the Department track, monitor, and publicly report before and after the transition. The Department should consult stakeholders on the development of a monitoring and evaluation plan. Lastly, we request clarification on how the annual report to the Legislature on DMC activities for Sacramento and Los Angeles counties per Assembly Bill 1467 (Committee on Budget, Chapter 23, Statutes of 2012) will change if the proposal is approved and would recommend that data about the transition be reflected in future reports.

General Recommendations on the Fee-for-Service System

With the proposed transition of DMC members into dental FFS, we call attention to critical protections present within the DMC system that should be incorporated into FFS to improve access to care for children and their families. Dental utilization data consistently highlight that less than half of children and youth (ages 0-20) enrolled in Medi-Cal access dental services, with utilization variation occurring based on child age and race/ethnicity. While recent efforts to improve access to and quality of care have shown positive signs of increased utilization and access to providers, we recommend the Department institute additional network adequacy standards and language access protections modeled after provisions within the DMC system.

Network Adequacy – State and federal requirements mandate time and distance and timely access standards for pediatric dental services in dental managed care and require the state and DMC plans to publicly report on network adequacy on a yearly basis. These standards ensure that the Department and DMC plans engage in ongoing monitoring and evaluation efforts to ensure children and youth can access dental care in a reasonable and timely manner. Although the Department conducts a Fee-for-Service Medi-Cal Program Health Care Access Monitoring Plan, the evaluation occurs at least once every three years and is not as comprehensive as the DMC network certification process. Therefore, we recommend the Department consult with stakeholders to design and implement a network adequacy monitoring plan within the FFS system that includes time and distance and timely access to care standards among other elements. Additionally, we recommend the Department publicly report compliance with these standards to promote greater understanding and transparency regarding access to care for children and youth.

Language Access Standards - Data from the Medi-Cal Children’s Health Dashboard indicates that approximately 38% of children and youth enrolled in the Medi-Cal program reside in a family where the written language of the family is a language other than English.² Recognizing the critical importance of providing culturally congruent information and access to care, the Department should consult stakeholders and adopt language access standards required of DMC plans within the FFS system. For example, DMC plans are required to translate vital documents into threshold languages such as notices pertaining to the denial, reduction, modification or termination of services and benefits and summaries of benefits and coverage and explanation of benefits. Through efforts with Los Angeles stakeholders, the Department has worked to translate more notices and member materials within the FFS system, however, there are various other documents that the Department has not translated into threshold languages, including the member guide. Therefore, we recommend the Department work with interested stakeholders to identify and incorporate language access standards within the FFS system.

Thank you for the opportunity to provide feedback on the transition plan and for reviewing our additional recommendations on the FFS system overall. We look forward to your response. Please contact Fatima Clark at fclark@childrennow.org if you have any questions.

Sincerely,



Fatima Clark
Senior Policy and Outreach Associate, Health

CC:

Carolyn Brookins, Assistant Division Chief, Medi-Cal Dental Services Division
Jacey Cooper, State Medicaid Director and Chief Deputy Director of Health Care Programs

² California Department of Health Care Service. Medi-Cal Children’s Health Dashboard. September 2019.
<https://www.dhcs.ca.gov/services/Documents/September-2019-Pediatric-Dashboard.pdf>

Attachment A – DMC to FFS Transition Plan Monitoring and Evaluation Plan Measures

Medi-Cal Enrollment

1. Number of newly enrolled Medi-Cal members by age group and county by month
2. Number of newly enrollment Medi-Cal members that selected a DMC by plan by month

Appointment Scheduling

1. Number of referrals/appointments requested via the TSC before and after the transition
2. Number of referrals/appointments made/completed via the TSC before and after the transition
3. Average number of days between scheduling an appointment and the actual appointment date in Denti-Cal before and after the transition

Provider Capacity

1. Number of newly enrolled FFS providers by county and specialty by month
2. Number of newly enrolled DMC providers by county and specialty by month
3. Overlap of newly enrolled DMC and FFS providers by county and specialty by month
4. Number of disenrolled FFS providers by county and specialty by month
5. Number of disenrolled DMC providers by county and specialty by month
6. Number and percentage of FFS providers accepting new patients and referrals by county and specialty by month

Continuity of Dental Care

1. Number, type (acute, serious, surgery), and outcome (approved, denied, in process) of treatment continuation requests broken down by county, age group, month, and population (providers vs. members)
2. Percentage of treatment continuation requests with successful completion broken down by county, age group, and month
3. Number of prior authorization treatments from DMC plans by age, county, and month
4. Number and percentage of members who stayed with same dental provider by age group, county, and month
5. Number of calls to the ASO triage process and the outcome by age and county

Complaints and Grievances

1. Number and type of complaints and grievances filed by age group and county
2. Length of time to resolution and outcome/determination of grievance.