

SUBMITTAL TO THE BOARD OF SUPERVISORS
COUNTY OF RIVERSIDE, STATE OF CALIFORNIA



ITEM
3.12
(ID # 4037)

MEETING DATE:

Tuesday, April 11, 2017

FROM : EXECUTIVE OFFICE:

SUBJECT: EXECUTIVE OFFICE: S.B. 508 - Medi-Cal: Dental Health: Support, All Districts.
[\$0]

RECOMMENDED MOTION: That the Board of Supervisors:

1. Support S.B. 508 - Medi-Cal: Dental Health (Roth) - As Amended March 20, 2017

ACTION: Policy



Brian Nestande 4/4/2017

MINUTES OF THE BOARD OF SUPERVISORS

On motion of Supervisor Jeffries, seconded by Supervisor Ashley and duly carried by unanimous vote, IT WAS ORDERED that the above matter is approved as recommended.

Ayes: Jeffries, Tavaglione, Washington and Ashley
Nays: None
Absent: None
Date: April 11, 2017
xc: EO

Kecia Harper-Ihem
Clerk of the Board

By: 
Deputy

**SUBMITTAL TO THE BOARD OF SUPERVISORS COUNTY OF RIVERSIDE,
STATE OF CALIFORNIA**

FINANCIAL DATA	Current Fiscal Year:	Next Fiscal Year:	Total Cost:	Ongoing Cost
COST	\$ 0	\$ 0	\$ 0	\$ 0
NET COUNTY COST	\$ 0	\$ 0	\$ 0	\$ 0
SOURCE OF FUNDS: N/A			Budget Adjustment: N/A	
			For Fiscal Year: N/A	

C.E.O. RECOMMENDATION: APPROVE

BACKGROUND:

Summary

S.B. 508 would authorize the State Department of Health Care Services, no sooner than July 1, 2019, and to the extent that federal financial participation is available and any necessary federal approvals have been obtained, to authorize a Dental Health Collaboration Pilot Program for Medi-Cal beneficiaries enrolled in Medi-Cal managed care health plans that serve the County of Riverside, the County of San Bernardino, or both of those counties, using a hybrid collaboration model that coordinates the efforts of participating health plans, dental managed care plans, and the department.

California's Medi-Cal Program delivers health care services through Medi-Cal Managed Care Plans and dental care services through the Denti-Cal Program. While federal law mandates Medi-Cal provide dental services to children, services to adults are considered an optional benefit and are limited.

Denti-Cal has been the subject of substantial review and criticism. A 2014 California State Auditor report identified multiple shortcomings, including extremely low utilization rates by patients, an insufficient number of dental providers actively participating in the program, low reimbursement rates, and inadequate monitoring by the Department. The Little Hoover Commission indicated in an April 2016 report that Denti-Cal is in need of an overhaul, including a more expansive preventive and oral health care approach.

Denti-Cal utilizes a fee-for-service system to provide qualified patients with dental care. Sacramento and Los Angeles Counties utilize dental managed care plans which must comply with specified quality and monitoring standards beyond that of dental providers that are solely enrolled in fee-for-service.

The Medi-Cal Dental Services Rate Review Report (July 2015) found that Denti-Cal's reimbursement rates for the 25 most common Medicaid dental procedures were considerably lower than those paid in New York, Texas and Florida. Furthermore, California's reimbursement rates are only 31 percent of the national average for commercial insurance.

California, in partnership with the Centers for Medicare and Medicaid Services (CMS), is implementing a Dental Transformation Initiative (DTI) that will focus on the following domains:

**SUBMITTAL TO THE BOARD OF SUPERVISORS COUNTY OF RIVERSIDE,
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- Preventive care
- Caries risk assessment
- Continuity of care; and
- Local dental pilot programs

DTI focuses primarily on young children and certain public provider systems for implementation of these domains. Adults over the age of 20 are *not* eligible for participation in DTI.

San Bernardino and Riverside counties have over 1.4 million people enrolled in a health plan which participates in Medi-Cal Managed Care. Currently, the Inland Empire Health Plan and Molina Healthcare serve as the contracting entities to the Department of Health Care Services (DHCS) for these enrollees. Dental services are provided on a fee-for-service bases.

The Managed Dental Care Pilot Program offers an opt-in opportunity for participating health plans and dental providers to more fully collaborate across the Medi-Cal Managed Care and Denti-Cal programs. It offers a more comprehensive and integrated approach to ensure patient outreach, education, dental and health treatment, and compliance with ongoing prevention and treatment plans.

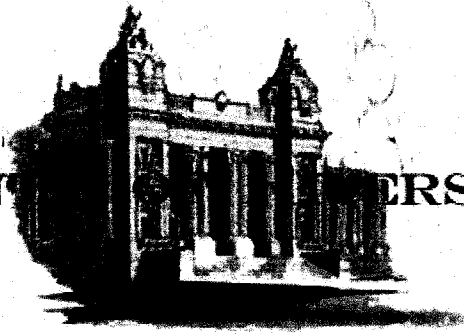
The Pilot will examine providing comprehensive oral health care through dental managed care plans with the collaboration of participating health plans that contract under Medi-Cal Managed Care, while incentivizing dental providers to participate by utilizing advanced payment and remittance methods.

Impact on Residents and Businesses

The pilot program, established in SB 508, would positively impact the resident of Riverside County by providing an opportunity to improve dental care for adults enrolled in the Medi-Cal program and would allow for innovation at the local level.

ATTACHMENT A. S.B. 508 - Medi-Cal Dental Health

COUNTY OF RIVERSIDE



Board of Supervisors

District 1	Kevin Jeffries 951-955-1010
District 2 Chairman	John F. Tavaglione 951-955-1020
District 3	Chuck Washington 951-955-1030
District 4	Vacant 951-955-1040
District 5	Marion Ashley 951-955-1050

April 12, 2017

The Honorable Ed Hernandez, OD
Chair, Senate Health Committee
State Capitol, Room 2080
Sacramento, California 95814

**Re: SB 508 (Roth): Medi-Cal: Dental Health
As Amended, April 6, 2017
Set for hearing, April 19, 2017 – Senate Health Committee
County of Riverside: SUPPORT**

Dear Senator Hernandez:

On behalf of the Riverside County Board of Supervisors, I write in support of SB 508 by Senator Roth. SB 508 would establish an opt-in Managed Care Dental Pilot Program for Medi-Cal beneficiaries in Riverside and San Bernardino Counties.

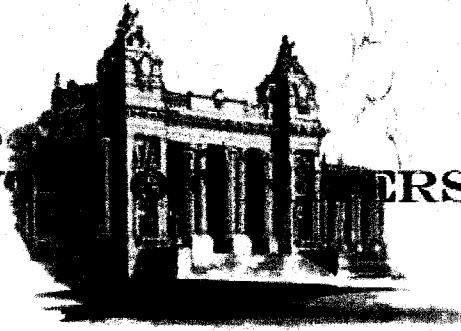
The pilot program established in SB 508 would provide an opportunity to improve dental care for adults enrolled in the Medi-Cal program and would allow for innovation at the local level.

The links between health outcomes and oral health are clear:

- Acute infections in mouth can spread to other organs;
- Severe gum infections are associated with: 1) increased risk for diabetes, 2) cardiovascular disease, 3) aspiration pneumonia in nursing home residents;
- Oral health during pregnancy is linked to birth outcomes, including low birthweight and premature births.

Intensive collaboration and innovation across health and dental sectors can improve overall health to the Medicaid population. Additionally, dental provider rates in the Inland Empire are well below the statewide average of 1,260 patients per dentist. The rate in Riverside is 2,070 patients per dentist, and the rate in San Bernardino is 1,540 patients per dentist. SB 508 offers an opportunity to provide comprehensive and integrated oral health in a diverse part of the state with acute dental needs. The measure will assist with patient outreach, education, dental and health treatment, and compliance with ongoing prevention and treatment plans.

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SB 508 would provide an important opportunity to test better integration of dental health for Medi-Cal beneficiaries, with the goal of improving health outcomes. It is for these reasons that Riverside County urges your support of SB 508. If you have any questions about the County's position, please do not hesitate to contact Deputy County Executive Officer, Brian Nestande at (951) 955-1110 or bnestande@rceo.org.

Sincerely,

John Tavaglione
Chairman, Riverside County Board of Supervisors

cc: The Honorable Richard Roth, Member, California State Senate
Members, Senate Health Committee
Scott Bain, Consultant, Senate Health Committee
Joe Parra, Consultant, Senate Republican Caucus

AMENDED IN SENATE MARCH 20, 2017

SENATE BILL

No. 508

Introduced by Senator Roth

February 16, 2017

An act to ~~amend Section 14002 of~~ *add Article 2.93 (commencing with Section 14091.40) to Chapter 7 of Part 3 of Division 9 of the Welfare and Institutions Code, relating to Medi-Cal.*

LEGISLATIVE COUNSEL'S DIGEST

SB 508, as amended, Roth. Medi-Cal: ~~benefits.~~ *dental health.*

Existing law provides for the Medi-Cal program, which is administered by the State Department of Health Care Services, under which qualified low-income individuals receive health care services. The Medi-Cal program is, in part, governed by, and funded pursuant to, federal Medicaid ~~Program~~ *program* provisions. ~~Existing law provides that health care granted under the Medi-Cal program is subject to the provisions of any law enacted amending, repealing, or supplementing in whole or in part the provisions affecting the Medi-Cal program, and subject to the rules and regulations of the department. Existing law provides that an individual receiving health care from the Medi-Cal program shall not have a claim for compensation or otherwise because his or her service is affected by those changes.~~ *Existing law provides for a schedule of benefits provided under the Medi-Cal program, which includes certain dental services that are referred to as the Medi-Cal dental program, or Denti-Cal. Existing law requires the department to work with dental managed care plans that contract with the department for the purposes of implementing Denti-Cal, as specified.*

~~This bill would make technical, nonsubstantive changes to that provision.~~ *authorize the department, no sooner than July 1, 2019, and*

to the extent that federal financial participation is available and any necessary federal approvals have been obtained, to authorize a Dental Health Collaboration Pilot Program for Medi-Cal beneficiaries enrolled in Medi-Cal managed care health plans that serve the County of Riverside, the County of San Bernardino, or both of those counties, using a hybrid collaboration model that coordinates the efforts of participating health plans, dental managed care plans, and the department. The bill would authorize the department to undertake specified activities in support of the pilot program, such as providing technical assistance to participating health plans and dental managed care plans and providing an innovative payment structure, including payment incentives, that facilitates the pilot program's health and dental objectives. The bill would require participating health plans and dental managed care plans to collaborate with each other and with the department on the design and implementation of the pilot program for an operating period of up to 5 years. The bill would require participating health plans and dental managed care plans to, among other things, deliver Denti-Cal services to participating beneficiaries, engage in specified beneficiary outreach activities, and coordinate patient care. The bill would authorize a participating dental managed care plan to implement and demonstrate innovative payment methods, including incentive payments. The bill would authorize a participating health plan or dental managed care plan to terminate its participation in the program by giving specific notice to the department, beneficiaries, and participating health plans or dental managed care plans, as applicable.

Vote: majority. Appropriation: no. Fiscal committee: ~~no~~-yes.
 State-mandated local program: no.

The people of the State of California do enact as follows:

- 1 SECTION 1. Article 2.93 (commencing with Section 14091.40)
- 2 is added to Chapter 7 of Part 3 of Division 9 of the Welfare and
- 3 Institutions Code, to read:
- 4
- 5 Article 2.93. Dental Health Collaboration Pilot Program
- 6
- 7 14091.40. The following definitions shall apply for the purposes
- 8 of this article:

1 (a) "Dental managed care plan" means a plan that contracts
2 with the department for the purpose of implementing the Medi-Cal
3 dental program, which includes, but is not limited to, contracts
4 authorized pursuant to Sections 14087.46, 14089, and 14104.3
5 that provide beneficiaries with access to dental plan liaisons to
6 assist in the coordination of care for enrolled members.

7 (b) "Oral health care" means health care that works toward a
8 state of being free from chronic mouth and facial pain, oral and
9 throat cancer, oral sores, birth defects such as cleft lip and palate,
10 periodontal (gum) disease, tooth decay and tooth loss, and other
11 diseases and disorders that affect the oral cavity.

12 (c) "Oral hygiene education" means education on the practice
13 brushing and flossing to keep the mouth clean and to prevent tooth
14 decay and gum disease.

15 14091.41. The Legislature finds and declares all of the
16 following:

17 (a) Untreated tooth decay affects more children than any other
18 chronic infectious disease in the United States, leading to pain
19 and suffering, loss of school days, and even death, despite being
20 a largely preventable disease, as noted by the Pediatric Oral
21 Health Research and Policy Center.

22 (b) Children at increased risk of developing caries often lack
23 access to dental care and many do not have good home care
24 prevention practices.

25 (c) According to the California State Auditor's report of
26 December 2014, in 2013 less than one-half of the children enrolled
27 in California's Medi-Cal dental program, also known as Denti-Cal,
28 were able to access basic dental care.

29 (d) Recent estimates by the State Department of Health Care
30 Services indicate that only 25 percent of adults enrolled in
31 Denti-Cal accessed any dental treatment benefits during 2014,
32 even though adult benefits were partially restored.

33 (e) The Medi-Cal Dental Services Rate Review, dated July 1,
34 2015, reflects that California's reimbursement rates for Denti-Cal
35 were considerably lower than the comparable states of Florida,
36 New York, and Texas, and only 31 percent of the national average
37 for commercial dental insurance.

38 (f) Research has identified associations between chronic oral
39 infections and diabetes, heart and lung disease, stroke, and poor
40 birth outcomes.

1 (g) *The federal Centers for Medicare and Medicaid Services*
2 *(CMS) is encouraging states to emphasize new approaches to*
3 *integrated whole-person care, including dental care, as well as*
4 *developing innovative payment methods for state Medicaid*
5 *programs.*

6 (h) *Several states have demonstrated successful outcomes with*
7 *redesigning their dental programs under Medicaid.*

8 (i) *Innovative models of health and dental collaboration and*
9 *innovative payment methods need to be tested in California to*
10 *improve the overall health of Medi-Cal beneficiaries and to ensure*
11 *an efficient and effective Denti-Cal program.*

12 (j) *Documented experience in the Counties of San Bernardino*
13 *and Riverside has identified a lack of dentists accepting new*
14 *Medi-Cal beneficiaries and difficulty for Medi-Cal beneficiaries*
15 *in navigating dental providers.*

16 (k) *Strategic payment incentive approaches to attract and retain*
17 *dentists and effectively drive the timely and appropriate use of*
18 *dental services have been effective in several state Medicaid*
19 *programs.*

20 14091.42. (a) *It is the intent of the Legislature to establish the*
21 *Dental Health Collaboration Pilot Program to test and examine*
22 *the efficacy of using a hybrid collaboration model to provide*
23 *comprehensive oral health care, including oral hygiene education,*
24 *prevention services, and dental treatment, under the auspices of*
25 *a dental managed care plan and in collaboration with a health*
26 *plan that is a Medi-Cal managed care health plan that serves the*
27 *County of San Bernardino or the County of Riverside, or both of*
28 *those counties.*

29 (b) *It is the intent of the Legislature for the Dental Health*
30 *Collaboration Pilot Program to do all of the following, as*
31 *permitted by federal law:*

32 (1) *Design and implement an oral hygiene education*
33 *collaborative to provide parents, caregivers, children, and adults*
34 *with applicable information and motivation to adopt positive oral*
35 *health behaviors.*

36 (2) *Provide direct linkage between health care and dental care*
37 *for Medi-Cal beneficiaries, including an ongoing relationship with*
38 *the beneficiary and dental provider.*

1 (3) Establish objectives for improving access to comprehensive
2 oral health care, including access to dental prevention services
3 and pediatric dentistry.

4 (4) Establish objectives for improving dental utilization, as
5 medically indicated, for Medi-Cal beneficiaries.

6 (5) Test innovative payment models.

7 (6) Enroll eligible Medi-Cal beneficiaries into the pilot program
8 on a voluntary basis.

9 (7) Achieve improved health and dental outcomes for enrolled
10 Medi-Cal beneficiaries.

11 (8) Collect, measure, and analyze data in collaboration with
12 the department.

13 (9) Conduct ongoing quality improvement to facilitate
14 attainment of pilot program objectives.

15 14091.43. (a) No sooner than July 1, 2019, and subject to any
16 necessary federal approvals and in accordance with this article,
17 the department may authorize a Dental Health Collaboration Pilot
18 Program for Medi-Cal beneficiaries.

19 (b) The department may authorize implementation of the pilot
20 program for a period of up to five years.

21 (c) The department may seek any federal approvals as necessary,
22 including state plan amendments or waivers.

23 (d) The department may provide an innovative payment structure
24 through the pilot program to specifically facilitate health and
25 dental objectives as identified in the pilot program, including
26 health care savings attributable to improved dental access and
27 the use of payment incentives to facilitate dental provider
28 participation and the cost-effective utilization of oral health care
29 services.

30 (e) The department may facilitate and assist in any necessary
31 exchange of data between the participating health plan and the
32 participating dental managed care plan as needed to implement
33 the pilot program.

34 (f) The department may provide technical assistance as
35 necessary to participating health plans and participating dental
36 managed care plans.

37 (g) The department may develop specific contract language
38 with a participating health plan for the purposes of implementing
39 the Dental Health Collaboration Pilot Program that shall be
40 incorporated into the contracts of each affected health plan.

1 (h) The department may develop specific contract language
2 with a participating dental managed care plan for the purposes
3 of implementing the Dental Health Collaboration Pilot Program
4 that shall be incorporated into the contracts of each affected dental
5 managed care plan.

6 14091.44. (a) A health plan that is a Medi-Cal managed care
7 plan and that serves the County of San Bernardino or the County
8 of Riverside, or both of those counties, may choose to participate
9 in the Dental Health Collaboration Pilot Program in accordance
10 with this section.

11 (b) A health plan that chooses to participate in the pilot program
12 shall do all of the following:

13 (1) Engage with the department and the participating dental
14 managed care plan as deemed appropriate to design and implement
15 the pilot program for an operating period of up to five years.

16 (2) In collaboration with the department and the participating
17 dental managed care plan, as deemed appropriate, identify and
18 establish core objectives for improving dental utilization and
19 overall health care for Medi-Cal beneficiaries who opt to
20 participate in the pilot program.

21 (3) Collaborate with the participating dental managed care
22 plan to engage in consistent and ongoing outreach to Medi-Cal
23 beneficiaries for the purpose of obtaining their participation in
24 medically appropriate usage of Denti-Cal and enrollment into the
25 pilot program. Outreach activities may include, but are not limited
26 to, the following:

27 (A) Identifying Medi-Cal beneficiaries who are not utilizing or
28 under utilizing Denti-Cal program services, as appropriate.

29 (B) Providing notification regarding the pilot program, as
30 appropriate.

31 (C) Participating in health and dental community-based events.

32 (4) Provide linkage with the participating dental managed care
33 plan to ensure a warm handoff of identified Medi-Cal beneficiaries
34 who have opted into the pilot program.

35 (5) Actively engage in patient care coordination functions with
36 the participating dental managed care plans, including, but not
37 limited to, the following:

38 (A) Identifying, as applicable, patients with special health care
39 and dental care needs.

1 (B) Developing an overall health and dental care strategy that
2 meets the patient's medical needs.

3 (C) Coordinating and monitoring patient care with the goal of
4 achieving optimum health care and dental care outcomes in an
5 efficient and cost-effective manner.

6 (D) Arranging for patient consultations and postreview activities
7 for continued quality improvement and improved patient
8 compliance with the patient's health and dental plan.

9 (6) Collect, measure, and analyze data in collaboration with
10 the department and participating dental managed care plans to
11 identify lessons learned and pilot program achievements.

12 14091.45. (a) A dental managed care plan that chooses to
13 participate in the Dental Health Collaboration Pilot Program in
14 accordance with this section, and that is under contract with the
15 department to serve Medi-Cal beneficiaries in the County of San
16 Bernardino, the County of Riverside, or both of those counties,
17 shall do all of the following:

18 (1) Engage with the department and the participating health
19 plan as deemed appropriate to design and implement the pilot
20 program for an operating period of up to five years.

21 (2) In collaboration with the department and participating
22 health plans, as deemed appropriate, identify and establish core
23 objectives for improving dental utilization and overall health care
24 for Medi-Cal beneficiaries who opt to participate in the pilot
25 program.

26 (3) Collaborate with the participating health plans to engage
27 in consistent and ongoing outreach to Medi-Cal beneficiaries for
28 the purpose of obtaining their participation in medically
29 appropriate usage of Denti-Cal and enrollment into the pilot
30 program. Outreach activities may include, but are not limited to,
31 the following:

32 (A) Identifying Medi-Cal beneficiaries who are not utilizing or
33 under utilizing Denti-Cal program services.

34 (B) Providing notification regarding the pilot program, as
35 appropriate.

36 (C) Scheduling appointments and providing regular appointment
37 reminders.

38 (D) Providing interpreters.

39 (E) Providing transportation.

- 1 (F) Facilitating communication between the Medi-Cal
2 beneficiary and his or her dental provider.
- 3 (G) Participating in health and dental community-based events.
- 4 (4) Provide culturally appropriate oral hygiene education
5 programs with special emphasis on underserved children.
- 6 (5) Provide linkage with the participating health plan to ensure
7 a warm handoff of identified Medi-Cal beneficiaries who have
8 opted into the pilot program.
- 9 (6) Actively engage in patient care coordination functions with
10 the participating health plan, including, but not limited to, the
11 following:
- 12 (A) Identifying, as applicable, patients with special health care
13 and dental care needs.
- 14 (B) Engaging with referred patients to ensure that a high level,
15 integrated, and personalized dental care plan is implemented.
- 16 (C) Developing an overall health and dental care strategy that
17 meets the patient's medical needs.
- 18 (D) Coordinating and monitoring patient care with the goal of
19 achieving optimum health care and dental care outcomes in an
20 efficient and cost-effective manner.
- 21 (E) Arranging for patient consultations and post-review
22 activities for continued quality improvement and improved patient
23 compliance with the patient's health and dental plan.
- 24 (7) Monitor dental providers for performance and outcomes,
25 including ongoing quality improvement as necessary.
- 26 (8) Collect, measure, and analyze data in collaboration with
27 the department, the participating health plan and dental providers
28 to identify lessons learned and pilot program achievements.
- 29 (b) Upon the approval of the department, a participating dental
30 managed care plan may implement and demonstrate innovative
31 payment methods designed to provide actuarially sound
32 reimbursement to dental providers, along with incentive payments
33 the recognize established outcome measures and objectives.
- 34 14091.46. A health plan may terminate its participation in the
35 pilot program by notifying the department at least 120 days before
36 the termination. The health plan shall give participating Medi-Cal
37 beneficiaries and dental managed care plans at least 90 days'
38 notice of termination.
- 39 14091.47. A dental managed care plan may terminate its
40 participation in the pilot program by notifying the department at

1 *least 120 days before the termination. The dental managed care*
2 *plan shall give participating Medi-Cal beneficiaries and health*
3 *plans at least 90 days notice of termination.*

4 *14091.48. Contracts entered into pursuant to this article may*
5 *be on a bid or nonbid basis, and shall be exempt from Chapter 2*
6 *(commencing with Section 10290) of Part 2 of Division 2 of the*
7 *Public Contract Code.*

8 *14091.49. This article shall not be construed to limit or*
9 *eliminate services provided by the Medi-Cal program or Denti-Cal.*

10 *14091.50. This article shall be implemented only to the extent*
11 *that federal financial participation is available and any necessary*
12 *federal approvals have been obtained.*

13 *14091.51. Notwithstanding Chapter 3.5 (commencing with*
14 *Section 11340) of Part 1 of Division 3 of Title 2 of the Government*
15 *Code, the department may implement, interpret, or make specific*
16 *this article by means of all-county letters, plan letters, plan or*
17 *provider bulletins, or similar instructions, without taking*
18 *regulatory action.*

19 ~~SECTION 1. Section 14002 of the Welfare and Institutions~~
20 ~~Code is amended to read:~~

21 ~~14002. Health care granted pursuant to the provisions of this~~
22 ~~chapter is held subject to the provisions of any law hereafter~~
23 ~~enacted amending, repealing, or supplementing in whole or in part~~
24 ~~the provisions of this chapter, and subject to the rules and~~
25 ~~regulations of the department. A recipient of health care under this~~
26 ~~chapter shall not have any claim for compensation or otherwise~~
27 ~~because his or her service is affected in any way by any such~~
28 ~~amending, repealing, or supplemental act, or by any such rule or~~
29 ~~regulation or by any addition, amendment, or repeal of such rules~~
30 ~~or regulations.~~