

**Sacramento First 5 – Community Room**  
2750 Gateway Oaks Ste. 330  
Sacramento CA 95833

**Join by Phone: (916) 876-4100**  
**Conference ID: 398705**

## MINUTES

1. 2:00 Welcome & Introductions Terry Jones  
**Members Present:** Robin Blanks-Guster, Danielle Cannarozzi, Julie Gallelo, Steve Heath, Terry Jones, Cathy Levering, Dharia McGrew, Jim Musser, Debra Payne, Jan Resler  
**Members on the Phone:** Dorothy Seleski, Mary Jess Wilson  
**Members Absent:** Katie Andrew, Olivia Kasirye, Darrel Kenworthy, Jonathon Porteus, Maritza Valencia, Cynthia Vanzant  
**Public Present:** Sonya Bingaman, Carolyn Brookins, Sherri Chambers, Robyn Chatman Bolds, Heather Hollingworth, Alani Jackson, Jen Jackson, Susan McLearn, Robin Muck, Lisa Rufo, Carlos Sepulveda, Mira Yang  
**Public on the Phone:** Tatyana Bak, Jerry Bliatout, Edward Bynum, Eric Enriquez, Sommer McKenna, Bryan Nokelby, Jessica Page, Shannon Potter, Erica Rombaugh
2. 2:05 Approve October 3, 2019, Meeting Minutes (Action) Terry Jones  
Moved (Payne) Seconded (Levering) Approved.
3. 2:10 New MCDAC Dental Plan Seat – Rufo (Action)  
Payne moved to approve Lisa to Dental Plan Seat replacing Martha Cisneros Campos (resigned effective November 8, 2019), Levering seconded, approved.
4. 2:15 DHCS Update Alani Jackson/Carolyn Brookins  
a. [Dental Transformation Initiative Update](#)  
Brookins reported that:
  - Utilization rates for Domain 1 increased by 8.06% from 2014 through 2018.
  - Utilization rates for 2016 were 42% and 45% for 2017.
  - From 2014 through 2018, the number of dentists providing preventive services to at least ten children ages 1-20, increased by 9.92% .
  - Number of providers is known statewide, but not for Sacramento County. Annual DTI PY 3 report to be posted 12/31/19 will breakout providers by county.
  - Prior to expanding Domain 2, there were 212 providers. Now there are 2,458 as of 10/30/19.
  - Domain 1: 2014 – 2018 payments included \$46.5M for PY1, \$53.4M for PY2 and \$53M for PY3. The final PY3 payment will be issued January 2020.
  - Domain 2 payments include \$2M for PY1, \$4M for PY2, and \$34.7M for PY3.Discussion

Payne – MCDAC received a complaint from Sacramento Native American Health Center that there is a four month turn around for dentists to become certified as Medi-Cal Dental providers.  
Jackson – DHCS can oversee provider enrollment at DHCS, but not process through FQHC.  
Levering – The three original reasons for the creation of the MCDAC: payment amounts were low, length of time to credential, length of time to get payment. FQHC is required to verify third party California license resulting in an increase in credentialing time.  
Brookins – This may have come from Federal regulations for managed care final rule. Federal regulations allow 120 days for certifications.  
Bynum – Liberty would like to hear more about this. It is not taking Liberty 120 days for either FQHCs

or FFS.

Payne – Received the process followed by Sacramento Native American Health Center and others, will forward to A. Jackson and E. Bynum for review.

McGrew – To clarify, the issue is clinic dentist enrolling in GMC?

Musser – Does a dentist that was previous certified as GMC provider have to re-enroll?

Jackson – Yes. Should take less than 30 days.

Brookins continued:

- Domain 2 – Children that received CRA received 300% more preventive services than non-CRA children (189%). Children receiving CRA had a 263% increase in restorative services versus the control with no CRA which had a 475% increase in restorative services. The correlation is that children that receive a CRA and have more visits need fewer restorative services.
- Domain 3 payments are made annually. Last payment was done in June 2019 included \$13.2M to thirty-six counties. From 2015 through 2018, there was a 3.28% increase in continuity of care. PY3 continuity is less dramatic at 2.61%.
- 2014 through 2018 utilization increased 10.21% in Domain 3 counties, and 7.39 percent in non-domain 3 counties, an unintended positive outcome.
- Domain 4 – As of October 2019, \$35.6M was paid across thirteen LDPP. DHCS has visited 12/13 sites. Successes include warm hand offs, oral health educators in primary care settings, care coordination, and fluoride varnish in medical settings. Challenges include geographic issues staffing, administrative hurdles, and member habits.

#### Discussion

Jones – Did adding more money to the Medi-Cal system result in improvement?

Jackson – DHCS will not have expended all of the money they had authority to spend. Incentive payments helped, but did not result in a mass run into the program. In addition, some initiatives were pilot county based, so did not get as much bang for buck. Domain 2 original counties were not ideal, but expansion to larger counties has been positive.

Domain 4 had harder time becoming operational; some LDPPs did not get started until much later. It is premature at this time to make evaluation as data is not in. 1115 Waiver is ending regardless of outcome. DHCS put forward CalAIM proposal based on information available. The proposal relates to Domains 1, 2, and 3, are statewide, and include adults. DHCS will continue to hold stakeholder engagement opportunities and welcome public comment through December 16. DHCS will continue to take comments through February 29, but proposal will most likely be packaged by then.

#### b. Prop 56 update

Jackson – Proposition 56 remains status quo. Specialty care, adult preventive services, and orthodontic codes were expanded in 2018-2019. DHCS implementing CDT 19 in March 2020. Governor's budget proposes that increased reimbursement will continue through 2021. DHCS The Loan Repayment application period opens January 13, 2020 and ends February 7, 2020.

#### Discussion

Musser – If rates go back to original levels, it is highly unlikely new providers will continue.

McGrew – Most of Prop 56 reimbursement goes to the medical side. It is harder to demonstrate concrete wins due to the way data is reported in medical managed care. Dental is different, we have the data to show the outcomes due to increased reimbursement. Recommends that those that can advocate for successes of dental increased reimbursement.

#### c. Hospital OR access

DHCS (Rene Mollow) recently met with CA Hospital Association and an internal paper is being developed. Increased access to ORs is an agenda item at the next meeting. This meeting is not a public meeting.

#### d. CalAIM

Jackson – Discussion above includes great comments to submit as recommendations for the CalAIM proposal. California Advancing and Innovating Medi-Cal (CalAIM) includes mental health,

behavioral health, and dental integration. There is no dedicated funding for this proposal yet. Proposals put forward mirror DTI: performance payments for increasing statewide utilization for children and adults and include benefits for the top three codes billed: prophylaxis, prophylaxis-fluoride and fluoride varnish. There are suggestions that sealants be included. Stakeholder engagement opportunities are posted on the website. Submit written comments by December 16, 2019. Two new benefits are proposed: silver diamine fluoride (SDF) and a CAMBRA bundle (CRA and nutritional counseling; however, motivational interviewing is no longer part of the bundle) for children 0-6 and adults living in a skilled nursing facility/intermediate care facility and DDS consumers. A third performance payment, a flat rate payment for continuity of care – paid once per year, is also proposed.

#### Discussion

Musser – What would it take to get sealants on primary molars as a covered benefit?

Levering – What would it take to improve coverage for laboratory-fabricated crowns as prefabricated crowns are below the standard of care?

Jackson – Changing crown coverage would require a statute change.

Levering – Another issue is orthodontic coverage, the HLD Index is inconsistently applied.

Jackson – Even if HLD Index does not meet program criteria, Early and Periodic Screening, Diagnostic and Treatment (EPSDT) should be applied and case can be re-submitted accompanied by a medical note/justification.

McGrew - Orthodontists need to write comprehensive narrative for EPSDT/non-HLD Index cases in order for case to be escalated for further review.

McGrew- Dropping Motivational Interviewing (MI) from CAMBRA package is a lost opportunity. MI should be included in patient education.

5. 2:45 MCDAC Charter Change Jan Resler  
The formal “sponsor/convener” for MCDAC is changing from First 5 Sacramento to Sacramento County Public Health. The charter was amended to reflect this change and the term “Denti-Cal” was replaced with “Medi-Cal Dental” to reflect the DHCS preferences. No substantive changes were made to the charter. Per County Counsel, MCDAC members were informed of the change. County staff will develop a Board letter and obtain a date for the Board of Supervisor to review and provide consent.
  
6. 2:50 Board of Supervisors Report Back Update Debra Payne  
Meeting with leadership 12/6/19 to discuss report back and Debra will send update after meeting to group.
  
7. 2:55 Sacramento County Dept. of Health Services Sherri Chambers  
Medi-Cal Managed Care Advisory Committee Update
  - Currently, there are five plans in Sacramento County with Anthem Blue Cross having the highest enrollment. Enrollment dropped about 15,000 from the 2016 peak just after the Affordable Care Act was enacted. HealthNet and Molina had the largest decrease in enrollment.
  - Kaiser is a “permit to enroll” organization; meaning new enrollees must have a recent relationship with Kaiser to become a new Medi-Cal member.
  - SacGMC.net is website for the Medi-Cal Managed Care Advisory Committee (MCMCAC).
  - The Care Coordination Work Group is a subcommittee of MCMCAC that meets every other month. Twice per year the health plans do a data pull that focuses on the highest utilizing members (three or more hospital visits per year).
  - Health plans pull data for highest utilizers (Health Plans Comparison) including information for hospital ER visits, in-patient visits, inappropriate hospital visits, number of homeless patients making hospital visits, and data for common chronic conditions for different conditions.
  - Committee is very focused on CalAIM. Committee is focused on whether Sacramento County want to continue GMC model (Senator Pan and Dr. Beilenson have been included in discussions). New GMC plans will be selected January 2023. Plans are being asked to report on new quality metrics as of end of 2019. One idea being considered is having fewer plans for medical.

Discussion

McGrew – There are specific CPT codes for hospital visits due to dental.

Chambers – Will ask contact if they can add dental to codes they pull.

Payne – DTI funds dental navigators in hospitals.

8. 3:15 Special Needs/General Anesthesia Work Group Update Jan Resler  
Special Needs/General Anesthesia Work Group is looking at what data is available to inform activities. The group developed and prioritized a work plan and is considering contracting a report to summarize conditions in Sacramento County. The group is time limited and will sunset once issues have been explored and recommendations are available to share with MCDAC.

Discussion

Levering – Two local dentists are looking into opening a dental surgery center for children in Roseville on the Sutter Campus. Case Anesthesia group is on board for this project. More information to follow.

Levering/Payne – Discussed difficulty and wrong information given by Medi-Cal Dental and Alta Regional Center representatives to parent of adult special needs patient that needs endodontic treatment.

McGrew: When having issues with the telephone service center (TSC), it is very important to collect date and names of people spoken to in order to provide feedback to DHCS for improvement.

Payne – SN/GA group is trying to arrange a meeting with DHCS, Anthem Blue Cross, and MCDAC members.

9. 3:20 Dental Plans Update Dental Plans  
Liberty Dental Plan/Cannarozzi – Used DTI parent portal in Farsi for refugee outreach with great success. Collaborated with Alta Regional for adult special needs education presentations.  
Access/Rufo – New dental director (Dr. Bailey Hudson Graham) onboarding. Looking to do more provider outreach and training. Also, bringing on additional outreach coordinators.

10. 3:35 California Dental Association Update Dharia McGrew  
Special Needs Statewide update – Dr. Glassman’s taskforce discussed regional center best practices such as dental coordinators. In February, Dr. Reddy will have a meeting on hospital dentistry in San Francisco.  
CDA will be submitting comments on CalAIM and Dharia is sitting on full integration workgroup. There is no budget for proposal yet, but recommendations will go into the budget for negotiation between the governor and legislature between January and June.

11. 3:40 Children Now Update (Absent) Katie Andrew

12. 3:45 Every Smile Counts Update Debra Payne  
Payne – DTI is fully implemented and entering final year. Projects will continue through 12/31/2020. Media campaign recently launched along with coordinating campaign of school banners and other collateral materials. Using geo-targeting for targeted messaging.

13. 3:50 Early Smiles - Center for Oral Health Mira Yang  
Yang – Early Smiles employs five part-time hygienists and two navigators.  
For the 2019 -2020 school year:  
Total number of students screened: 12,826  
Fluoride varnish treatment: 9,801  
#3s = 295 #2s = 2,637 #1s = 9,894  
Children age 0-5 total: 4,614  
Fluoride varnish treatment: 3,630  
#3s = 77 #2s = 989 #1s = 3548

14. 3:55 Agenda Items for February 6, 2020 MCDAC Meeting All

Levering – Motion to request to DHCS data on prefabricated crowns placed versus prefabricated crowns failed. SDDS will use this information for advocacy purposes. The specific request: Data, for adults, on covered crowns, CDT D2931. In addition, if possible, failure rate information (rate of replacement). Blanks second. Approved.

Musser – agenda item for next time: sealants on primary teeth.

15. 4:00 Adjourn Meeting adjourned at 4:10 p.m.

All

**Public comment may be given on any of the agenda items and before a vote.**

**Purpose:** The purpose of the advisory committee is to provide oversight and guidance to improve Medi-Cal Dental utilization rates, the delivery of oral health and dental care services, including prevention and education services, dental managed care and fee-for-service Medi-Cal Dental.

**Authority:** AB 1467 (Budget Committee), Effective July 1, 2012; Sacramento County BOS, Dec 11, 2012, Resolution No. 2012-0903 establishing a Sacramento County Medi-Cal Dental Advisory Committee & Resolution No. 2012-0904 appointing the initial membership to the Advisory Committee. For information about MCDAC, contact Jan Resler: 916-875-6259 or ReslerJ@sacounty.net