

THIS MEETING WAS HELD VIA TELECONFERENCE/WEBINAR DUE TO COVID 19 RESTRICTIONS

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Webinar ID: 171 057 666

MEETING MINUTES

Note: Meeting minutes summarized. For full transcript, see audio file provided to members prior to approval and subsequently posted on MCDAC website.

1. 2:00 Welcome & Introductions Terry Jones **3:26**

Members Present:

Katie Andrew, Robin Blanks-Guster, Danielle Cannarozzi, Julie Gallelo, Steve Heath, Terry Jones, Cathy Levering, Dharia McGrew, Jim Musser, Debra Payne, Jonathan Porteus, Jan Resler, Dorothy Seleski, Maritza Valencia, Cynthia Vanzant, Mary Jess Wilson

Members Absent:

Olivia Kasirye, Darrel Kenworthy, Access Dental Plan Seat - Vacant

Public Present:

Robyn Alongi, Kristal Antonicelli, Dr. Bandy, Sonja Bingaman, Carolyn Brookins, Diane Bruce, Edward Bynum, Giselle Castro, Harmilan Chahal, Sherri Chambers, Kris Clinton, Zachary Corbo, Priya Dasika, Felisha Fondren, J. Lepe Francisco, Paul Glassman, Gurbir Goraya, Hudson Graham, Alisha Gutierrez, Rick Heyer, Leesa Hooks, Karen Lemieux, Shanna Madden, Susan McLearn, Dave Meadows, Robin Muck, Ian Nicholson, Bryan Nokelby, Griselda Ocegueda, Janet Paine, Taryn Peters, Kelsey Reyne, Lisa Rufo, Effie Ruggles, Adriane Sawyer, Herb Schultz, Carlos Sepulveda, Thomas Tremble, Brian Vu, Yuwei Weinberg, Mira Yang

2. Approve February 2, 2020, Meeting Minutes (Action) Terry Jones **6:24**

A motion to approve the February 2, 2020 minutes was made by Debra Payne and seconded by Jan Resler. Group agreed for the purposes of this meeting for Debra Payne to make all motions and Jan Resler to second. Members can then discuss, amend, discuss. Verbal roll call vote made. Minutes approved unanimously.

Vanzant - Yes

Maritza - Yes

Robin - Yes

Dharia - Yes

Jonathan - Yes

Dorothy - Yes

Danielle - Yes

Jim - Yes
Julie - Yes
Katie - Yes
MJ - Yes
Steve - Yes
Cathy - Yes
Jan - Yes
Debra - Yes
Terry - Yes

3. New MCDAC Dental Plan Seat – Bailey Hudson Graham ([Action](#)) Terry Jones **9:16**
Bailey Hudson Graham was nominated to fill the Access Dental. Debra Payne made a motion to approve the nomination. Jan Resler seconded the motion. A roll call vote was made. Bailey Hudson Graham was voted in to fill the Access Dental position.

Roll call vote: Confirm this and add as an attachment

Cynthia – Yes
Maritza – Yes
Robin – Yes
Dharia – Yes
Jonathan – Abstain
Dorothy - Yes
Danielle - Yes
Jim – Yes
Julie – Yes
Katie – Yes
Mary Jess - Yes
Steve - Yes
Cathy – Yes
Jan – Yes
Debra – Yes
Terry – Yes

4. Department of Health Care Services Update Carolyn Brookins **11:38**

- a. [Dental Transformation Initiative](#) Domain 1: DHCS released the Jan 2020 payment in February. Total paid out for this Domain = \$208M. Sacramento County received \$1.3 M. As of Jan 20, 248 safety net clinics have opted in to Domain 1; two of the 248 safety net clinics are in Sacramento County.
- b. Domain 2: Total paid out for this Domain = \$77.6 M paid out since the start of the program in 2017. Sacramento County received about 7% of the total incentive payments. As of March 24, Sacramento County FFS providers have received \$1.5M and managed care providers have received \$3.6M. The top five counties for this Domain in 2019 were Los Angeles, San Diego, Kern, Fresno and Orange. As of March 2020, there are 2844 providers total in Domain 2. This includes DMC, FFS and safety net clinics. Sacramento

County accounts for ~ 6% of the total Domain 2 provider population with 157 providers opted in.

- c. Domain 3: This Domain is not operating in Sacramento County. Next payment is scheduled for June. As of January, 113 safety net clinics are participating.
- d. Domain 4: To date, thirteen LDPP's have received \$53.5M. Sacramento County has received \$3.8 M as of February 6. The next DHCS bi-monthly call with LDPPs is scheduled for Thursday, April 16.
- e. [Proposition 56](#) – \$425M paid out in supplemental payment statewide during FY 18-19 in FFS. \$18M in Sacramento County has been paid to managed care plans. Overall, DMC Plans received \$34M for FY 18-19.
- f. For FY 19-20, FFS providers have been paid \$225M in supplemental payments. \$7M paid to DMC plans in Sacramento County. DMC plans have received \$13M in Prop 56 payments during FY 19-20. The loan repayment application period closed. DHCS is reviewing applications and should announce awardees in early June.
- g. [Cal AIM](#) – Three dental proposals are moving forward. Pay for performance for preventive services for children and adults, similar to current Domain 1, except will not be a baseline and benchmarks. DHCS will add a fixed amount for each preventive services performed by an office. All children's services including sealants will be included.

DHCS is adding Caries Risk Assessment as a statewide benefit for children ages 0-6.

Similar to current Domain 2, bundle amount has not been determined and bundle will not include motivational interviewing.

Based on stakeholder feedback for the Caries Risk Assessment, DHCS is eliminating the opt in process for FFS providers. Safety net clinics will still have to opt in. Everyone will need to provide proof of CRA training before payments will be made.

Silver Diamine Fluoride is proposed as a statewide benefit for children ages 0-6 and person with underlying conditions that prevent restorative treatment for dental caries, including adults that live in skilled nursing facilities, intermediate care facilities and Department of Developmental Services populations.

Continuity of Care – DHCS will issue performance payment (similar to DTI Domain 3), (fixed amounts) for providers that see the same person year after year.

Once these proposals are finalized and approved, DHCS will share with stakeholders. The timeline for this is likely to be affected by COVID19 as the state shifts priorities to respond to the pandemic.

- h. Geographic Managed Dental Care Transition Plan – Due to COVID19, the release date for the transition plan for geographic managed care is delayed, as is the report to the legislature. DHCS will keep the group informed on when these are released.
- i. Care Coordination in Fee-For-Service Delivery System – DHCS shared a handout on care coordination and case management system available through the FFS delivery system via the meeting notice. Clients are able to locate a provider and get assistance with setting appointments, translation and transportation by calling an 800 number. Case management services are focused on complex cases requiring more than one healthcare provider. A referral form is required for this service and must be submitted by secure email. Online enrollment will be available in May.

Related Materials (Included in Meeting Packet)

- a. [Governor's Budget Highlights FY 2020-2021](#)
- b. [DHCS Restoration of Fee-For-Service Fact Sheet](#)
- c. [Proposed Trailer Bill Language](#)
- d. [DHCS GMC Performance Measures Jul 2018 – Jun 2019 Data Sheet](#)

Budget is working its way through legislative process. DHCS is working on transition plan to share with stakeholders. Members will receive multiple notifications prior to the transition. Targeted outreach will be directed toward DMC providers who are not already enrolled in FFS. There will be a continuity of care process for any treatment plans that need to be completed. Of the 795,426 total members (in Sacramento and Los Angeles counties) that are in DMC today, 418,808 (Sacramento County) are in GMC. A DHCS analysis found that 85% of DMC providers are enrolled in FFS and 99% of GMC providers are enrolled in FFS.

[DHCS FFS Performance Measures July 2018 – Jun 2019 Data Sheet](#)

Katie Andrew: Care coordination/case management – Questioned why the number of people who are receiving case management/care coordination are so low number.

Rene Mollow: Those requests have to be submitted by providers, caseworker or other health professional, there is no self-referral. However, if a caller says they are having trouble accessing care, a DHCS representative will reach out to the person's provider and help initiate care coordination/case management application.

Katie Andrew: How is DHCS getting the information about CC/CM out to providers to increase utilization?

Carolyn Brookins: DHCS is using provider bulletins. We can also share it with our managed care counterparts in the department so they can distribute it to the health plans. This will be included in the provider handbook in the next update. DHCS also informs members.

Cathy Levering: Is the move to eliminate GMC a done deal since the hearings were cancelled?

Rene Mollow: It is unknown when hearings will be rescheduled due to COVID19. Be prepared for a very different budget process. Anyone can voice their support or opposition for any of the proposals and DHCS encourages that. DHCS has seen letters of support and opposition. The proposed elimination must be acted on by the legislature because it is in the Governors proposed budget.

Danielle Cannarozzi: All DMC providers are required to enroll with FFS in order to see DMC members, it does not mean they treat the FFS members. How many of that 85% treat FFS members?

Rene Mollow: This is difficult to determine as both providers are utilized. Some members have services provided by FFS providers if needed before they are enrolled in the DMC system. Clinic providers are not in this count. They serve as an available resource.

Danielle Cannarozzi: How can the community be assured there will not be disruption?

Rene Mollow: It will be the goal of the transition plan to minimize disruption. DHCS is getting information from the dental plans so treatments plans can be completed with the current dental provider. Stakeholders, beneficiaries and providers will have the opportunity to weigh in on the transition plan. We have a draft transition plan, but it has not been released yet.

Terry Jones: To clarify, 85% of GMC providers in Sacramento are already enrolled in FFS? Would providers have to go through another process to enroll if GMC is eliminated?

Carolyn Brookins: 85% of the total in both counties are enrolled in both. In Sacramento, 99% are enrolled in FFS and GMC.

Danielle Cannarozzi: It seems important that DHCS ensure that providers will participate in FFS delivery system prior to discontinuing DMC system.

Dharia McGrew: – Dentists have an ethical responsibility to continue a treatment plan. CDA is willing to help providers with the transition.

Cynthia Vanzant: Will patients be allowed to stay with the same dentist?

Carolyn Brookins: If their dentist is a DMC and is enrolled as a FFS provider, then that child could stay with their current dentist. If the dentist is not a FFS provider, then the child will have to transition to FFS and change providers (after treatment plan is completed).

The DHCS shared a new Sacramento County Fact Sheet on the day of the meeting. This was sent to members with a meeting reminder. **54:23**

Terry Jones: Asked the group if they'd like to review the Fact Sheet while representatives from DHCS were in attendance to answer questions.

Jonathan Porteus: We are receiving a lot of new information and using an unfamiliar process, I am anxious about making any decisions at this time.

Priya (DHCS): The Fact Sheet is two pages; the first section is provider enrollment in Sacramento County. The data is broken down by DMC and FFS. The next section highlights the top five procedure codes from November 2018 to October 2019 and the data is preliminary. This data is further broken down to show Sacramento County and statewide, adults and children. If you have questions about what the codes relate to you can refer to the Provider Handbook, a link is provided in the Fact Sheet.

Page two highlights utilization in DMC and FFS in Sacramento County. Data is listed in two charts; one is data for 3 months continuous eligibility, and the other shows eligibility for 1, 2, and 3 years continuous enrollment, broken down for adults and children. Data is also provided by annual dental visits for 3 months continuous eligibility versus preventive services and how this is trending between adults and children. The data also shows how overall utilization is trending for adults and children for 1, 2, and 3 years. For CY 2019, note that the information is from November 2018 to October 2019. The data is preliminary and DHCS expects to receive a few more claims from 2019. Feel free to refer to the website for more information.

Jonathan Porteus: Am I to understand from this fact sheet that utilization rates for DMC are higher than FFS?

Priya (DHCS): Yes, for now.

Jonathan Porteus: What exactly does that mean? For the 3 years children, in the overall utilization 1/2/3 years continuous enrollment, if I was to look at the FFS versus DMC I would see that in 2018 was 48.86% for FFS and 72.11% in DMC. What does that mean? Does that mean that people in DMC are more engaged?

Yuwei (DHCS): That means, 48% of children enrolled in FFS for three straight years had a dental visit and 72% of children enrolled in DMC for three straight years had a dental visit. Utilization in DMC is higher when we look at children enrolled three years straight in the same plan.

Jonathan Porteus: On the boxes to the left, the 3 months continuous enrollment data is not displayed on the same y-axis. In the case of GMC, it goes up to 50%, in the case of FFS it goes up to 25%. So, it looks like the GMC numbers are significantly higher at least for the children's procedures. Is that correct?

Yuwei (DHCS): The data compares enrollment and utilization between DMC and FFS in Sacramento County. What this chart does not show is the number/population. DMC has a much bigger population enrolled. DMC is mandatory in Sacramento County, so all beneficiaries are enrolled. It is true that DMC performance is better in Sacramento County than FFS utilization in Sacramento County.

Jonathan Porteus: It seems like about ¾ of the children in Sacramento County are enrolled in GMC with the rest in FFS. Is that a rough estimate? What is the enrollment for Medi-Cal Dental for children in Sacramento County? What percentage are enrolled in GMC?

Yuwei (DHCS): Members are directed to the website to get accurate data for percentage of children enrolled in DMC system.

Debra Payne: When you compare this fact sheet to the measures, the data does not match what has been presented before. Can you comment? In the Governor's Budget Proposal, DHCS recommended eliminating GMC because it consistently lags behind FFS.

Rene Mollow: It may be because this is from a different time period.

Terry Jones: Is this due to the population being discussed? Is this an apples-to-apple comparison because of the disparity in the number of people enrolled in GMC versus FFS in Sacramento County?

Jonathan Porteus: The data indicates that children are more engaged in the GMC system and I am assuming that higher engagement results in better outcomes.

Terry Jones: Having both systems may be confusing to beneficiaries who do not know where to go.

Rene Mollow: You have to look at the population we have in DMC. Most of the population resides in DMC.

Debra Payne: DMC poor performance was listed as rationale for eliminating the system in the Governor's budget proposal.

Rene Mollow: When you take it in a bigger context, historically Sacramento County has been compared to Fresno. When we look at those two, we see differences. We are looking at DMC in totality and what it does or does not do over time. We have not seen the gains in utilization one

would expect based on the type of delivery system that DMC is supposed to provide. Utilization rates are less than FFS.

Danielle Cannarozzi: When you average the utilization for 57 counties and when you add in the FFS data that includes medical codes, etc., it will look higher. Utilization is not a quality measure. In Sacramento County, we have DMC because FFS could not recruit the providers needed to serve the community.

Dharia McGrew: The numbers on the Sacramento County Fact Sheet do not compare the same populations. NCQA metrics – utilization is not a measure of quality, in the way the medical plans measure quality, but NCQA has said they have intention to develop measures of quality. We do not have measures of quality yet. Utilization is a measure of access. Compared to elsewhere in the state, FFS patients are getting through the door at a higher rate than those in Sacramento County.

Cathy Levering: We have been looking at 2018, 2019 numbers. Thank you for current numbers. I agree with Dr. Porteus' statement.

Robin Blanks-Guster: The Fact Sheet shows that DMC utilization percentages go up year over year, is there a reason for that?

Rene Mollow: This is data for Sacramento County, but when you look at data across the state it paints a different picture. Improvement in policy and payment structures that have been implemented have resulted in increased utilization. We would expect bigger gains in GMC given these improvements.

Edward Bynum: We have been making the argument utilization is relative and you can see DMC is higher and now we are being told it is a different population. It seems wrong to say these are different population. We are looking at the population in the same county for 3 years. It sounds wrong to hear both sides of the story is being told at the same time. It sounds like excuses. If we are going to vote, we should be given a plan we can comment on, but we should have a strong feeling that the beneficiaries in Sacramento County are going to be better served with a different delivery system.

Terry Jones: Can we see performance measures identified in Agenda item D and E that zooms out to see statewide performance measures for GMC and FFS?

Document reviewed.

Jonathan Porteus: It would be helpful to compare Sacramento County's Fact Sheet to a comparative county's Fact Sheet rather than to compare Sacramento County to statewide averages.

5. MCDAC Recommendation to the Board of Supervisors re: GMC Terry Jones 1:32:39

Terry Jones: A motion is on the agenda at the request of members. The intention is to take a vote and transmit the recommendation to the BoS. If the members feel this is not the time to vote or want to change the motion, they can do that. At the time the agenda was posted, we did not receive a letter with any specific language related to this motion. This being the case, we tried to

come up with a motion that would cover what the group wanted the BoS to hear in one question. The intent is for staff to be able to transmit this information as soon as possible to the BoS without having to come back to approve a letter at a subsequent meeting.

Debra Payne moved to approve making a recommendation to support DHCS's proposal to eliminate GMC to the BOS. Jan Resler seconded the motion. With this motion, we are opening up the discussion.

Terry Jones: The motion reads: MCDAC supports the DHCS's proposal to eliminate DMC in Sacramento County. A yes votes mean you support elimination of GMC. A no vote means you oppose the elimination of GMC.

Discussion prior to the vote:

Cathy Levering: It is a difficult time to vote for this. We need the opportunity to have the BOS weigh in. I know many people have talked to the BoS and at the Capitol. The hearings would be a good time to hear all the reasons and argue all the reasons. SDDS Board of Directors has taken a neutral position on this issue because CDA is supporting eliminating DMC, but as a front line worker and seeing all the improvement over the years, I would oppose.

Jonathan Porteus: We began the journey with GMC in Sacramento County with a comparison between Sacramento and Fresno counties. An updated comparison to a similar county would help to identify trends. We need apples-to-apples comparisons and I do not feel like I have that right now.

Danielle Cannarozzi: The diverse partnerships in Sacramento have turned around a program what was not working well and made it work. This is a vote for maintaining consumer protections. We need make sure we prevent disruption to our members. I am concerned that enrolled providers will not continue to participate. This will affect the most vulnerable populations.

Terry Jones: Clarified motion: MCDAC supports the DHCS proposal to eliminate GMC in Sacramento County. The motion is on the agenda at member request. The motion can be postponed, retracted, or acted upon today. This is at the will of the members.

Dorothy Seleski: It is important that at some point we get to see an apples-to-apples comparison. The collaboration of MCDAC and the willingness to be innovative, in projects like Early Smiles and others, is important. Our flexibility is a value to the Sacramento community.

Rick Heyer: The way the motion has been agendized and is currently presented is somewhat confusing. It might be better as a two-part vote: 1) Is MCDAC going to make a recommendation at this time? And, if so, 2) What is the recommendation? Because it is agendized the way it is, you can move forward, but the group needs to be clear on what a 'yes' or 'no' vote means. I think you have enough here to convey to those that are interested that the body was going to be discussing what recommendations if any would be made to the BOS regarding GMC. I think you can move forward.

Terry Jones: The current motion reads: MCDAC supports the DHCS's proposal to discontinue GMC in Sacramento County. A 'yes' vote supports DHCS' proposal, a 'no' vote opposes DHCS' proposal. This does not require a letter and gives the opportunity to transmit the information to the BoS, which the members wanted to do quickly.

Cathy Levering: Please re-read the motion as listed in the February minutes.

Jan Resler: The minutes read: Should MCDAC develop a recommendation letter regarding the elimination of GMC and present it to the BoS?

Cathy Levering: That is not what is on the agenda.

Dharia McGrew: That is more like what Rick is suggesting.

Jan Resler: Yes. It is a two-part question.

Terry Jones: This came up at our last meeting. If we made a motion to develop a letter, we would have to submit the letter for approval to MCDAC members at the next meeting before submission to the BoS. Members indicated the importance of conveying the information as soon as possible as budget negotiations impacting GMC are in progress. This motion was developed with those needs in mind.

Debra Payne: I would like to propose postponing this item given this conversation and Jonathan's comments that we need more information from a comparison county.

Mary Jess Wilson: Supports voting on this recommendation today and urges a no vote. I see the benefit of GMC for special needs children. We have an opportunity in this committee to state what is best for our community. It has nothing to do with the pandemic. We need to have a recommendation available for when the legislature meets again.

Terry Jones: I repeat that I am open to any modification to this motion including postponement.

Robin Blanks-Guster: I have seen what DMC in Sacramento County has done to improve access to care over the past few years. DMC is one of the best things in Sacramento for dental support. We have been able to get families in all at the same time for medical and dental services. If we dump DMC, we will be going back to where we were 5-6 years ago.

Jim Musser: This is begging to be tabled because there is so much information out that needs to be straightened out. My problem with this is that it is presented as a binary choice; it is not a binary choice. I recommend it become voluntary in Sacramento like it is in LA.

Jim Musser: Made a motion to table the previous motion.

Debra Payne: Second the motion to table.

Discussion before the vote to table:

Danielle Cannarozzi: If we table the vote because we want more information, we need to realize that negotiations are going on currently. DHCS will not provide the reports before the legislature decides. To all of the voting members, I would like to motion to include the resolution drafted by Liberty Dental Plan.

Jan Resler: (inserted from later in this dialogue) Checked with Rick Heyer, he said we can introduce Liberty's resolution now, but it is not something we can vote on. It can be provided as information.

Cynthia Vanzant: GMC has been more responsive than FFS. We have made great strides over the past few years. Plans hold their providers accountable. I question how FFS providers will be held accountable. If I have problems, as I have had in the past, who will I contact for assistance.

Jonathan Porteus: Under normal circumstances, the motion to table would be reasonable in order to gather more information. However, if we want to send a message to the BOS, we need

to vote.

Steve Heath: The motion to table is not debatable and does not require a 2nd. We have to vote immediately according to Roberts Rules. It is a 'yes' or 'no' vote.

Terry Jones: Since that is the case, we will go right to the vote on the motion to table. **2:11:02**
Roll call vote to table the motion "MCDAC supports the DHCS's proposal to eliminate DMC in Sacramento County":

Cynthia – Yes
Maritza – Abstain
Robin – Abstain
Dharia – Yes
Jonathon – No
Dorothy - No
Danielle - No
Jim – Yes
Julie – No
Katie - Abstain
Mary Jess - No
Steve - No
Cathy – No
Jan – Yes
Debra – Yes
Terry – Yes

No (7) Yes (6) Abstain (3)

Back to original motion: MCDAC supports the DHCS's proposal to discontinue DMC in Sacramento County

Discussion

Julie Gallelo: – I cannot get behind the recommendation to eliminate GMC. I want more information, but do not think waiting until next month will be productive. We need to give feedback to the BoS.

Steve Heath: Calls the question and moves to vote immediately

Roll call vote:

2:23:26

Cynthia – No
Maritza – Abstain
Robin – No
Dharia – Yes
Jonathan – No
Dorothy - No
Danielle - No

Jim – Abstain
Julie – No
Katie - Abstain
Mary Jess - No
Steve - No
Cathy – No
Jan – Yes
Debra – Abstain
Jones – Yes

No (9) Yes (3) Abstain (4)

Terry Jones: The motion does not pass and it is clear that it is the will of this body to oppose the DHCS proposal to discontinue DMC in Sacramento County and that message should be conveyed by staff to the BoS.

6. Requests to DHCS

Nokelby **2:26:10**

a. Prefabricated Crown – Code D2931 (Data Request)

Lab processed crowns are not a benefit unless they are part of a partial. These benefits are part of legislation. This is under review and new legislation is being considered. While it is being considered by the legislature, DHCS cannot do anything to make it a benefit.

Cathy Levering: What is the legislative change and how can we make that work?

Bryan Nokelby: The legislation would have to be removed or modified; this prohibits DHCS from adding this as a benefit at this time.

Dharia McGrew: Is there data to evaluate to make an advocacy effort?

Bryan Nokelby: Is what you are looking for data on existing prefabricated crowns on permanent teeth and how many have to be redone and for a tooth with a lab-processed crown, how many fail within 5 years? He will take this back to DHCS to see if this can be provided to MCDAC at his request or whether this will have to go through the PRA process.

b. Sealants on Primary Teeth – (Benefit Addition) There is good evidence to support sealants on primary teeth. Adding this as a benefit would need to go through the budgetary process and fiscal analysis. Dental consultants at DHCS will consider.

Jim Musser: Recommends including latest JADA literature in the consideration.

Bryan Nokelby: Primary sealant studies are not as robust as that on permanent teeth. If anyone knows of a study on the economic benefits of primary sealants, please forward them. In regards to EPSTD, if you have a child with some accentuated pit and fissures in deciduous molars, by all means send in a TAR with photos and it will be considered and likely approved.

7. MCDAC Recommendation to DHCS:

Add Primary Tooth Sealant Benefit Terry Jones **2:39:35**

Jim Musser: made a motion for MCDAC to make a recommendation to DHCS to add primary teeth sealants as a covered benefit. Debra Payne 2nd.

Roll call vote:

Cynthia – Yes

Maritza – Yes

Robin – Yes

Dharia – Yes

Jonathan – Yes

Dorothy - Yes

Danielle - Yes

Jim – Yes

Julie – Yes

Katie - Yes

Mary Jess - Yes

Steve - Yes

Cathy – Yes

Jan – Yes

Debra – Yes

Jones - Yes

Motion passed

8. 2:50 Dental Plans Update

Dental Plans **2:43:40**

Liberty Dental Plan

Danielle Cannarozzi reported

1. Liberty created an infographic and video that explains teledentistry services available to beneficiaries during COVID19 to make sure they get the triage care they need. It will be shared with MCDAC.
2. All community engagements have been postponed.
3. Researching ways to innovate online engagement opportunities.

Health Net Dental Plan

Dorothy Seleski reported

1. HN released application for FQHC and safety-net clinics to request emergency funding to expand telehealth. It is a short, online application.

Access Dental Plan

Shanna Madden reported understanding and communicating to providers and members to help them understand what is available to them during COVID19. These resources are available on the website.

9. Agenda Items for June 4, 2020, MCDAC Meeting

Terry Jones **2:49:09**

- a. Follow up with DHCS data request for data on prefabricated crowns - Nokelby
- b. Cathy Levering: What is the timeline for the letter to the BOS, what is the timeline for this? Who signs the letter? Will it be sent to the BoS prior to their meeting?

Debra Payne: The letter will come from MCDAC. I have written a draft letter to be finalized following the outcome of this meeting. The letter will be sent to the BoS as soon as the letter is finished. Usually it takes a bit to get a letter put on the BoS agenda, are the BoS even meeting right now?

Terry Jones: Are we referring to a letter to the BoS that states that MCDAC had a vote that opposes elimination of DMC? The letter should be very simple. It should be a statement without opinions; otherwise, the letter would need to come back to the committee for approval.

Cathy Levering: Agreed. If they want to call for further reasons then they can call.

Debra Payne: This allows an opportunity for those that want to testify before the BOS.

Danielle Cannarozzi: Will the letter be shared with MCDAC when it is sent?

Debra Payne: Yes.

10. 4:00 Adjourn: MCDAC adjourned at 5:10 pm