

**Medi-Cal Dental Advisory Committee**  
**Thursday, February 20, 2020**  
**2:00pm – 4:00pm**



**Sacramento County Public Health Education Programs**  
9616 Micron Avenue, Suite 900 – Conference Room 1  
Sacramento CA 95827

**Join by Phone: (916) 876-4100**  
**Conference ID: 492705**

### **Meeting Minutes**

**Members Present:** Danielle Cannarozzi, Julie Gallelo, Steve Heath, Terrence Jones, Darrell Kenworthy, Cathy Levering, Dharia McGrew, James Musser, Jonathan Porteus, Jan Resler, Dorothy Seleski, Maritza Valencia

**Members on the Phone:** Katie Andrew, Debra Payne

**Members Absent:** Robin Blanks-Guster, Olivia Kasirye, Cynthia Vanzant, Mary Jess Wilson

**Public Present:** Robyn Alongi, Deborah Blanchard, Diana Bruce, Edward Bynum, Joseph Canas, Kristina Clinton, Ranjit Dhaliwal, Felicia Fondren, Roberto Garces, Hudson Graham, Leesa Hooks, Jennifer Jackson, Sommer McKenna, Susan McLearn, Jeffrey Miller (phone), Mary Murack, Robin Muck, Taryn Peters, Lyanna Pillazar, Lisa Rufo, Tom Tremble, Mira Yang

1. 2:00 Welcome & Introductions Terry Jones
2. 2:05 Approve December 5, 2019, Meeting Minutes (Action) Terry Jones  
Moved to approve – McGrew, Seconded – Levering, Approved
3. 2:10 Dental Managed Care Report to the Legislature (Action) Jones/Payne  
Moved to approve – Gallelo, Seconded – Levering, Approved
4. 2:20 Dental Plans Update Edward Bynum  
Edward Bynum discussed unique measures taken by the dental plans to improve quality of care that is not included in DHCS metrics including care coordination. Discussed utilization data interpretation differences between fee-for-service and geographic managed care systems as not an “apples-to-apples” comparison. Also discussed comparison of statewide fee-for-service utilization average to Sacramento County geographic managed care average as not being an accurate reflection when compared to neighboring or similar-sized counties. Liberty Dental Plan provided a map showing a statewide county comparison. Discussion summary below.
5. 2:35 Governor’s Proposed Budget – Dental Implications Debra Payne  
The Governor’s proposed budget proposes to eliminate mandatory geographic managed care. The budget proposes to extend successful strategies from Domains 1, 2, and 3 of the Dental Transformation Initiative to beneficiaries throughout the state.

Members discussed the effect this would have for Sacramento. Many members expressed concern about the welfare of beneficiaries as well as the security of the provider network. CDA expressed its support for elimination.

#### Discussion

Bynum: Utilization is not a measure of quality, but we keep going back to it and the National Committee for Quality Assurance agrees. Medical providers add D and K codes into the fee-for-service data. The same practice does not happen in GMC so the data is not comparable.

McGrew: CDA, as a statewide association, supports the governor's proposal to end managed care and revert to FFS. It is very heartening to hear and observe the collaborative efforts of community partners, but when you look at it at a big picture, statewide Medi-Cal level, you have to look at the numbers. There are flaws in the metrics and we should learn more about these flaws, but they are what they are. These are what the State is using. When you look at the numbers, you have to question why there is such a difference between Sacramento and other counties. ADV is not the only metric. There are 10 metrics being used and last time we checked, GMC was below statewide average for all 10 metrics. The efforts at care coordination are good, but do not bear out in the numbers. There are 250,000 children in Sacramento County under 21. All of the neighboring counties all have less than 20,000. There are 25,000 in Yolo. That is not a fair comparison. Neighboring counties are rural counties and patients are likely coming into Sacramento to receive services. Sacramento should be compared to, if not Fresno, then Santa Barbara, and not the surrounding counties. In 2018, Santa Barbara over 54% utilization. Alameda with 165,000 children and Kern with 181,000 children had 54% utilization. Sacramento GMC is #48 in state compared to all the counties. The state pays more for less care in DMC plans. From CDA's perspective, when looking into fiscal responsibility for the whole state and the state Medicaid program, investing in a failing pilot cannot be supported.

Seleski: Data from the Center of Oral Health is not included in the numbers DHCS reports. This group has made a huge effort to meet students at schools. Eight% of children in Sacramento County had an assessment. 15,000 children received dental sealants as a result of COH's efforts. As a group, we need to be able to bring other data to the table. Medical data says these are likely dental related services being paid for in the ER in surrounding counties. We see a higher rate of those codes on ER bills compared to Sacramento. HealthNet is seeing more data from the dental settings versus the ED. An integrated, whole person approach results in better utilization. We see this when patients are assigned to a health center that includes dental.

Canarozzi: On March 16, the Assembly Budget Subcommittee will hear this matter. This is where people can share their stories and be heard. We do not want to eliminate what is valuable for our community. School nurses are very mad about the proposal.

Tremble: Community stakeholders need to speak up at hearings.

Porteus: WellSpace has sent a letter to support keeping GMC.

Jones: MCDAC is Sacramento County entity that reports to the Board of Supervisors. MCDAC members have a variety of opinions. It is best that individual entities present their letters independently.

Levering: MCDAC is here because of legislation. Collectively, we need to be open to data. We do not know if the legislature/BOS has had a chance to discuss the proposal.

Jones: The process is still in transition. MCDAC meets again in April and DHCS representatives will attend. Meanwhile, individuals can lobby on their own.

Levering: Made a motion to put an action item on the April agenda for MCDAC to develop a recommendation regarding the elimination of GMC and present that recommendation to the Sacramento County Board of Supervisors.

Porteus: Seconded the motion.

#### Discussion

Jones: It is up to each of those at the table who feel passionate about supporting GMC and the programs to go to the meetings like the March 16 meeting mentioned by Danielle. MCDAC needs to hear from DHCS to hear all the facts before taking action. DHCS has come up with performance measures, not just utilization numbers. MCDAC should hear from them before taking action.

Payne: MCDAC made a presentation to the BOS in December using the data provided by DHCS. The BOS was quite unhappy that the goal of increasing utilization by 5% every year since 2016 has not been met. The BOS directed staff and the County Executive to return to make a recommendation whether to stay with managed care or leave it. MCDAC may have to circle around Dr. Beilenson's office because that direction came directly from BOS and are waiting for Dr. Beilenson's response whether or not they want to do that.

Motion was voted on and passed. McGrew abstained. Jones voted against the motion.

Musser: Is DHCS supposed to come up with a transition plan?

Jones: DHCS is required to develop a transition plan and that would allow them to change from GMC to FFS. Part of that plan would be that DHCS would consult with

interested parties, beneficiaries, providers with dental care managed care plans as they develop the plans.

Seleski: DHCS's transition plan will not be available until after the May budget revise. We need to ask DHCS to share the transition plan before or at the April meeting.

Canas: MCDAC needs to ask DHCS about the contracting process when they are here in April. It is his understanding that DHCS is understaffed and it is taking 180 days to process applications.

Payne: MCDAC will ask DHCS to see if they will share transition plan and for information on enrollment time at April meeting.

6. 2:50 Sealants on Primary Teeth Musser  
Sealants placed on primary teeth are an evidence-based preventive measure (recent JADA) and should be included as a covered benefit under Medi-Cal Dental.  
Musser: Can we place this as an action item on the next agenda?
7. 3:05 Dental Transformation Initiative – Data Match Demo Roberto Garces  
Roberto Garces demonstrated the medical dental data-matching database created for the Every Smiles Counts Medical Dental Integration pilot.
8. 3:20 Special Needs/General Anesthesia Work Group Update Jan Resler  
The special needs/general anesthesia workgroup met on February 19, 2020 and Dr. Paul Glassman lead a discussion on ideas for preventing dental disease from progressing to the point of needing general anesthesia. Barbara Aved Associates is writing a report that will be submitted to MCDAC. The report will give the committee a tool for advocacy. The special needs workgroup will meet at least one more time to review the topics that have been discussed and to draft recommendations.  
  
Danielle Cannarozzi reported she has given three presentations to developmentally disabled adults at DDSO South to provide oral health education and to help desensitize them. She will present at DDSO North soon.
9. 3:30 California Dental Association Update Dharis McGrew  
The Governor released the proposed budget on January 10. It proposes to provide \$225 million/year to Medi-Cal Healthier California for All to implement some elements of the Dental Transformation Initiative. The budget also proposes to extend Proposition 56 rates thru 2023.

A new vaping tax has been proposed to reduce youth vaping. The tax will be based on the nicotine content of a product that will bring the tax rate on vaping products to parity with combustible cigarettes.

CDA is asking the State to backfill funding to support the California State Office of Oral

Health. \$18 million of the annual \$30 million is dedicated to local jurisdictions. Tobacco taxes are a shrinking source of funding, and ensuring that a full \$30 M is allocated to this work will help sustain the current momentum of OOH activities. The Assembly Budget Committee will hear the issue on March 2.

AB 2007 – (CDA, Children Now, The Children’s Partnership, and CPCA) are cosponsoring a bill to clarify language about FQHC’s ability to bill for telehealth services. If passed, it will assist in VDH continuation.

AB 2146 (Chu) – CDA is sponsoring. Will help public dental schools, UCSF and UCLA, capture extra federal funds to support their special needs clinics.

AB 2535 (Mathis and Lackey) – Will ensure dental providers receive more training on special needs care and incentivize treatment of Regional Center consumers for appropriately trained providers. This bill stems from a recommendation from the legislative analyst office. CDA does not yet have a position on this bill.

10. 3:35 Children Now Update Katie Andrew  
Children Now is coordinating with SDDS and the UCD to host a webinar on 2/25 focused on providing dental care to foster youth.

The next Medical Dental Learning Collaborative on the March 26 at the Firehouse as a dinner meeting. Speakers will focus on using ancillary healthcare workforce to connect kids to dental care.

Currently, working on budgetary items related to Office of Oral Health and staying engaged in GMC conversations.

11. 3:40 Every Smile Counts Update Debra Payne  
To date, 800 children have been seen in VDH settings. ESC partners received the same presentation shared by Roberto Garces today.

12. 3:45 Early Smiles - Center for Oral Health Mira Yang  
From July 2019 to Jan 2020:  
17,053 children were screened  
13,440 children received fluoride varnish treatments  
276 children were classified as dental urgency 3  
3,531 children were classified as dental urgency 2  
13,246 children were classified as dental urgency

Children seen through First 5 funding:  
6,206 children were screened  
4,820 children received fluoride varnish treatment  
97 children were classified as dental urgency 3  
1,300 children were classified as dental urgency 2  
4,809 children were classified as dental urgency 1

