

Transition of Dental Services from Fee-for-Service to Managed Care Delivery System

Health Plan of San Mateo

This document outlines the transition of Medi-Cal dental services from fee-for-service (FFS) to a managed care delivery system through the Health Plan of San Mateo (HPSM) effective January 1, 2022. Local administration of all the dental program elements will be provided through HPSM, including member services and supports, dental provider network contracting and relationships, referral coordination, claims payment, and integration with medical benefits and care coordination. The purpose of this transition plan is to provide Medi-Cal enrollees, stakeholders, and policy makers with information about key actions HPSM and the Department of Health Care Services (DHCS) will take to ensure the smooth implementation of dental services within the HPSM managed care delivery system.

Background

Senate Bill (SB) 849 (Chapter 47, Statutes of 2018) authorized DHCS to establish a dental integration program in San Mateo County to test the provision of Medi-Cal dental services as a covered benefit under HPSM.¹ The purpose of this effort is to test the impact on oral care access, quality, utilization, and medical costs by delivering covered dental services under the Medi-Cal managed care delivery system.

Currently, DHCS provides dental services to eligible Medi-Cal members through the FFS delivery system in all counties except for Sacramento and Los Angeles. In San Mateo County, Medi-Cal members are enrolled in the HPSM for their medical services and currently access their dental benefits through the dental FFS delivery system. Under dental FFS, dental providers enroll directly with DHCS and are reimbursed for each service provided based on the Medi-Cal Dental Manual of Criteria and fee schedule.

The integration of the dental benefit into HPSM will take effect January 1, 2022 and will be authorized for a period of no more than six years. The program will sunset on December 31, 2027. All HPSM Medi-Cal members in San Mateo County will receive their dental care through HPSM in addition to their medical services. Members will thereby access both medical and dental benefits through one entity. As dental utilization rates in San Mateo County for both children and adults have historically been below the statewide average, increasing dental utilization is an important goal of this effort. For example, 49% of children ages 0-20 received an annual dental visit for in 2019; the goal for this measure is to achieve 60% utilization by the end of the six-year program for children enrolled with HPSM.

¹ SB 849 added Section 14184.90 to the California Welfare & Institutions Code.

Stakeholder Engagement

Following enactment of SB 849, HPSM held several stakeholder meetings to obtain input from the broader dental community. As noted in the timeline below, four stakeholder meetings were held in 2018 and 2019 with a total of 123 individuals attending. Participation at these meetings included representatives from local dental group practices, individual dental practitioners, local Federally Qualified Health Centers (FQHCs), the California Dental Association, local school districts, primary care medical clinics, First 5 San Mateo, the County of San Mateo, and the State of California. The purpose of these meetings was to obtain local community input in the design of the program, measures of success, as well as for the HPSM staff to learn about issues and concerns of the dental community.

Plan Operational Readiness

Transition Approach

HPSM and DHCS are working closely to ensure plan readiness to integrate dental benefits into HPSM's managed care plan. Assuming readiness milestones are met, all HPSM members will begin receiving Medi-Cal dental benefits through the plan beginning January 1, 2022.

Internal Plan Readiness

While the stakeholder meetings were being held to obtain external input, internal planning meetings began at HPSM to begin operational preparedness. Initial focus was on the authorization and claims processing system to ensure its ability to accurately process dental requests and claims, as such changes often require significant lead time. A comprehensive financial analysis also was conducted. HPSM will follow DHCS-issued All Plan Letters and other dental-related guidance.

Member Outreach and Notification

HPSM will issue the standard member notification letters (90-60-30 days) regarding this change in the delivery system for dental services in the county, and members will be encouraged to access these services. HPSM's Member Services call center is available to answer members' questions. In lieu of a call campaign, HPSM will conduct a mailing campaign consisting of postcards and/or newsletters (in addition to the standard member notices). Materials will be available in HPSM's threshold languages (English, Spanish, Tagalog, Russian, and Chinese), as well as in other formats such as Braille, large print, or audio. HPSM will also provide information on the change in delivery system for dental services in the county on HPSM's website and include it on all social media platforms. The goal of the transition is to minimize disruption to members as the dental delivery system moves from FFS to HPSM.

Continuity of Care

In order to minimize disruptions to ongoing dental care and as required by SB 849, dental services will be included in HPSM's existing Continuity of Care policy which allows members to continue with an existing provider as long as the following conditions are met:

- The member has been in treatment with a specific Medi-Cal dental provider for more than 12 months.
- The provider is willing to continue to treat the member at existing Medi-Cal FFS rates, or at another rate or rate methodology as agreed upon between HPSM and the provider.
- The provider remains an eligible dental FFS provider in Medi-Cal.
- HPSM has not identified a significant quality issue with the provider.

Dental Provider Network

In order to meet the goals of this program, a strong dental provider network, including both primary and specialty dentists, will be critical. The dental network will include at a minimum: dentists (adult and pediatric), dental specialists (adult and pediatric) in orthodontics, endodontics, periodontics, and prosthodontics, and at least one FQHC.

HPSM is using several methods to expand access and recruit dental providers:

- HPM has used data from DHCS for 2018-20 to identify the dentists that HPSM members have seen in the past three years, regardless of whether they participate in Medi-Cal Dental.
- HPSM has accessed the list of enrolled dentists on the DHCS Medi-Cal Dental website in San Mateo County and adjacent counties, especially San Francisco and Santa Clara Counties. HPSM is conducting telephone outreach to provide information on the program and identifying an office contact to send credentialing and contract information.
- HPSM is conducting outreach through the four local dental societies (San Mateo, Mid-Peninsula, San Francisco, and Santa Clara) and has held webinars that have been promoted by the dental societies.
- HPSM will credential and contract with the University of the Pacific and the University of California, San Francisco dental universities for primary and specialty dental services.

HPSM will strive to meet the following provider-to-member ratios:

Total network	Primary care and specialty	1 / 1,200 members
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HPSM has a strong Provider Services team that has a proven track record with the current medical provider network. The same team will be responsible for identifying, contracting with, credentialing, and monitoring the dental provider network. The credentialing process is critical to ensure that only licensed providers will be added to

the dental network. The dental provider network will be included in HPSM's Provider Directory.

The following Time and Distance Standards, as well as Timely Access goals, will be measured as follows, and any compliance issues will be addressed.

TIME AND DISTANCE	MILES OR MINUTES	
Dental Services	10 miles	30 minutes

TIMELY ACCESS STANDARDS	
Urgent Appointments	Within 72 hours
Non-urgent Appointments	Within 36 business days
Preventive Dental Care Appointments	Within 40 business days

A comprehensive HPSM Provider Manual is in place, and dental-specific information will be added as needed. In addition, information about the change in the delivery system for dental services will be conveyed to the entire HPSM provider network via the Provider Newsletter.

Authorizations

In order to assure a smooth transition and continuity of care, DHCS will share approved treatment authorization requests with HPSM. HPSM will subsequently obtain supporting documentation from the provider as needed for claims payment.

HPSM will use its current authorization/claims processing system to manage the dental benefit and will establish authorization requirements specific to dental services. In managed care, authorization requirements may not be more restrictive than the State, per the Medi-Cal Dental Provider Handbook, but the managed care plan may choose to ease some of the authorization requirements in favor of the member. Indeed, HPSM anticipates easing some of these requirements and will share the final decisions with DHCS. Meetings have been held with the HPSM Dental Advisory Committee to obtain guidance and input on authorization requirements, with the final decisions being made in the final system configuration.

Claims Payment

HPSM will use its current authorization/claims processing system to manage the dental benefit. The claims payment process for dental services will mirror the existing process that HPSM has in place for successfully paying medical claims. Dental codes have been added to the system, and the anticipated fee schedule has been programmed. Once the authorization requirements have been finalized as stated above, a complete end-to-end

testing will be conducted for claims payment. The system will be ready for the effective date of January 1, 2022.

Policies

To the greatest extent possible, HPSM will be leveraging its well-demonstrated expertise with medical benefits to support the dental benefit. While HPSM has flexibility in the development and execution of its dental policies and procedures, these policies and procedures cannot be more stringent than those policies and procedures put in place by DHCS. HPSM workflows and plan documents will be updated accordingly to include dental services. Revised policies and procedures will be submitted to DHCS for approval. Staff impacted by these changes will be trained on the updated materials.

Oversight and Monitoring

Oversight and monitoring of the dental benefit will consist of a number of actions. To track quality and performance, HPSM's Dental Advisory Committee (see below) will be responsible for establishing and monitoring program metrics and quality indicators.

Oversight and monitoring of providers will be handled through HPSM's existing committee structure:

- Quality Improvement Committee (e.g., quality of care concerns)
- Utilization Management Committee (e.g., utilization metrics)
- Physician Advisory Committee / Peer Review Committee (e.g., credentialing and quality of care)
- HPSM Compliance Committee (e.g., fraud, waste and abuse and adherence to regulatory requirements)

HPSM's Dental Director will be a member of each of these committees to ensure dental issues are presented and reviewed.

HPSM's Consumer Advisory Committee will also be a vehicle for sharing information related to the Dental Integration Program. The Consumer Advisory Committee is comprised of HPSM members as well as consumer advocates and local community-based organizations.

DHCS will conduct the following oversight and monitoring activities of the integration of the dental benefit into HPSM:

- Revise the methodology for the annual Timely Access Survey to assess the compliance with dental appointment wait time standards;
- Conduct an Annual Network Certification to ensure that HPSM continues to meet network adequacy requirements for dental;
- Review grievances through DHCS' quarterly monitoring to ensure that HPSM is processing dental grievances in a timely manner.

Finally, in accordance with SB 849, HPSM will provide funding for DHCS to contract with an external entity to conduct, complete, and publish an evaluation of the program no later than December 31 of the sixth state fiscal year (SFY) the dental program is in operation. The evaluation will assess the program's impact on dental utilization, access, and impact on medical costs, and compare utilization and access to the FFS system. DHCS will continue to collaborate with HPSM to finalize and publish the Evaluation Design and secure a contract with an external entity to conduct the evaluation.

The following dental utilization metrics will be included in the evaluation:

- Annual dental visits
- Use of preventive services
- Use of diagnostic services
- Treatment/prevention of caries
- Exams/oral health evaluations
- Use of dental treatment services
- Preventive services to fillings ratio
- Overall utilization of dental services
- Continuity of care
- Usual source of care
- Use of sealants (children only)
- Count of sealants (children only)
- Count of fluoride varnishes (children only)
- Annual dental visit utilization for children ages 0-20

The following access metrics will be included in the evaluation:

- Number of contracted primary care dentists and specialists in HPSM's network
- Number of contracted dental offices and safety-net clinics (SNCs) in HPSM's network
- Provider-to-beneficiary ratios for primary care dentists and specialists for HPSM's network
- Beneficiary access to urgent, non-urgent and preventive dental care appointments

The evaluation will also assess the medical cost impacts related to dental emergencies.

HPSM's Dental Advisory Committee

HPSM established a Dental Advisory Committee in January 2020. The purpose of this group is to provide guidance to the HPSM staff on the transition of the dental delivery system in San Mateo County to HPSM and the monitoring of the delivery system going forward. Topics addressed have included establishing authorization requirements for the delivery system and the establishment of the provider network. Future topics will include identification of program metrics and quality indicators. This committee is made

up of members of the San Mateo County dental community, including private dentists, members of dental groups, and representatives from local FQHCs.

Project Timeline

Date	Activity
6/27/2018	SB 849 enacted
9/14/2018	HPSM Dental Stakeholder Meeting
12/14/2018	HPSM Dental Stakeholder Meeting
2/1/2019	HPSM Dental Stakeholder Meeting
6/7/2019	HPSM Dental Stakeholder Meeting
Q1 2021	HPSM Dental Benefit Manager hired
Q2 2021	Initial Provider Network identified and contracting begins
Q3 2021	Contracts (Medi-Cal and Cal MediConnect) amended to incorporate the dental benefit
Q3 2021	System configuration finalized and testing completed
Q3 2021	HPSM Dental Director (dentist) hired
Q3 2021	Provider network contracts finalized
Q4 2021	HPSM conducts member mailing campaign
10/1/2021	HPSM issues 90-day notice to members transitioning from FFS to HPSM Dental
11/1/2021	HPSM issues 60-day notice to members transitioning from FFS to HPSM Dental
12/1/2021	HPSM issues 30-day notice to members transitioning from FFS to HPSM Dental
January 1, 2022	Dental delivery system transitions from FFS to HPSM

Conclusion

As documented in this Transition Plan, HPSM and DHCS are collaborating to ensure the smooth implementation of dental services within the HPSM managed care delivery system. By addressing program elements related to member services and supports, dental provider network contracting and support, service authorizations, claims payments and care coordination around the integration of dental benefits with medical benefits, it is anticipated the Dental Integration Program will expand access to quality dental care for HPSM's Medi-Cal members.