



COVERED
CALIFORNIA

Dental Technical Work Group

June 29, 2015

AGENDA

**Dental Technical Work Group
Meeting and Webinar
Monday June 29th, 10:00 a.m. - 12:00 p.m.**

Agenda Items

Suggested Time

- **Welcome and Introductions** 10:00-10:10 (10 min.)
- **Network Adequacy Presentations & Discussion** 10:10-10:50 (40 min.)
 - Bruce Hinze, Senior Health Policy Attorney, California Department of Insurance
 - Kacey Kamrin, Senior Attorney, Office of Plan Licensing, California Department of Managed Health Care
 - Brianne Doyle, Senior Attorney, Office of Plan Licensing, California Department of Managed Health Care
 - Bill Prather, Health Program Specialist II, Office of Plan Licensing, California Department of Managed Health Care
- **Network Access Presentations & Discussion** 10:50 - 11:30 (40 min)
 - Meghan Nousaine, Associate Director Clinical Affairs, California Primary Care Association
 - Dr. Barry Chang, Dental Director, CommuniCare Health Centers
- **Program Updates** 11:30 – 11:45 (15 min)
- **Next Steps** 11:45-12:00 (15 min)

Send public comments to QHP@covered.ca.gov

NETWORK ADEQUACY PRESENTATIONS & DISCUSSION

BRUCE HINZE, SENIOR HEALTH POLICY ATTORNEY
CALIFORNIA DEPARTMENT OF INSURANCE

NETWORK ADEQUACY PRESENTATIONS & DISCUSSION

KACEY KAMRIN, SENIOR ATTORNEY

BRIANNE DOYLE, SENIOR ATTORNEY

BILL PRATHER, HEALTH PROGRAM SPECIALIST II

DEPARTMENT OF MANAGED HEALTH CARE

NETWORK ACCESS PRESENTATIONS & DISCUSSION

MEGHAN NOUSAINE, ASSISTANT DIRECTOR OF CLINICAL AFFAIRS,
CALIFORNIA PRIMARY CARE ASSOCIATION

An Overview of Community Clinics and Health Centers: The ABCs of CCHCs



Meghan Nousaine
Assistant Director of Quality & Care Delivery

Where We Came From

- Origins in the broader movements for civil rights and social justice in the early 1960s.
- Organizers: Community Action Agencies – with a purpose of increasing the safety net for the poor.
- President Lyndon Johnson: War on Poverty. Office of Economic Opportunity established



The war on poverty...
must be won in the field,
in every private home, in every public office,
from the courthouse to the White House.”

– President Lyndon Johnson
State of the Union, January 8, 1964

Where We Came From

- South Africa model of “community-oriented primary care”
- **Vision:** to empower communities to take charge and find solutions to their own health needs
- **1965:** First “neighborhood health centers” established in Mississippi, Boston and Denver



Where We Came From

1975-77

Community Health Center program first authorized by Congress

1990-91

Federally Qualified Health Centers grants administration established under Medicaid and Medicare

1996

Section 330 of the Public Health Service Act (PHSA) provides for federal grants to CHCs included provision for consumer majority board

2000

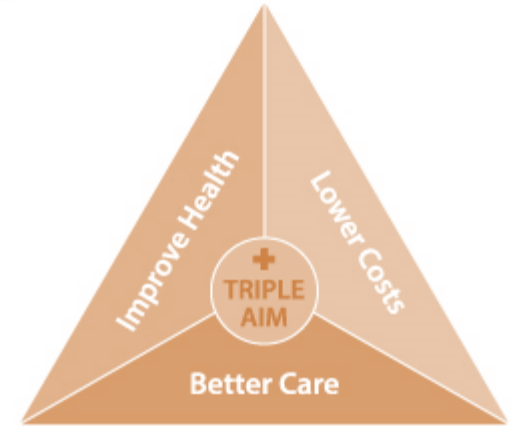
Prospective Payment System (PPS) authorized

2001-02

Bush Administration initiates 5-year initiative to increase health center funding

2010

Passage of Health Reform



• 2014 & 2015: Health Reform Implementation Nationally (since 2013)

- ✓ 16.4 million Americans have obtained health coverage
- ✓ 14.1 million Americans have obtained health coverage through the expansion of Medicaid
- ✓ Current **uninsured rate has dropped from 20.3% to 13.2%**
- ✓ California's uninsured rate fell by as much as 40% in 2014

California (2nd enrollment period only)

- ✓ More than 495,000 new enrollments in Covered CA
- ✓ More than 779,000 new enrollments in Medi-Cal
- ✓ between **2.7 million and 3.4 million** Californians are expected to **remain uninsured**

California CCHC Profile

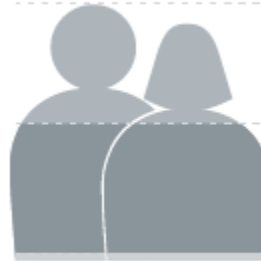
CALIFORNIANS

SERVED BY COMMUNITY CLINICS
AND HEALTH CENTERS

1 out of 7 Californians

15%

ETHNICITY



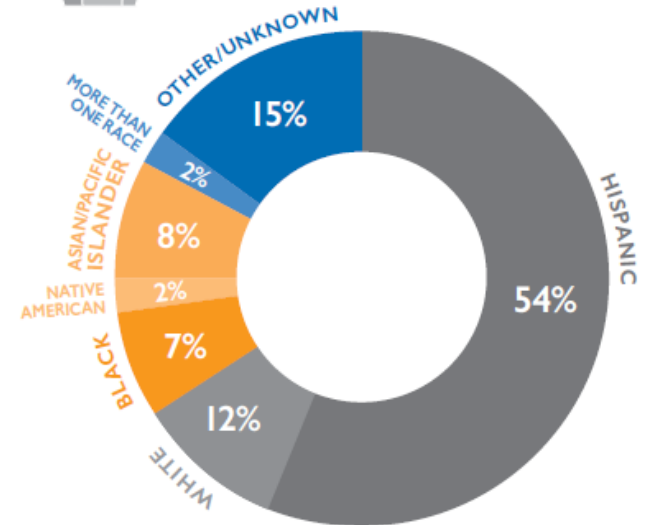
40%
NON-HISPANIC
2,260,271

54%
HISPANIC
3,069,467

6% UNKNOWN
312,741



BY RACE



THE PATIENTS

5.6
MILLION



63%
WOMEN



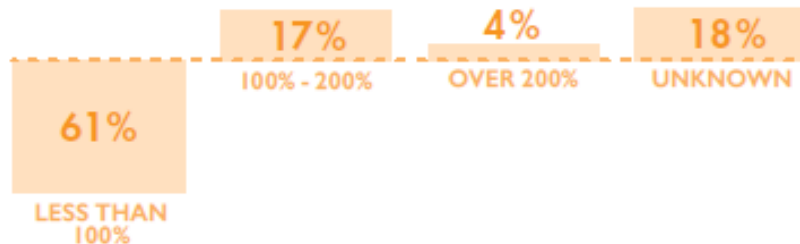
37%
MEN

ENCOUNTERS

17.3
MILLION

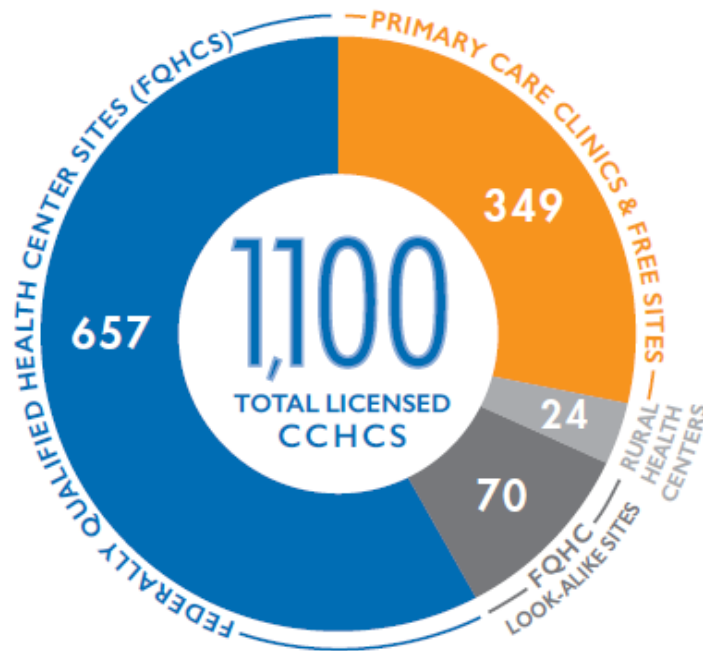
INCOME LEVEL

% OF THE FEDERAL POVERTY LEVEL

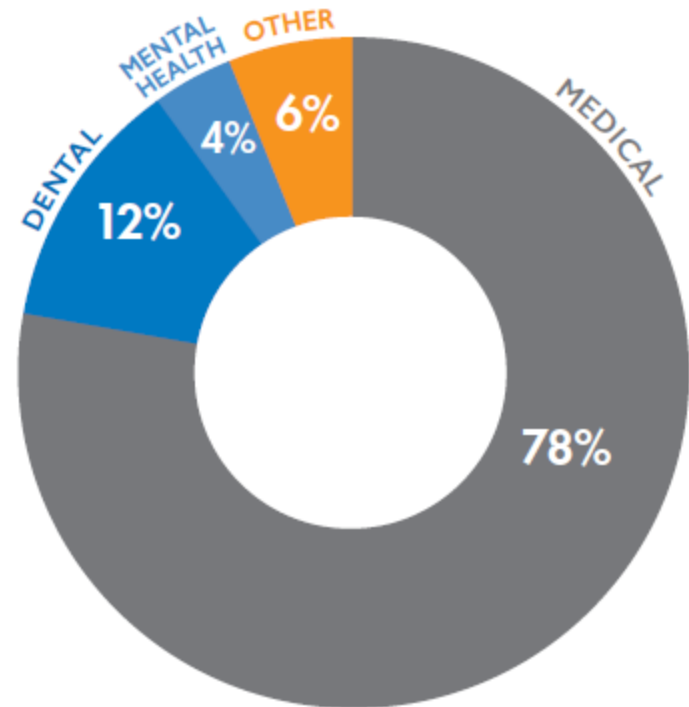


California CCHC Profile

CLINIC TYPES



CLINICAL SERVICES

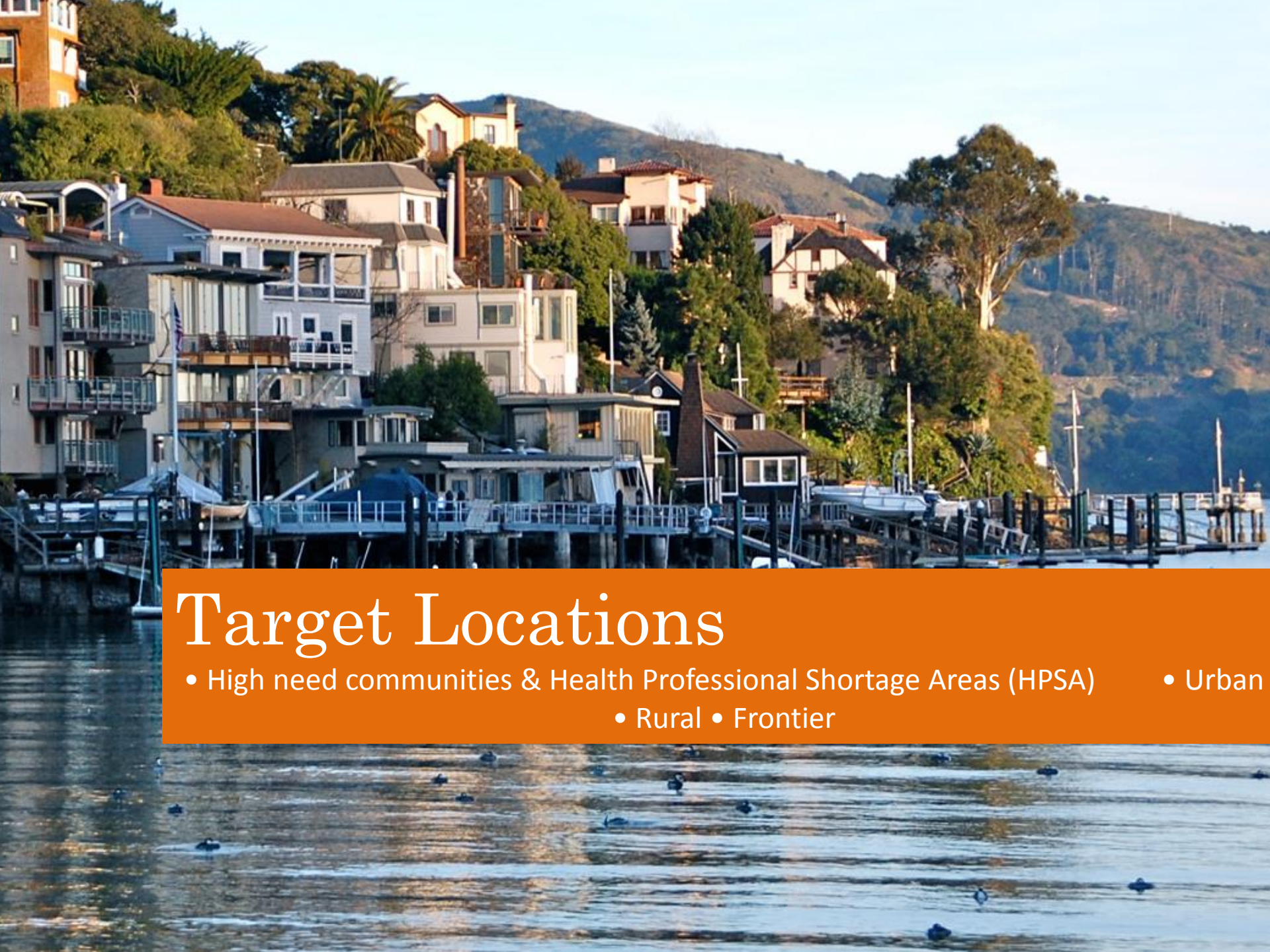


OTHER AVAILABLE SERVICES INCLUDE
 Womens Health • Pharmacy • Urgent Care, Radiology
 Basic Lab • Vision • Domestic Violence • Substance Abuse

Target Population Served

vulnerable populations and medically underserved • Low income populations • Uninsured • Limited English proficiency • Migrant and seasonal farm workers • Individuals and families experiencing homelessness • Those living in public housing





Target Locations

- High need communities & Health Professional Shortage Areas (HPSA)
- Rural
- Frontier
- Urban

Primary Care & Free Clinics

- Primary Care Clinics – no FQHC, FQHC-LA or RHC designation and Fee-for-Service reimbursement
- Free Clinics - created by individuals/groups in environments with a great need for services within their communities

349 Primary Care & Free Clinics in CA

FQHC Look-Alikes

- Meets Section 330 program requirements, but does not receive funding under Section 330
- Look-Alike designation allows for enhanced reimbursement under Medicare and Medicaid (PPS rate)
- FQHC Look-Alike status may allow the health center to participate in federal programs, such as the 340B drug pricing program

Approx. 35 FQHC Look-Alikes in CA

A Federally Qualified Health Center (FQHC)

FQHCs may be a public or a private nonprofit entity that:

- Receives a grant under Section 330 of the Public Health Services (PHS) Act;
- Was considered a comprehensive federally funded health center as of January 1, 1990.

FQHCs are:

Community-based and patient-centered

- Patients must constitute the majority (51%) of the governing board
- Provide preventive and primary care services for all ages
- Open to all, regardless of their ability to pay
- Must use a sliding fee scale

129 FQHCs in CA *(more than any other state)*

Represents more than 10% of all FQs in the Country

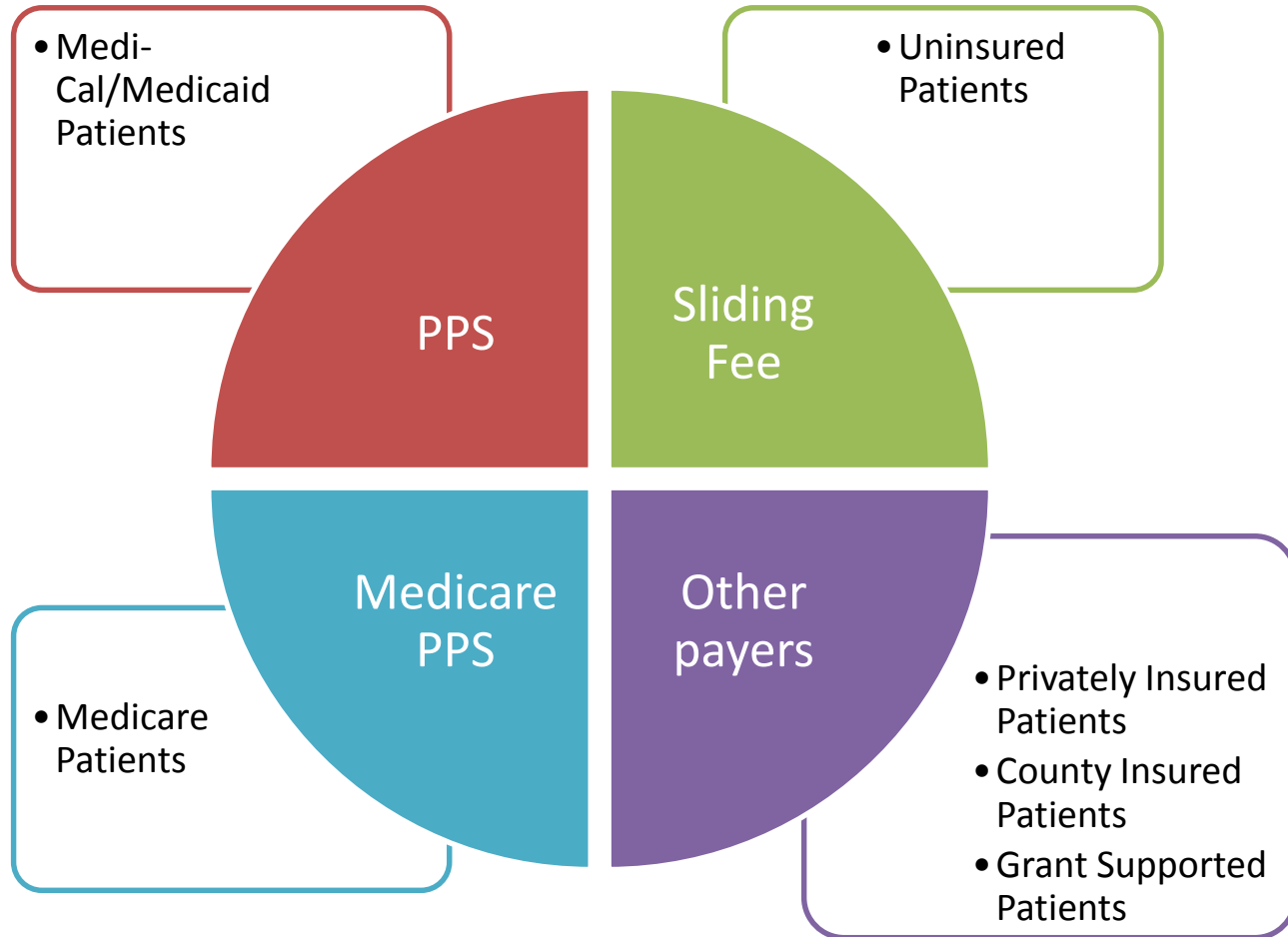
What is a Section 330 Grant?

- Section 330 of the Public Health Service Act defines federal grant funding opportunities for organizations to provide care to underserved populations.
- **Types of organizations that may receive 330 Grants include:**
 - Community Health Centers (330e)
 - Migrant Health Centers (330g)
 - Health Care for the Homeless Programs (330h)
 - Public Housing Primary Care Programs (330i)

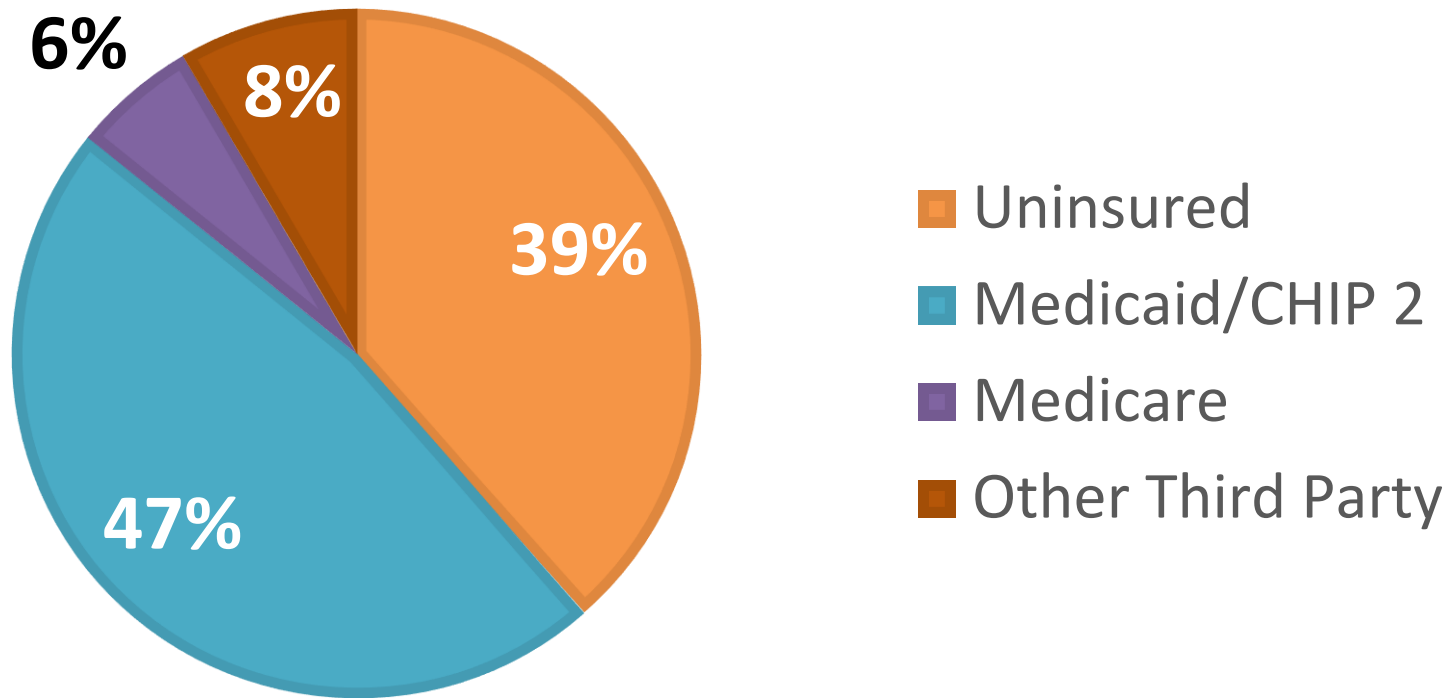
What are the Benefits of being a FQHC?

- Enhanced reimbursement from Medicaid based on a prospective payment system (PPS) rate
- **Eligible for...**
 1. Malpractice coverage through the Federal Tort Claims Act (FTCA) coverage program
 2. Federal loan guarantees through HRSA
 3. Participation in Section 340(b) federal drug pricing programs
 4. Automatic Health Professional Shortage Area (HPSA)
 5. Special “safe harbor” protection under federal and state anti-kickback statutes.

Patients & Payer Mix



CALIFORNIA FQHC PATIENT MIX BY PAYER



Medicaid PPS in California

- California's Medicaid PPS implementation is outlined in the Medicaid State Plan Amendment (SPA) governing RHC/FQHC Medicaid reimbursement in accordance with requirements of the federal legislation
- The SPA provisions included:
 - Initial PPS rates established based on an organization's election (straight PPS versus an alternative payment methodology – APM)
 - Straight PPS based on fiscal years 1999 and 2000 (average of these two years)
 - APM – PPS rate based on fiscal year 2000 only
 - Rate setting for new FQHCs



Medicaid PPS in California

Prospective Payment System (PPS)

- Primary method of payment for services provided by FQHCs to Medi-Cal Patients
- Reimbursement method where Medicaid payments for healthcare services, including dental care, are made based on a predetermined fixed amount.
- Fixed amount is established and updated as necessary based on a formula and the actual costs of services.

PPS in CA currently ranges from \$66-434 per visit

Average PPS in CA is \$117

Questions

Meghan Nousaine
Assistant Director of Quality & Care Delivery
mnousaine@cpc.a.org



NETWORK ACCESS PRESENTATIONS & DISCUSSION

DR. BARRY CHANG, DENTAL DIRECTOR
COMMUNICARE HEALTH CENTERS



CommuniCare
HEALTH CENTERS

Dental Program



Four Clinic Sites throughout Yolo County

- ▶ Davis Community Clinic
- ▶ Salud Clinic, West Sacramento
- ▶ Hansen Family Health Center, Woodland
- ▶ Esparto Dental Clinic

Demographics

- ▶ 56% Latino
- ▶ 37% speak language other than English
- ▶ 98% below 200% poverty level*
 - \$46,000 income for family of four



Dental staff

- ▶ Dental Director
- ▶ 4 Dentists
- ▶ 2 AEGD Lutheran Medical Center Dental Residents
- ▶ Dental Program Administrator
- ▶ Hygienist
- ▶ 13 Dental Assistants
- ▶ 8 Receptionists
- ▶ Oral Health Educator/Outreach Coordinator
- ▶ 2 Volunteer Dentists, 1 Volunteer Oral Surgeon, 1 Volunteer Pediatric Dentist
- ▶ UC Davis Interns



Dental Coverage Accepted

- ▶ Medi-Cal – 76%
- ▶ Sliding Scale/ Self-Pay 20%
- ▶ Private PPO/Other insurance 4%



CommuniCare Dental Services Profile

- ▶ **Yearly visits (2014) – 17,600**
- ▶ **Patient age demographics**
 - Pediatric age 0–5 – 24%
 - Children age 6 – 14 – 25%
 - Adults 51 % (5% Pregnant)
- ▶ **Smile Savers Outreach Program (2014)– total students 2,200**



Services Offered

- ▶ Education & Prevention Services
- ▶ Exams, X-rays & Cleanings
- ▶ Fillings
- ▶ Root Canals
- ▶ Root Planing
- ▶ Crown & Bridges
- ▶ Dentures & Partials
- ▶ Emergency Treatment
- ▶ Referrals

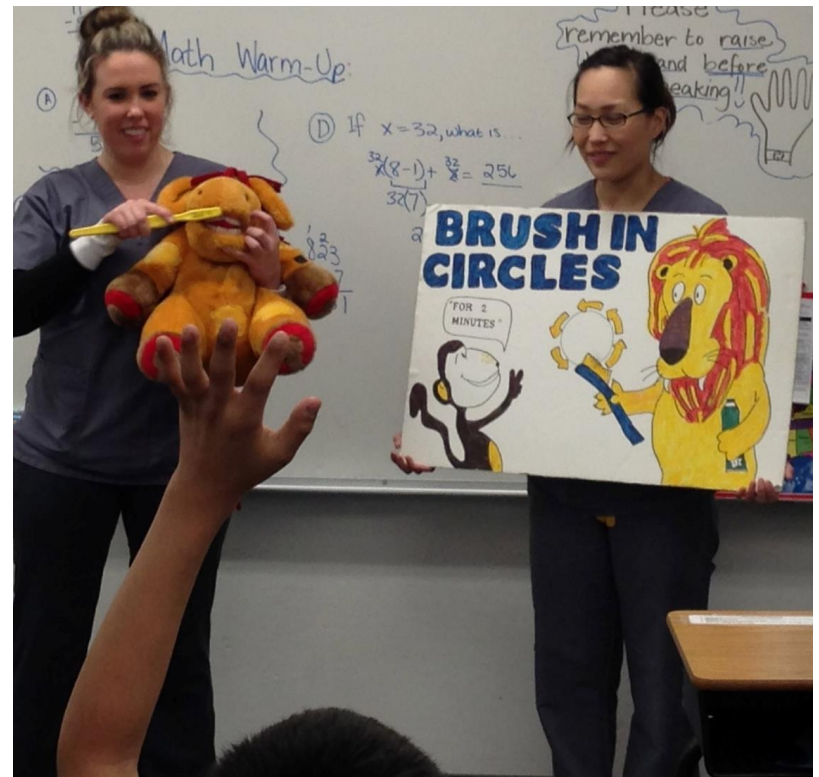


CommuniCare Dental is accredited through the CODA and offers externship opportunities

- ▶ AEGD NYU – Lutheran Medical Center General Dentistry Residency
- ▶ Local Vocational Schools Dental Assistant Students
- ▶ UC Davis pre-dental student interns

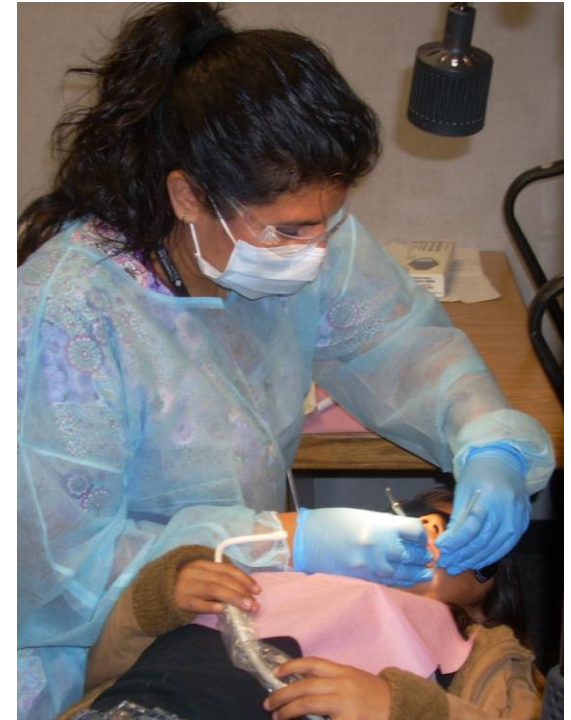


Smile Savers Dental Outreach Program



What is Smile Savers?

- ▶ A school-based, oral health outreach and dental disease prevention program.
- ▶ It is available to participating Head Start, pre-schools and elementary schools throughout Yolo County.



What does Smile Savers Provide?

- ▶ Oral Health education to all students in participating classrooms, and
- ▶ Preventive services to students with parent permission
 - Dental screenings
 - Fluoride varnish or tablets
 - Dental sealants
 - Tooth brushes and floss
 - Follow-up and referrals as needed
- ▶ Women Infants & Children (WIC) education, screening, and varnish at West Sacramento location once a month

Number of Children Served through Smile Savers (2014)

Throughout Yolo County:

- ▶ 2,200 received education
- ▶ 1,408 received dental screening
- ▶ 960 received fluoride varnish
- ▶ 205 had dental sealants placed on molars



Tooth Ache Scenario

- ▶ No health insurance
- ▶ ER visit= antibiotic, pain meds, referral
- ▶ If you get in to see a dentist....
 - You may find out you can't afford root canal treatment, so you have the tooth extracted, or
- ▶ You cannot get in to see a dentist, so
 - You continue in pain
 - You end up back at the ER

Infected Toe Scenario

- ▶ No health insurance
- ▶ ER visit: Procedure?; antibiotic, pain, meds, referral

You might get well

OR

You go to an MD or clinic for follow up

OR

You end up back at the ER

Tooth

vs.

Toe

- ▶ Tooth ache
- ▶ No health insurance
- ▶ ER visit: antibiotic, pain medication, referral
- ▶ You get in to see a dentist, and find out you can't afford a root canal treatment, so you have the tooth extracted to get rid of the infection
- OR
- ▶ You cannot get in to see a dentist, so:
 - You continue in pain
 - You end up back at the ER

- ▶ Infected Toe
- ▶ No health insurance
- ▶ ER visit: procedure? antibiotic, pain medication, referral
- ▶ You might get well
- OR
- ▶ You go to an MD or clinic for follow up
- ▶ You end up back at the ER

NO ONE EVER SUGGESTS THAT THE TOE BE REMOVED BECAUSE IT WOULD BE CHEAPER. UNFORTUNATELY, THAT'S WHAT WE DO IN DENTAL SITUATIONS FOR THE UNINSURED.

Questions?



PROGRAM UPDATES AND WORKGROUP PLANNING

PLAN MANAGEMENT STAFF

ENROLLMENT UPDATE

- Covered California Small Business (CCSB) program dental plan enrollment (as of June 2015) is:
 - **756** total members in CCSB including adults and children
 - **Family Dental Plans: 659** members
 - 561 adults
 - 98 children
 - **Children's Dental Plans: 97** members
 - **195** total children enrolled in Family and Children's Dental combined
- Individual Market currently has **5.77%** child enrollment, and all of these children are receiving dental benefits through their qualified health plan (as of April 2015).

CONTRACT UPDATE

- DQA measures will replace existing QDP utilization measures in the 2016 QDP contract

Purpose	Measure	AHRQ Domain
Evaluating Utilization	Use of Services ¹	Use of Services
	Preventive Services	Use of Services
	Treatment Services	Use of Services
Evaluating Quality of Care	Oral Evaluation ¹	Access/Process
	Topical Fluoride ¹	Access/Process
	Sealant use in 6-9 years ¹	Access/Process
	Sealant use in 10-14 years ¹	Access/Process
	Care Continuity	Access/Process
	Usual Source of Services	Access/Process
	Ambulatory Care Sensitive ED Visits for Dental Caries ²	Outcome
	Follow-up after ED Visit for Dental Caries ²	Process
	eMeasure: Oral Health Care Continuity for Children 2-20 Years ³	Process
	eMeasure: Oral Health Sealants for Children 6-9 Years ⁴	Process
Evaluating Cost	Per-Member Per-Month Cost	Cost

CONSUMER EDUCATION AND MARKETING UPDATE

In preparation for fall of 2015 launch, Covered California staff are engaging in the following activities:

- Ongoing work with Communications and Marketing departments
 - Develop consumer facing collateral on Family Dental products
 - Update .com site to clearly explain all dental benefits and product offerings in Individual and Covered California Small Business (CCSB) markets
- Sample language will be shared for feedback when available.

PROPOSED 2015 WORKGROUP AGENDA

Dental Utilization Measurement	Network Adequacy and Access	Supporting At-Risk Enrollees Determining Health Status and Wellness/Use of Risk Assessment	Reducing Health Disparities and Assuring Health Equity	Community Health and Wellness
April 28, 2015	June 2015	August 2015	October 2015	December 2015

Patient and Consumer Information and Communication will be a standing topic addressed at each meeting.

WORKGROUP PROCESS

- Identify specific issues or areas of focus and specific possible courses of action
- Please send suggestions for topic-specific resources and guest speakers to:

Taylor.Priestley@covered.ca.gov

Lindsay.Petersen@covered.ca.gov

THANK YOU