



# **Fix** Medi-Cal Dental Coverage:

HALF OF CALIFORNIA KIDS DEPEND ON IT

An Issue Brief and Action Plan



January 2013

# The **Children's** Partnership

The Children's Partnership (TCP) is a national, nonprofit child advocacy organization with offices in Santa Monica, CA, and Washington, DC.

We focus particular attention on the goals of ensuring that all children have the health care they need and that the opportunities afforded by computing devices and the Internet benefit all children and families. With input from our advisors, we advance our goals by combining national research with community-based pilot programs. We then develop policy and advocacy agendas to take these demonstrated solutions to scale.

The Children's Partnership works both at the national level and at the state level in California-home to one in eight children in the U.S. We often focus on the intersection of federal and state policies in order to maximize the benefits for children and families, and our work is designed to serve as useful demonstrations for other interested states.

In this way, TCP serves as a "research and development arm" for the children's movement and expands the reach of child advocacy to new issues and new audiences.

Through TCP's Dental Health Agenda for Children, we work to improve the dental health of children, especially underserved children in California and across the nation. We do this through advancing new workforce models; increasing the use 21st Century technologies, such as teledentistry and the electronic exchange of information; and shaping how children access dental care through public coverage programs and health care reform.



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Child enrollment in Medi-Cal's dental program will grow to nearly 5 million—nearly half of California's children by 2014.

## Introduction

Good dental health is critical to children's ability to grow up healthy so that they can succeed in school and life. Yet, nationally and in California, tooth decay ranks as the most common chronic disease and unmet health care need of children.<sup>1</sup> Certain children, especially those enrolled in Medi-Cal (California's Medicaid program), go without the dental care they need. Quite simply, Medi-Cal's dental program currently is failing too many of our children.

However, 2013 is an historic year for children's dental care and Medi-Cal's dental program. While the full implementation of the Affordable Care Act (ACA) will not happen until January 2014, individuals will begin enrolling in health coverage toward the end of 2013. One of the lesser touted achievements of ACA that affects only children is that—for the first time—all children will have access to insurance coverage for dental care, including approximately 1.2 million additional children in California.<sup>2</sup> Many of these children will enroll in Medi-Cal's dental program.

In addition, Medi-Cal will soon see nearly 900,000 additional children enter the program in 2013. In 2012, Governor Jerry Brown authorized the elimination of the Healthy Families Program (HFP, California's Children's Health Insurance Program) and the transfer of HFP-enrolled children into Medi-Cal. As a result, child enrollment in Medi-Cal's dental program will grow to nearly 5 million—nearly half of California's children.

Yet, Medi-Cal's dental program is woefully inadequate to meet the

needs of its current enrollees let alone those of more than a million new children. There are not enough dentists to serve children enrolled in Medi-Cal in locations where many children live. Many families do not understand that their children have dental benefits under Medi-Cal or how to use their coverage. Furthermore, many low-income families may have difficulty accessing care because they lack affordable transportation, lose pay when they miss work, and face other socioeconomic barriers.

Because Medi-Cal's dental program will be the backbone of dental care for approximately half of California's children, now is the time to shore up California's very fragile system of dental care for the state's underserved children.

The stories in this Issue Brief demonstrate how difficult it can be to access dental care through Medi-Cal. As a result, California's children and families suffer. These stories illustrate that much work is needed to achieve the goal of a high-functioning Medi-Cal dental program that ensures timely, high-quality dental care to all of its enrollees.

The Children's Partnership developed this Issue Brief to inform policymakers and the public about the dental care needs of children enrolled in Medi-Cal and to offer solutions to improve children's access to dental care through the program. The State has started to take steps to achieve this goal. Through collaboration with stakeholders and local communities, it can succeed in ensuring every child enrolled in Medi-Cal accesses the dental care he or she needs.



## Dental Health Care Needs of California's Children Today



A key reason children enrolled in Medi-Cal do not access dental services is the limited number of dentists who will treat them.

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Nearly a quarter of California's children between the ages of 0 and 11 had never been to the dentist in 2005 (the latest for when such data are available).<sup>3</sup> This is despite the recommendation by the American Academy of Pediatric Dentistry that children visit the dentist at the time the first tooth appears (and no later than the age of 1) and have a dental check-up every six months thereafter. California is ranked near the bottom (40<sup>th</sup>) when compared to other states in providing Medicaid-enrolled children with any dental services.<sup>4</sup> Given that a significant portion of California's children do not have access to regular, preventive dental care, it is not surprising that 71 percent of children experience tooth decay by the time they reach the third grade.<sup>5</sup>

While the utilization of dental care is below optimal levels for many of California's children, certain groups, such as children enrolled in Medi-Cal, face particular obstacles to accessing dental care. Nearly half of children under age 21 enrolled in Medi-Cal's dental program (49.9 percent) did not have even one dental visit in 2011.<sup>6</sup> Furthermore, there are areas of California that have far lower dental

care utilization rates. For example, the dental care utilization rate for children enrolled in Medi-Cal in Alpine County was 21.6 percent in 2011. Amador, Humboldt, Siskiyou, and Trinity Counties all had utilization rates below 40 percent, meaning that more than 60 percent of children enrolled in Medi-Cal living in these counties did not have a dental visit in 2011. And, in some counties, the number is closer to 70 percent.<sup>7</sup>

A key reason children enrolled in Medi-Cal do not access dental services is the limited number of dentists who will treat them. In fiscal year 2009-2010, only 35 percent of dentists in California treated children enrolled in Medi-Cal. Of those, only a quarter saw 80 percent of the children,<sup>8</sup> demonstrating that there is a limited supply of dentists willing to treat significant numbers of children enrolled in the program. To better understand these statistics, an evaluation of a statewide oral health education and training program in California revealed that almost half of parents who reported having problems locating a dentist cited being unable to locate one who accepted Medi-Cal.<sup>9</sup>

## What is Medi-Cal's Dental Program?

Medi-Cal is California's health coverage program for low-income children and adults. It provides dental coverage to all enrolled children. Eligibility for Medi-Cal is determined by the child's age and his or her family's income in relation to the Federal Poverty Level (FPL), among other factors.<sup>10</sup> As a result of the elimination of the Healthy Families Program and the transition of HFP-enrolled children into Medi-Cal, children in families with incomes at or below 250 percent of FPL (\$57,625 annually for a family of four) will be eligible for Medi-Cal once the transition begins in early 2013.<sup>11</sup>

Currently, Medi-Cal serves more than 4 million children under the age of 21.<sup>12</sup> After the transition of all children currently enrolled in HFP into Medi-Cal, that number is expected to increase by more than 860,000 to nearly 5 million children.<sup>13</sup>

Medi-Cal's dental program provides children with diagnostic and preventive services, such as examinations, x-rays, and dental cleanings. Children enrolled in Medi-Cal are also eligible for such services as fillings, tooth extractions, root canals, emergency services for pain control, and some orthodontics.<sup>14</sup>

Dental services in Medi-Cal are provided through either a fee-for-service (FFS) arrangement, called Denti-Cal, or managed care. All children are automatically enrolled in Denti-Cal, except those who live in Sacramento and Los Angeles counties. Children enrolled in Denti-Cal can obtain dental care from any dental provider that accepts Denti-Cal. Children in Sacramento County must enroll in one of a select number of dental managed care plans and are sent enrollment information. They can only obtain care from a provider who contracts with their managed care plan. Children in Los Angeles County may obtain their care through Denti-Cal or a managed care plan.

Nearly 92 percent of children enrolled in Medi-Cal receive dental services through Denti-Cal, and the remaining 8 percent receive services through a dental managed care plan.<sup>15</sup> The majority of children transitioning from HFP into Medi-Cal will receive dental care through Denti-Cal (87 percent) versus a dental managed care plan (13 percent).<sup>16</sup>

## Good Dental Health:

### Critical to Children's Overall Health and Taxpayers' Wallets

Poor dental health can disrupt normal childhood development and seriously damage overall health.<sup>17</sup> In rare but tragic cases, untreated tooth decay can lead to death, as it did for 12-year-old Deamonte Driver of Maryland, who died in 2007 from a brain infection due to untreated dental disease.<sup>18</sup> In addition, decay in primary teeth is a significant predictor of decay in permanent teeth, meaning many children with poor dental health grow up to be adults with poor dental health.<sup>19</sup>

Dental disease also impacts children's ability to learn and succeed in school.

In 2007, more than half a million of California's school-aged children missed at least one school day due to a dental problem—a total of 874,000 missed school days. This translates to a statewide average loss of nearly \$30 million in attendance-based school district funding.<sup>20</sup> A 2012 study of the relationship between poor oral health and academic achievement in disadvantaged children in the Los Angeles Unified School District found that students who had a toothache in the last six months were four times more likely to have a Grade Point Average (GPA) that was lower than the median.<sup>21</sup>





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When their children experience pain, fevers, and infections as a result of poor dental health, families with limited access to dental care often have little choice but to take their children to the emergency room for care. In 2007, there were over 83,000 emergency room visits for preventable dental problems at a cost of \$55 million.<sup>22</sup> This rate of emergency room visits for preventable dental problems is a 12 percent increase from 2005. Close to half of California's counties had higher emergency room visit rates for dental conditions than for asthma and diabetes.<sup>23</sup>

Untreated decay not only impacts children's health, but emergency room and hospital-provided care for preventable dental problems are a poor use of taxpayers' and families' dollars. Hospital-provided dental care, including emergency room care, ranges from \$172 to \$5,044 per encounter, compared to \$60 for a comprehensive dental exam.<sup>24</sup>

## CARDENAS FAMILY Siskiyou County

In February 2012, Sunshine Cardenas, 6, received a dental screening through the Women, Infants, and Children (WIC) program. "The dental hygienist said that everything looked pretty good, except for a small spot on her back molar," explained Maggie Cardenas, Sunshine's mother. "She couldn't tell if it was a cavity, but she said I needed to get her to the dentist to be checked."

Soon after, Maggie called to make her daughter an appointment with their dentist. "The earliest they could see Sunshine was six months away in August," she said. There is no other dentist in Yreka who accepts Medi-Cal insurance. Maggie was left with no other option but to wait. At first, Sunshine did not experience pain, but within a few months, toothaches began. "I put pain reliever gel on it, and that made it easier for her to go to school," said Maggie. As the pain became more persistent, Maggie called the dentist again to see if they could get Sunshine in but was told that there was no room on the schedule.

After months of waiting, Sunshine's toothache took a turn for the worst. In July, while Sunshine was eating waffles at school, syrup got into her cavity, causing intense pain. After seeing the school nurse, Sunshine was sent home. Once they got home, Maggie notified the dental office. "I told them that this is an emergency and she can't wait any longer!" Maggie exclaimed. "She was in terrible pain. I was so relieved when they said to bring her right in."

The dental treatment was very quick. "We didn't talk about a filling or cap," Maggie said, "at that point, the dentist said the only option was an extraction."

In February, Sunshine's tooth had a small spot of discoloration. Six months later, her molar had advanced decay, requiring the tooth to be pulled. Wait times for dental visits in rural areas like Yreka are not uncommon and can often lead to unnecessary dental procedures. The situation with Sunshine was frustrating. "Even though we don't have a car, the dental office is only four blocks away. I could have taken Sunshine to an appointment at a moment's notice," said Maggie.



## Missed Opportunities

### to Ensure Children Enrolled in Medi-Cal Get the Dental Care They Need

There are several reasons why children enrolled in Medi-Cal are not getting the dental care they need. As mentioned above, the primary reason is that there are not enough dentists in areas where Medi-Cal-enrolled children live. Another factor is low reimbursement rates.<sup>25</sup> According to a recent survey of more than 300 dentists, 97 percent of dentists who do not participate in Medi-Cal reported low reimbursement rates to be their main reason for not participating.<sup>26</sup>

California has one of the lowest Medicaid reimbursement rates in the nation.<sup>27</sup> In 2008, Medi-Cal reimbursement rates for a periodic oral examination and a filling ranked 42<sup>nd</sup> and 41<sup>st</sup>, respectively, among states.<sup>28</sup> According to the California HealthCare Foundation, reimbursement rates in Medi-Cal are one-third to one-half of the usual fees charged for selected dental services.<sup>29</sup>

This is of particular significance in light of the transition of children enrolled in the Healthy Families Program into Medi-Cal. Providers enrolled in HFP receive a higher reimbursement rate than providers enrolled in Medi-Cal. Since low reimbursement rates are a key reason providers do not participate in Medi-Cal, it is doubtful that the State will be able to recruit all

providers enrolled in HFP into Medi-Cal.

Furthermore, dentists face several bureaucratic barriers to participating in Denti-Cal (the fee-for-service part of Medi-Cal's dental program). Completing the paperwork to become a Denti-Cal provider is burdensome. In addition, once providers are enrolled in the Medi-Cal dental program, they face other barriers related to treatment authorization, billing, and payment by the State.<sup>30</sup> For many dentists, low reimbursement rates, combined with administratively burdensome and complicated paperwork, make serving children enrolled in Medi-Cal untenable.

In addition, some families do not know that they have dental benefits under Medi-Cal or how to use them.<sup>31</sup> This may be especially true because the delivery systems for health and dental care are different. While most children enrolled in Medi-Cal receive their health care through a managed care plan, they receive their dental care through a fee-for-service arrangement. Some families may also be confused or misinformed about the services that are covered. For example, some believe that orthodontia is not covered by Medi-Cal.<sup>32</sup> However, under some circumstances, orthodontia is a covered service.<sup>33</sup>



Moreover, as the stories in this Brief suggest, many families struggle to locate a local dental provider that is currently accepting new Medi-Cal patients. And families and organizations that work with families note that the current telephone and online dental provider information system is burdensome to use and, at times, inaccurate. Fortunately, the State is trying to address this problem.

Finally, families face socioeconomic barriers to accessing care that compound the fact that there are not enough dental providers to care for California's most vulnerable children. Many low-income families do not have affordable transportation options.<sup>34</sup> In addition, low-income workers are more likely to lose pay when they miss work.<sup>35</sup>

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# An Action Plan to Strengthen Medi-Cal's Dental Program for Children

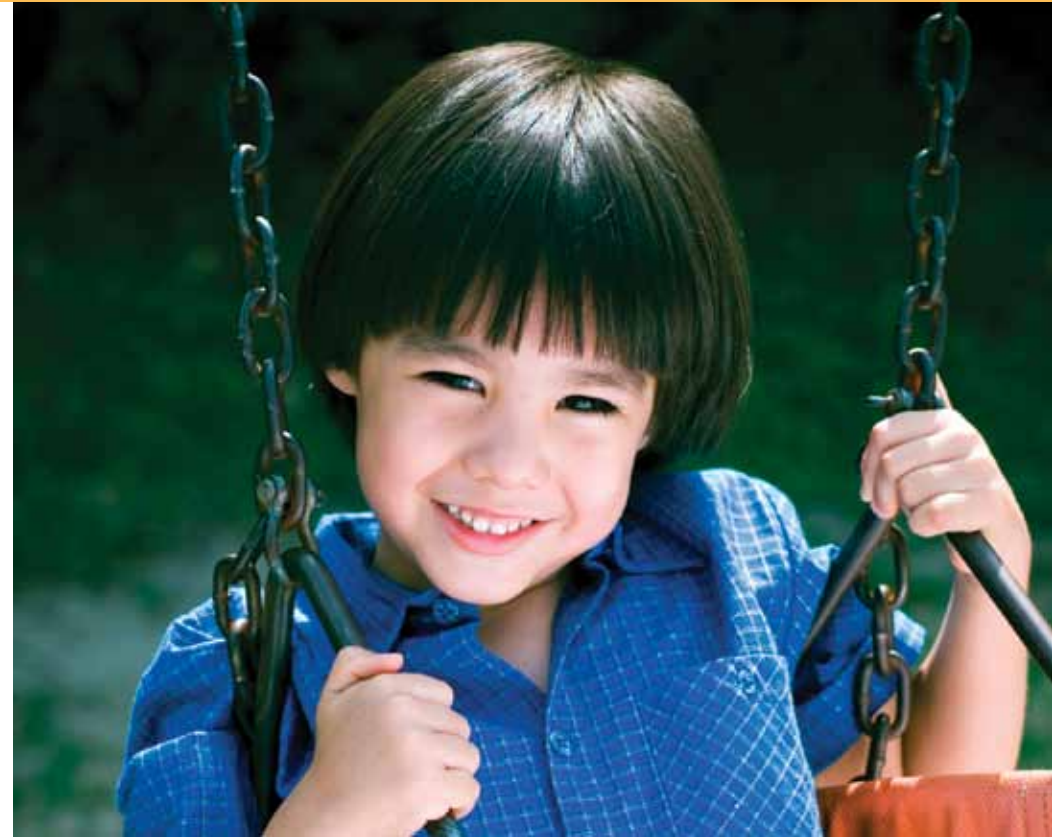
The Brown Administration and California Legislature should be commended for recognizing the importance of accessing dental care by Medi-Cal-enrolled children and making this issue a priority. The Department of Health Care Services (Department)—the state agency that administers the Medi-Cal program—has taken some very important steps to ready itself for the influx of nearly 900,000 children from the Healthy Families Program into the system as well as to improve Medi-Cal's dental program overall.

While the action plan outlined below includes some recommendations that the State is already working on, policymakers, the Administration, and stakeholders will need to identify and implement additional measures to succeed at improving Medi-Cal's dental program. The following recommended actions detail the additional steps needed to ensure California achieves the goal of creating a high-functioning system of dental care capable of serving the 5 million children who will rely on it.

## **Ensure there are enough providers enrolled in Medi-Cal to adequately meet the dental care needs of currently and newly enrolled children.**

In response to the directive from the Legislature to ensure provider adequacy as part of the plan to transition children from the Healthy Families Program into Medi-Cal, the Department is taking steps to assess the Denti-Cal network and recruit new dentists into it. For example, they are conducting education and outreach to providers, working with the California Dental Association to reach new providers, prioritizing enrollment of HFP-enrolled providers into Denti-Cal, conducting webinars to help providers understand how to enroll, and making direct phone calls to dentists to try to recruit them. It is also working with its contracted dental managed care plans to ensure they have adequate networks to meet the dental care needs of currently and newly enrolled children.

While the Department appears confident that the majority of dentists enrolled in HFP will continue to serve children enrolled in Medi-Cal, this seems unlikely. It is unclear what the impacts of lower reimbursement rates will be on providers' willingness to treat the same number of children enrolled in Medi-Cal as they treated when they were enrolled in HFP. It is also unclear how the administrative concerns discussed in this Brief will impact the willingness of providers enrolled in HFP to enroll in Denti-Cal.



These two factors must be understood before a meaningful assessment can be made of whether the State has enough Medi-Cal-enrolled providers in the right locations to meet the dental care needs of all children who are and will be eligible for these services.

Furthermore, the Department has not yet developed an accurate measure of provider adequacy in the Denti-Cal program. While the Department states it has no concerns regarding the Denti-Cal provider adequacy,<sup>36</sup> there is no substantive basis for this assertion. The Department has indicated that it has measured provider adequacy in Denti-Cal by assuring there is at least one provider for every 2,000 patients.<sup>37</sup> This standard is

## CORSBIE FAMILY San Luis Obispo County

For years, Meriah Corsbie has been grappling with how to get dental treatment for her three children, as well as how to pay for it. In 2008, the family was covered by her husband's employer-based insurance. The family lived in Santa Margarita, and traveled about 30 minutes to see their dentist in Arroyo Grande. "We had a wonderful dentist. I really liked his work, and we took our kids on a regular basis," said Meriah. "Then my husband had a heart attack, and he hasn't been able to work since." Meriah tried to keep up regular dental visits, but, without insurance, the cost was overwhelming. "Just a simple check-up was \$200 to \$250 cash."



Recently, Meriah enrolled the children in Medi-Cal. "I liked our [original] dentist, and he was really great with our kids, but he doesn't accept Medi-Cal," she said. "I know how important it is for kids to see the same dentist, but I just couldn't afford it any longer."

Meanwhile, Anthony, age 9, has developed multiple cavities. "He has one tooth that gets an abscess over and over," Meriah explained. At one point, Anthony was taken to the emergency room because of an abscess-related infection, a costly trip that would likely have been avoided if Anthony had regular access to dental care.

Meriah has called numerous dentists in north San Luis Obispo County. "None of them take Medi-Cal. I've given up calling," she said. "The only option is a dental clinic, but they have so many patients that they're booked out more than four months. I was hoping Anthony could see a dentist before his abscess kicked up again."

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not appropriate for several reasons. First, it is unrealistic that all of the providers included in the Department's assessment are treating exclusively children enrolled in Medi-Cal. The ratio should factor in all of the providers' patients, including those who are privately insured and who are private payers, to understand the true capacity of the provider base. Secondly, the standard does not account for the number of patients a provider treats. As mentioned above, a small fraction of Medi-Cal providers treat the majority of enrolled children, meaning the majority of Medi-Cal-enrolled providers only see small numbers of children. Finally, the Department's measure of provider adequacy does not account for the number of available providers who treat certain subpopulations of children who have especially limited access to care, such as young children and children with special health care needs.

Instead, an assessment of provider adequacy should incorporate various factors that relate to Medi-Cal-enrolled children's needs. When assessing geographic capacity of providers, the Department should analyze access for reasonable subregions of counties since provider capacity varies among regions of counties. The assessment should also incorporate distance from children's homes to the nearest appropriate provider to ensure families have access to care within a reasonable distance. The assessment should also take into account how many Medi-Cal patients each provider treats as well as how many new Medi-Cal patients they accept within a particular time period. In addition, the assessment should include how many young children and children with special health care needs providers treat. Finally, the assessment should also include how long children must wait to get a new appointment by sub-region within counties. The Department and Legislature should continuously monitor children's access to dental care based on this baseline assessment and make adjustments to its strategy to ensure access to care.



To read additional stories of families who have struggled to access needed dental care for their children, visit <http://www.childrenspartnership.org/our-work/dental-health/family-stories>.

The Department also applies the 2000 to 1 standard to its dental managed care plans.<sup>38</sup> While the Department has required dental managed care plans that serve Medi-Cal-enrolled children to have a plan for addressing provider inadequacy, the managed care plans' remedies to identified problems should be clearly outlined and should include a strategy for continuous monitoring and corrective action.

Moreover, Denti-Cal does not ensure that children have access to dental care in a timely fashion. While managed care plans are statutorily required to ensure timely access to necessary dental services,<sup>39</sup> Denti-Cal is currently not held to such requirements. For example, managed care plans must be able to provide routine dental services within 36 business days and urgent dental services within 72 hours.<sup>40</sup> The Legislature should require the Department of Health Care Services to adopt the same timely access standards in Denti-Cal to which the Department of Managed Care holds dental managed care plans accountable. Furthermore, as indicated above, the Department should outline how it plans to monitor timely access to care and how it will address problems related to children accessing dental care in a timely fashion.

### **Make sure Denti-Cal is as provider-friendly as possible.**

In addition to low reimbursement rates, one of the main barriers dental providers face in participating in the Denti-Cal program is the bureaucratic process imposed on them by the State. The Department has taken some steps to ease some of the paperwork requirements of providers. For example, it is providing more hands-on assistance to providers enrolled in the Healthy Families Program when they apply to become Denti-Cal providers. In certain circumstances, instead of mailing back incomplete or inaccurate applications to providers, the Department will call them to resolve unanswered questions. In addition, it is developing an interactive



webinar that will assist providers in completing the application.

Furthermore, the Department has streamlined the process for inclusion in the provider referral database. Families access the database online and through the Beneficiary Telephone Service Center to identify providers who accept Denti-Cal. Currently, the provider paperwork can be downloaded online but must be signed and returned by mail. The Department has removed the requirement for a signature, and providers are able to fax, e-mail, or mail the form. They may also simply call the Department to ask to be listed in the provider referral database.

Unfortunately, dental providers continue to note having difficulty with getting claims processed, getting paid, and getting treatments authorized.<sup>41</sup> While the Department is meeting with providers, such as the California Dental Association, to resolve these issues, there is an urgency to address

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providers' concerns as rapidly as possible. Otherwise, low reimbursement rates, coupled with a burdensome enrollment and billing process, are going to drive needed dental providers away from the Denti-Cal program at a time when California's children need them most.

## **Reimburse dental providers at a level that reflects providers' real costs.**

While California continues to face tight financial times, if it does not pay its providers a reasonable rate that, at a minimum, covers the cost of providing the care that children need, there will not be enough providers to meet the current and growing demand for care. The State should conduct a study to identify an actuarially sound reimbursement rate for dental providers and take steps to reimburse providers at that rate.

## **Continue to work with dental managed care plans and stakeholders to ensure children enrolled in these plans receive timely, high-quality dental care.**

Medi-Cal-enrolled children who receive their care through dental managed care plans in Sacramento and Los Angeles counties face significant challenges to accessing dental care. Their rates of receiving care are even lower than for children who are enrolled in Denti-Cal. For example, in Los Angeles, the utilization rate for children in dental managed care was 24.5 percent in 2011, compared to a rate of more than 57 percent for children enrolled in Denti-Cal.<sup>42</sup> As a result of attention brought to this issue, the State has taken steps to ensure the managed care plans improve their performance and that beneficiaries are receiving timely access to high-quality care. The Department and Legislature have imposed performance measures on the plans as well as expectations that the plans conduct outreach and connect families to care. In addition, the Department has committed to working with stakeholders, the Department of Managed Care, and the plans on an ongoing basis to make certain that the plans ensure their beneficiaries are accessing dental care. This is a good beginning, and, as planned, the State should continue to work with the managed care plans and stakeholders to monitor the progress of these plans in connecting children to needed care and make adjustments to the State's strategy, as needed.

## **Ensure enrollment in dental coverage is simple for families.**

Before families can even start accessing care, they must enroll their children in coverage. Often, the enrollment process for health and dental coverage is complicated for families. The forms they must fill out are often difficult to understand, and families must provide documentation of various eligibility requirements. The State should take steps to reduce paperwork and streamline processes for families enrolling in and renewing their coverage in Medi-Cal. In addition, the State should continue to work with stakeholders and managed care plans in Sacramento County to ensure families easily enroll their children in the managed care plan best suited for them as well as in Los Angeles County to ensure families enroll in the delivery system that best meets their needs: the right managed care plan or Denti-Cal. This will be particularly important for children transitioning

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from the Healthy Families Program to Medi-Cal, as they will be entering a new system of care and choosing their delivery system.

Finally, as the State prepares for the implementation of ACA, it should ensure that enrollment in dental coverage for children is easy and coordinated with their health coverage enrollment. Enrollment in Medi-Cal should be coordinated with enrollment in other health coverage options through ACA as some families will have members that enroll in different coverage options, such as coverage offered through ACA and Medi-Cal.

## **Ensure families enrolled in Denti-Cal understand their dental benefits and access dental care.**

The Department is beginning to take steps to improve its process for helping families connect their children to dental providers. For example, the Department has simplified some of the materials families receive about Medi-Cal's dental program and how to use their dental benefits. It is also improving the operation of its Beneficiary Telephone Service Center,

which helps families identify dentists who treat children enrolled in Medi-Cal. Currently, the Center simply provides families with a list of three dental providers to call and secure dental appointments for their children on their own. This is inadequate because some providers may not have available appointments or may no longer be taking new Denti-Cal patients. Instead, the Center has begun to call providers for families and connect them via phone so that families can make an appointment immediately. In addition, the Department will include clinics that provide dental services to Medi-Cal-enrolled children in the database that the Center uses to access dental providers, providing families with more options for accessing care.



## **INFANTE FAMILY Humboldt County**

In February 2011, Tina's 1-year-old son, Joseph, had a bad fall. She rushed him to the hospital thinking the worst. Thankfully, the physician found him to be fine, except for a broken front tooth. However, Tina was unable to find a pediatric dentist who accepted Medi-Cal. What started as a broken tooth, requiring minor treatment, resulted in a year's worth of pain, health risks, and accumulated costs.

Tina Infante lived in Mendocino, an area that has a shortage of dentists who will care for low-income children on Medi-Cal. Tina did not own a car, and the pediatric dentists were 100 to 150 miles away. To make matters worse, she was unable to find a provider that did not have a long wait list. "They sent me a letter stating it would be three or four months before they could see him," Tina said. "Later, they said it would be even longer."

Tina felt helpless, as she noticed her son's teeth begin to rot. Joseph's dental caries were spreading. In September, the family moved to Eureka. "One of the reasons we moved to Humboldt County was to find more resources for Joseph," she said. Still, there was a long wait time before Joseph could be seen. The waiting was agony, as Joseph's health began to deteriorate. He cried and fussed most of the day, clinging to Tina's legs. He lost his appetite.

Then, Tina noticed something strange about his face. "At first, it was slight," she explained. "Then, his face got really puffy, and we took him to the emergency room (ER)." Joseph had facial edema caused by his oral infection. Facial swelling is serious and can prevent swallowing or close off a person's airway. Joseph had a high fever and severe infection. He was taken to the ER twice for antibiotic treatments. The second time he was almost admitted to the hospital. "Over the next couple of weeks, Joseph got better and he was able to receive the dental treatment he needed," Tina explained.

What started with one broken tooth ended nine months later with two visits to the ER and four extractions by a pediatric dentist. However, most of the trauma, and additional cost associated with it, could have been avoided if Joseph had simply received timely care.

Unfortunately, the future is a mystery for Joseph's smile because diseased baby teeth can adversely affect permanent teeth. "Our dentist said that he may have deformed teeth or really crooked teeth," Tina said. "We won't know until he's older and his permanent teeth come in."

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The Department will begin using the national [InsureKidsNow.gov](http://InsureKidsNow.gov) website as an online resource for families to find providers, which is easier to use and better helps families find providers near where they live or work than its current website. In addition, the Department is working to ensure the information provided by the [InsureKidsNow.gov](http://InsureKidsNow.gov) website is accurate and up-to-date. Finally, the website will include clinics that provide dental services to children enrolled in Medi-Cal.

Furthermore, the Department is planning to send surveys to families with children enrolled in Denti-Cal to assess how they are using their benefits. They will use the results of this survey to analyze the issues and barriers that families face in accessing dental care through the Denti-Cal program.

While these are good first steps, to ensure these strategies work well and to identify additional strategies to better connect families to care, more can be done. For example, currently the Beneficiary Telephone Service Center is only available from 8:00 a.m. to 5:00 p.m. These hours should be expanded to evenings and weekends to accommodate working families' schedules.

Furthermore, the Department should monitor the success of the Center in connecting children to dental care in a timely fashion by tracking elements such as how many providers the Center must call before securing an appointment for a children; how long a caller is on the phone; when the appointment is made to ensure it is secured within a reasonable period, according to the timely access standards outlined above; and other factors that impact children's access to care. Finally, the Department should develop a plan for addressing the barriers it identifies as a result of the survey of families, mentioned above.

At a more strategic level, the State has an opportunity to develop and implement a comprehensive plan to improve the oral health of children enrolled in Denti-Cal. The federal Centers for Medicare and Medicaid (CMS) has developed a plan—the CMS Oral Health Strategy—to work with states to improve access to dental care for children enrolled in Medicaid and the Children's Health Insurance Program. Now is the perfect time to engage stakeholders in developing, implementing, and evaluating a long-term plan to increase access to dental care for children in a strategic way. The plan should identify new and creative ways for the State to ensure children receive needed dental care and include strategies to:

- Educate families about their dental benefits and how to access care.
- Address barriers—such as language, cultural, and transportation barriers—families face in accessing dental care for their children.
- Target strategies toward particular populations of children who have difficulty accessing dental care, such as children with special health care needs and young children.
- Improve reimbursement rates.
- Simplify the bureaucratic processes for dental providers to enroll and participate in Medi-Cal.
- Explore creative ways—such as teledentistry, new workforce models, and school-based strategies—to connect children to care.
- Foster partnerships with statewide stakeholders and community-based partners to implement the plan.
- Identify lessons learned and adjust the plan based on them.

# Action Plan

## Expand the dental team.

As mentioned throughout this Brief, many families do not have access to dental care where they live. One solution to meeting the dental care needs of children who live in areas where there are limited dental care resources is to explore expanding the dental team with additional types of providers. These providers would be trained to perform a limited number of critical services under the supervision of a dentist. Workforce models that utilize providers with narrowly defined scopes of practice have proven to be a successful strategy in more than 50 countries and Alaskan native communities in increasing children's access to high-quality dental care in an efficient way.<sup>43</sup> This model is similar to that of nurse practitioners in the health care field. Today, it is hard to imagine the health care system functioning efficiently without nurse practitioners, who are respected and valued members of the medical team.<sup>44</sup> The State should test different workforce models using such providers, under the supervision of a dentist, who can effectively deliver urgently needed, high-quality preventive and routine restorative dental care in places where underserved children who would otherwise go without dental care are located. For more information about workforce solutions, visit <http://www.childrenspartnership.org/our-work/dental-health/workforce>.



## LEWIS FAMILY San Luis Obispo County

In August, 2012, Anthony Lewis, age 12, was getting ready to head back to school. Anthony is a good student and likes school, but he is not looking forward to class. He has several cavities that have been causing pain for months. “They ache, and sometimes I don’t want to do anything,” Anthony explained. Kesha Lewis, Anthony’s mother, called Medi-Cal and was given the name of a dentist and several clinics that accept Medi-Cal. “They’re booked until December and January,” she said. “He can’t wait that long. He’s in pain all the time and only wants to eat soft food.” Kesha said that the only way Anthony can get treatment earlier is if someone cancels an appointment.



Several years ago, her children were treated by a dentist in Lompoc, about 90 miles away. “That’s when I had a car. Now we have to take the bus, and there are several connections,” she said. The different bus lines make it almost impossible to get Anthony to an appointment that is far away. Kesha believes that Anthony will need several extractions and fillings. She considered paying out of pocket and called a dental office for a treatment estimate. “It was around \$800, way more than I can afford right now,” she said.

Kesha has been out of work for a year, but she is looking forward to completing a phlebotomy course and working at a medical facility. “I’ve been told that after working for six months, most employers provide medical and dental benefits,” she said. “I don’t want Anthony to wait until December to see a dentist, but I don’t know what else to do.”

# Action Plan



## **Facilitate wider deployment of teledentistry.**

Teledentistry—the use of technology to provide dental care at a distance—is rapidly becoming a practical solution to meet the dental care needs of patients in rural and other underserved areas. Through videoconferencing, a dentist can examine a patient from a distance and interact with the provider onsite. Teledentistry also involves the transfer of data, such as an x-ray or a digital image of the mouth and teeth, from an allied dental provider examining a patient to a dentist, allowing the dentist to assist and make recommendations. Called store-and-forward, this type of teledentistry is currently not reimbursed by Medi-Cal or other payers. For teledentistry to be a viable, sustainable solution to bringing dental care to underserved children, store-and-forward teledentistry must be reimbursed.

Furthermore, the Legislature, the Department, and other state entities should work with dental providers, teledentistry experts, and interested stakeholders to identify ways to demonstrate the value of teledentistry in bringing dental care to children who would otherwise go without needed

care. For example, the Virtual Dental Home, developed by the Pacific Center for Special Care at the University of the Pacific Arthur A. Dugoni School of Dentistry, is demonstrating how teledentistry can be used to bring dental care to vulnerable populations in places such as schools and Head Start sites. Promising efforts like the Virtual Dental Home should be expanded where there is evidence of their success in meeting children’s dental care needs. For more information about teledentistry, visit <http://www.childrenspartnership.org/our-work/dental-health/teledentistry>.

## **Strengthen state leadership in oral health through the creation of a statewide office of oral health.**

Overall, California lacks oral health leadership in state government. The State does not have a dental director or a robust office of oral health. As a result, there has not been a state-led assessment of the oral health care needs of the state’s children or other populations or a statewide plan to improve the oral health of Californians. Furthermore, the State has left federal dollars on the table because it does not have the capacity to apply for, accept, and distribute much-needed oral health care funds. Policymakers should identify a way to ensure California has a strong statewide office of oral health led by a dental director and work with stakeholders to shape this office so that it truly addresses the needs of California’s children.

## **The Immediate Opportunity**

This is a unique moment in history when we have the opportunity and imperative to make a significant difference in the dental health and well-being of five million—half—of California’s children. If tapped into skillfully, the transition of children enrolled in the Healthy Families Program into Medi-Cal and the implementation of ACA offer an opportunity to create new solutions that ensure all children in California—especially underserved children—receive the dental care they need. If the Administration, the Legislature, providers, local communities, and other stakeholders work together and carry out the recommendations outlined above over the next year, California will be well on its way to leading the nation in addressing the most common unmet health care need of children.



## Endnotes

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- <sup>12</sup> Total enrollment between the ages of 0 and 20 years of age calculations performed by The Children's Partnership. Source: State of California, Department of Health Care Services, *Population Distribution by Age/Gender, July 2011* (Sacramento, CA: Department of Health Care Services, 2012), [http://www.dhcs.ca.gov/dataandstats/statistics/Documents/3\\_1\\_Population\\_Distribution\\_Age\\_Gender.pdf](http://www.dhcs.ca.gov/dataandstats/statistics/Documents/3_1_Population_Distribution_Age_Gender.pdf)
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