



**2024-2026 QDP Issuer Model Contract Refresh Workgroup
California Landscape for Oral Health**

May 5, 2022

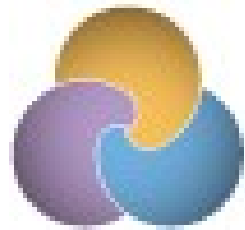
AGENDA

Time	Topic	Presenter
10am - 10:10	Welcome and Introductions	Tara Di Ponti
10:10 - 10:25	Covered California Quality Dental Plan Issuers and Enrollment	Elena Wise
10:25 - 10:55	Moving California Oral Health Forward: An Overview	Dr. Jayanth Kumar
10:55 - 11:10	Covered California's Role in Oral Health	Taylor Priestley
11:10 - 11:40	Open Discussion and Feedback	Discussion
11:40 - 11:50am	Next Steps and Adjourn	Tara Di Ponti

Covered California Quality Dental Plan Issuers and Enrollment

Elena Wise

2022 Dental Plans



Dental Health Services

California Dental Network

A DentaQuest company



Qualified Dental Plans (QDPs)

- First offered for plan year 2016
- QDPs offer Family Dental Plans that combine child and adult dental benefits
 - Adults can enroll without enrolling children into Family Dental Plans
 - If a family enrolls one child, they must enroll all children and at least one adult
- QDPs must include pediatric EHB to be certified and offered by Covered California
- APTC cannot be applied
- Family Dental Plans only available during Open Enrollment, Special Enrollment, and after a Qualified Health Plan has been selected

Pediatric Dental Essential Health Benefit (EHB)

- Enrollees younger than 19 are eligible for the pediatric dental EHB
- Scope of benefits is determined by the benchmark plan specified by federal regulations
 - California uses Denti-Cal's 2014 children's dental benefit
- Beginning in plan year 2015, CMS set the standalone dental plan Maximum out-of-pocket (MOOP) at \$350 per child and \$700 for two or more enrolled children
- Actuarial Value (AV) requirement 85%, +2/- 2% (removed but still calculated)
 - In 2018, CMS removed AV requirement for children's dental plans, but Covered California still uses AV to guide benefit design
- Includes medically necessary orthodontia but excludes cosmetic orthodontia
- Federal ACA permits Qualified Health Plan (QHP) issuers not to offer children's dental benefit if standalone dental plans are also offered
 - All Individual Market QHPs include pediatric dental benefits
 - Pediatric dental commonly offered by QHP issuer subcontract

Children's Embedded vs. Family Dental Plan, Pediatric Coverage

	COPAYMENT PLAN DESIGNS		CONSINSURANCE PLAN DESIGNS	
	Embedded Dental	Standalone Dental	Embedded Dental	Standalone Dental
Actuarial Value	N/A	85.2%	N/A	87.3%
Individual Dental Deductible	None	None	None	\$75
MOOP	Subject to QHP MOOP	\$350	Subject to QHP MOOP	\$350
Diagnostic & Preventive (in-network)	\$0	\$0	0%	0% (not subject to deductible)
Basic Treatment Services (e.g., 1 surface amalgam filling) (in-network)	Set by standardized Copay Schedule (\$25)	Set by standardized Copay Schedule (\$25)	20%	20%
Major Treatment Services (e.g., root canal)	Set by standardized Copay Schedule (\$300)	Set by standardized Copay Schedule (\$300)	50%	50%
Medically Necessary Orthodontia	\$1,000	\$350	50%	\$350

Adult Dental Benefits

- Not an EHB under the ACA
 - Not subject to a benchmark plan
 - No Actuarial Value (AV) requirement
 - No maximum out-of-pocket limit
 - Voluntary purchase
 - No financial assistance available to purchase benefits
- Standalone dental plans and adult dental benefits are not subject to many of the ACA market reforms, although Covered California extends these consumer protections to the QDPs by contract.
- There is a six-month waiting period for major services and a month is waived for each prior month of dental coverage. Annual limits are permitted for adult dental benefits, but Covered California limits their use.

Family Dental Plan, Adult Coverage

	COPAYMENT PLAN DESIGNS	CONSINSURANCE PLAN DESIGNS
	Standalone Dental	Standalone Dental
Actuarial Value	Not Calculated	Not Calculated
Individual Dental Deductible	None	\$50
MOOP	Not Applicable	Not Applicable
Diagnostic & Preventive (in-network)	No Charge	No Charge
Basic Treatment Services (e.g., 1 surface amalgam filling) (in-network)	Set by standardized Copay Schedule (\$25)	20%
Major Treatment Services (e.g., root canal)	Set by standardized Copay Schedule (\$300)	50%
Medically Necessary Orthodontia	Not Covered	Not Covered

2022 QDP Enrollment

As of April 1, 2022, **294,183** enrollees have selected a Qualified Dental Plan through Covered California.

QDP Issuer Name	Product Type	Adult (19+ years) Enrollment	Pediatric (0-18 years) Enrollment	Percent of total QDP Enrollment
Anthem Blue Cross	HMO	17,117	786	6%
Anthem Blue Cross	PPO	15,195	1,383	6%
Blue Shield of California	HMO	21,563	917	8%
Blue Shield of California	PPO	28,443	2,777	11%
California Dental Network, Inc.	HMO	30,026	1,946	11%
Delta Dental	HMO	91,268	3,677	32%
Delta Dental	PPO	46,092	4,399	17%
Dental Health Services	HMO	2,035	66	1%
Liberty	HMO	25,921	572	9%
Total		277,660	16,523	100%
Total QDP Enrollment		294,198		

2022 QHP Pediatric Enrollment

As of April 1, 2022, Covered California has **134,378** pediatric QHP enrollees, eligible for embedded dental benefits.

QHP Issuer Name	Product Type	Pediatric	% of Pediatric Enrollment in QHP
Anthem Blue Cross	EPO	5,634	4.19%
Anthem Blue Cross	HMO	4,400	3.27%
Blue Shield of California	HMO	8,404	6.25%
Blue Shield of California	PPO	40,101	29.84%
Bright HealthCare	HMO	33	0.02%
CCHP	HMO	100	0.07%
Health Net	EPO	59	0.04%
Health Net	HMO	4,409	3.28%
Health Net	PPO	3,848	2.86%
Kaiser	HMO	50,198	37.36%
LA Care	HMO	5,051	3.76%
Molina Health Care	HMO	2,600	1.93%
Oscar Health Plan	EPO	4,288	3.19%
SHARP Health Plan	HMO	3,309	2.46%
Valley Health	HMO	751	0.56%
Western Health	HMO	1,193	0.89%
Total		134,378	100.00%

Moving California Oral Health Forward: An Overview

Jayanth Kumar, DDS, MPH

Moving California Oral Health Forward: An Overview

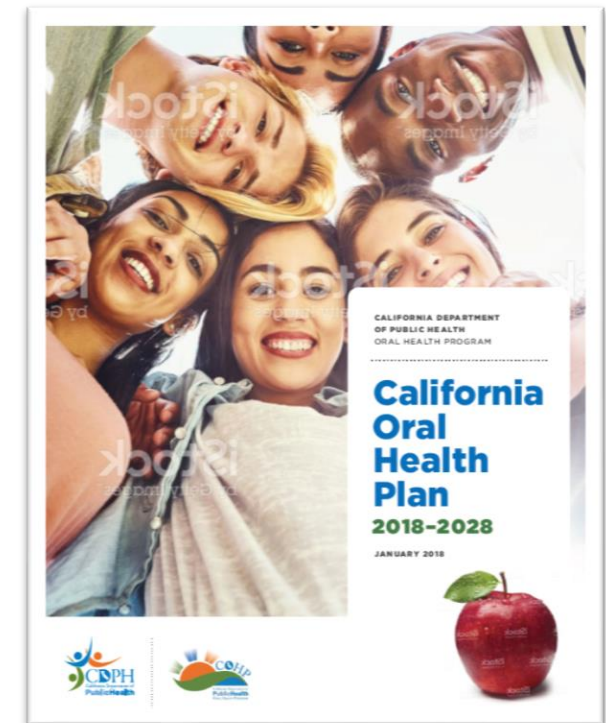
JAYANTH KUMAR, DDS, MPH
STATE DENTAL DIRECTOR

California Department of Public Health
Center for Healthy Communities
Office of Oral Health



Oral Health Planning Objectives

- ▶ Assess and address oral health burden
- ▶ Enhance infrastructure
- ▶ Mobilize support
- ▶ Utilize data/research/evaluation
- ▶ Build partnerships
- ▶ Institutionalize initiatives





Oral Diseases

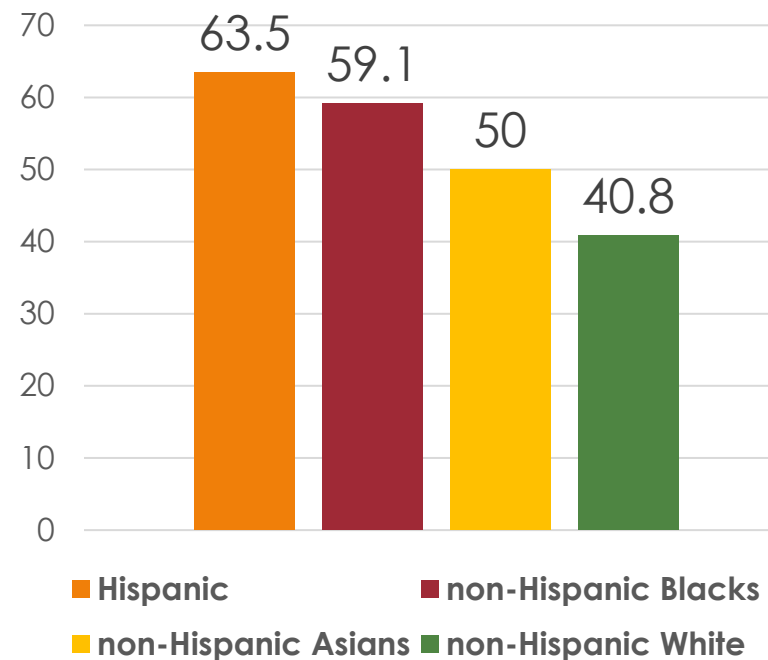
- Pain – Function - Learning - Cost
- Self esteem –Employment --Socialization

Prevalence of Periodontitis in Adults (age >30 years). NHANES 2009-2012.

2 cm foot ulcer- smaller than the ulcerated epithelium
within infected periodontal pockets



Periodontitis According to Race and Ethnicity



Eke PI, Dye BA, Wei L et al. Journal of Periodontology 2015;86(5):611-622.

Oral Health in America



Advances and Challenges

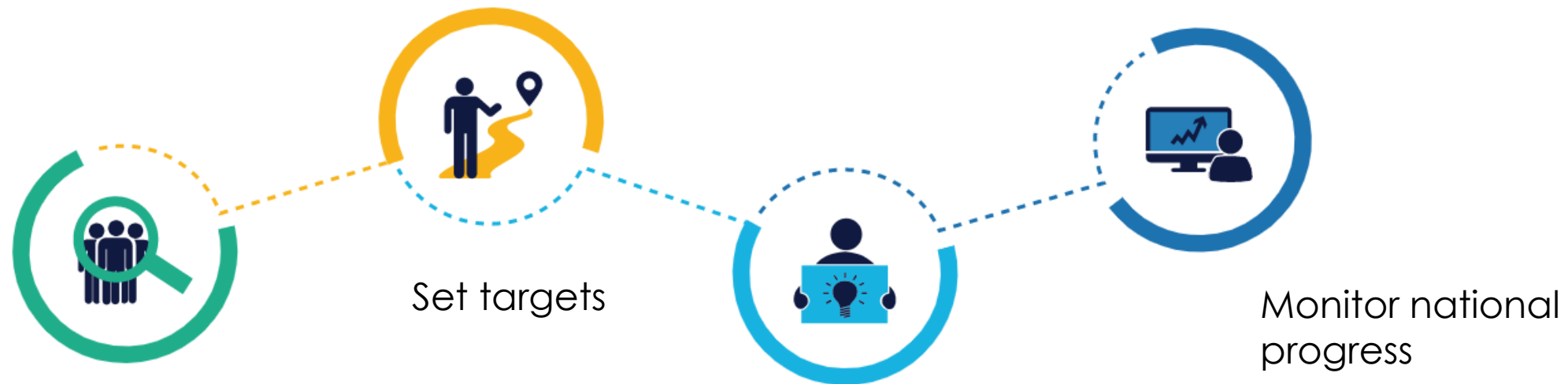


Call to Action

- policy changes are needed to reduce or eliminate ...inequities
- dental and other health care professionals must work together
- we need to diversify the composition of the nation's oral health professionals, address the costs ...and ensure a strong research enterprise

Use Healthy People 2030 in Your Work

Communities, states, and organizations across the country use Healthy People objectives to set their own priorities — and you can, too. Our graphic explains the practical ways Healthy People 2030 can help you improve health and well-being through your work.



Identify needs and priority populations

Find inspiration and practice tools

Source:
<https://health.gov/healthypeople/tools-action/use-healthy-people-2030-your-work>

Goal 1 Improve the oral health of Californians by addressing determinants of health, and promoting healthy habits and population-based prevention interventions to attain healthier status in healthy communities.

▶ **Objectives:**

- ▶ 1.A: Reduce the proportion of children with dental caries experience and untreated caries.
- ▶ 1.B: Reduce the proportion of adults who have ever had a permanent tooth extracted because of dental caries or periodontal disease.
- ▶ 1.C: Increase the proportion of the California population served by community water systems with optimally fluoridated water.
- ▶ 1.D: Increase the percentage of patients who receive evidenced-based tobacco cessation counseling and other cessation aids in dental care settings.

Goal 2: Align dental health care delivery systems, payment systems, and community programs to support and sustain community-clinical linkages for increasing utilization of dental services.

- ▶ 2.A Increase the proportion of children who had a preventive dental visit in the past year and reduce disparities in utilization of preventive dental services.
- ▶ 2.C Increase the percentage of children, ages six to nine years, who have received dental sealants on one or more of their permanent first molar teeth.
- ▶ 2.F Increase the proportion of persons with diagnosed diabetes who have at least an annual dental examination.
- ▶ 2.G Increase the engagement of dental providers in helping patients to quit using cigarettes and other tobacco products.
- ▶ 2.H Decrease repeat emergency room visits for dental problems.

Strategies

- ▶ **Strategy 2.3** Capitalize on the Medi-Cal Dental Transformation Initiative and other program improvement efforts to increase the number of children receiving effective preventive interventions.
- ▶ b. Create incentives to increase utilization of preventive dental services.
- ▶ d. Utilize performance measures to drive dental delivery system reform.
- ▶ **Strategy 2.5** Incorporate oral health into diabetes management protocols and include an annual dental examination as a recommendation.
- ▶ **Strategy 2.6** Integrate tobacco use cessation counseling and oral cancer assessment as part of dental and primary care visit protocols.

Goal 3: Collaborate with payers, public health programs, health care systems, foundations, professional organizations, and educational institutions to expand *infrastructure, capacity, and payment systems* for supporting prevention and early treatment services.

- ▶ **Objective 3.E** Increase the percentage of payers that implement payment policies that reward positive oral health outcomes.
- ▶ **Strategy 3.5** Explore insurance coverage and payment strategies to encourage preventive dental care and assure quality of care.

Goal 4: Develop and *implement communication strategies to inform and educate the public*, dental care teams, and decision makers about oral health information, programs, and policies.

- ▶ 4.B: Increase the coordination, consistency, and reach of oral health messages targeted to different audiences in multiple languages and various formats.
- ▶ 4.C: Increase the number of local (city/county) health departments and FQHCs using social media to promote oral health.
- ▶ 4.D: Increase the proportion of patients who report their dental care teams give them easy to understand instructions about what to do to take care of their oral health and prevent or treat oral diseases.

Strategies

- ▶ **Strategy 4.3** Promote and provide resources on how to use social media to promote oral health and improve the effectiveness of social media outreach.
- ▶ **Strategy 4.4** Provide training and resources to improve dental teams' communication with patients about oral health.

In California...

- More than **60%** of students have experienced tooth decay by third grade.*
- **1 in 5** kids have untreated tooth decay.*
- Approximately **440,000** children missed at least one day of school due to a dental problem in 2018.**

Tooth Decay and Children

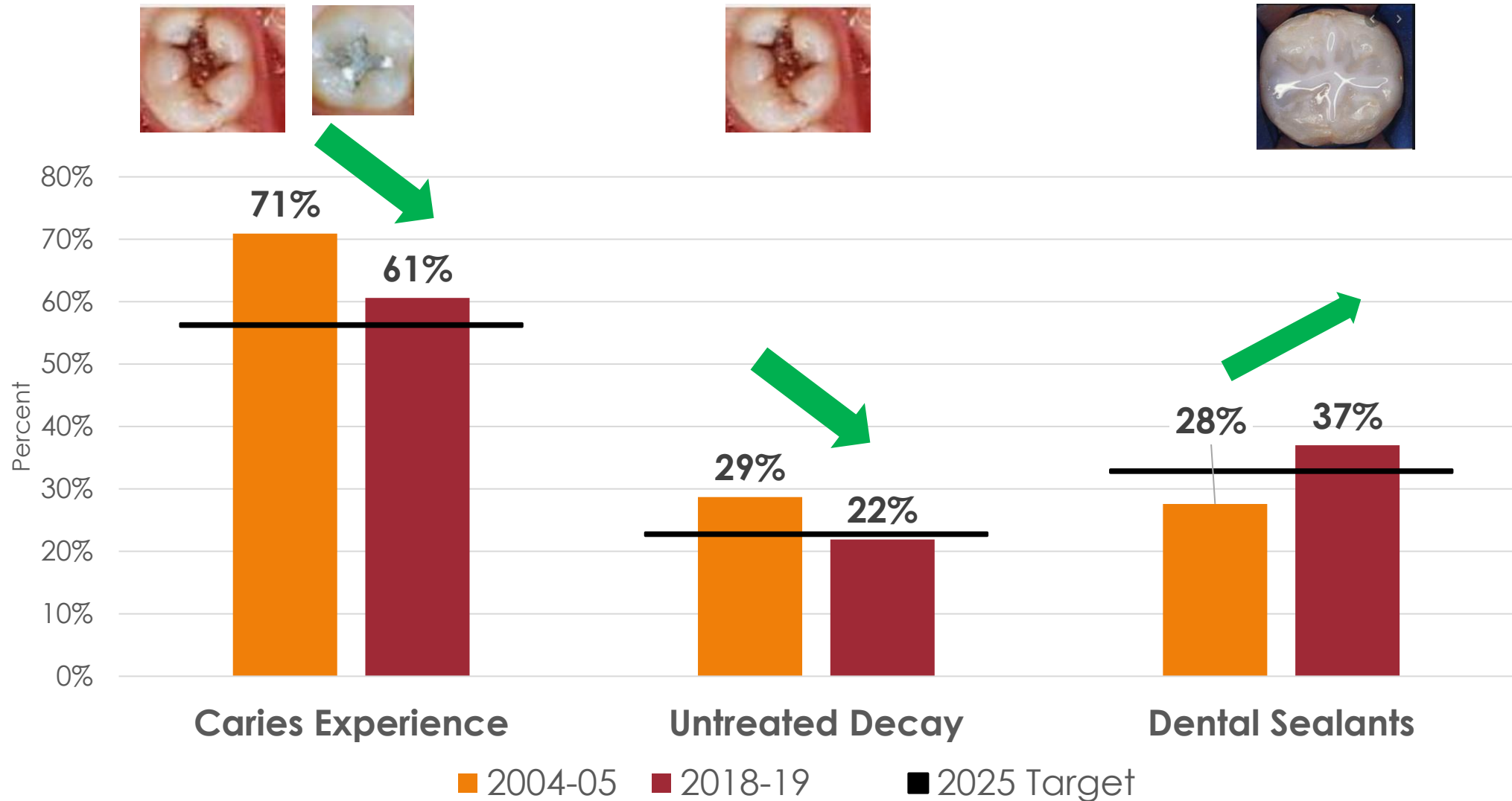


*2018-20 3rd Grade Basic Screening Survey, California Office of Oral Health

**2018 California Health Interview Survey, UCLA Center for Health Policy Research

Source: Smile, California.org

Changes in Dental Caries Prevalence: Results from 2004-2005 and 2018-19



Caries Experience by Region

Region	Caries Experience Percent
Bay Area	45.4%
Sacramento Region	46.2%
Northern/Sierra	51.6%
Southern	60.4%
Central Coast	64.2%
Los Angeles	64.7%
Central Valley	75.9%



School Dental Program

The 3 Buckets of Prevention

Fluoride Varnish in Primary Care Settings

CalAIM Caries Risk Assessment Bundle for 0-6 year old Children

Oral health care during pregnancy

Traditional Clinical Prevention



Innovative Clinical Prevention



Community-Wide Prevention



Community Water Fluoridation

Toothbrushing in Early Care & Education Programs

Rethink Your Drink Campaign

Oral Health Literacy



Health Care

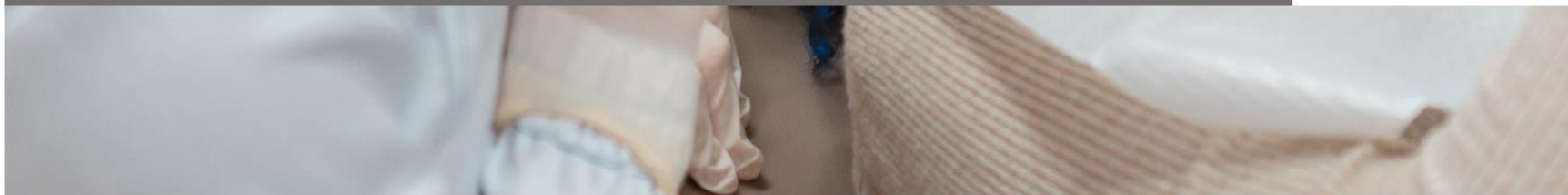
Public Health





Oral Health Literacy in Practice

CALIFORNIA DEPARTMENT OF PUBLIC HEALTH





Events Visiting the Dentist Care for Your Smile Common Questions Contact Us

Language

About Covered Services Members Partners & Providers Videos

FIND A DENTIST



As of May 1, California will give full scope Medi-Cal to adults 50 years of age or older, and immigration status does not matter.

All other Medi-Cal eligibility rules still apply.

LEARN MORE



DHCS | Medi-Cal Dental



Contact:
Jayanth.Kumar@cdph.ca.gov



Covered California's Role in Oral Health

Taylor Priestley

Goal 1: *Improve the oral health of Californians by addressing determinants of health, and promoting healthy habits and population-based prevention interventions to attain healthier status in healthy communities.*

Objectives

1.A Reduce the proportion of children with dental caries experience and untreated caries.

1.B Reduce the proportion of adults who have ever had a permanent tooth extracted because of dental caries or periodontal disease

1.D Increase the percentage of patients who receive evidenced-based tobacco cessation counseling and other cessation aids in dental care settings.

Goal 2: *Align dental health care delivery systems, payment systems, and community programs to support and sustain community-clinical linkages for increasing utilization of dental services.*

Objectives

2.A Increase the proportion of children who had a preventive dental visit in the past year and reduce disparities in utilization of preventive dental services.

2.C Increase the percentage of children, ages six to nine years, who have received dental sealants on one or more of their permanent first molar teeth.

2.F Increase the proportion of persons with diagnosed diabetes who have at least an annual dental examination. (may need to be longer term initiative)

2.G Increase the engagement of dental providers in helping patients to quit using cigarettes and other tobacco products.

2.H Decrease repeat emergency room visits for dental problems.

Goal 2: *Align dental health care delivery systems, payment systems, and community programs to support and sustain community-clinical linkages for increasing utilization of dental services.*

Strategy 2.3 Capitalize on the Medi-Cal Dental Transformation Initiative and other program improvement efforts to increase the number of children receiving effective preventive interventions.

- b. Create incentives to increase utilization of preventive dental services.
- d. Utilize performance measures to drive dental delivery system reform.

Strategy 2.5 Incorporate oral health into diabetes management protocols and include an annual dental examination as a recommendation.

Strategy 2.6 Integrate tobacco use cessation counseling and oral cancer assessment as part of dental and primary care visit protocols.

Goal 3: Collaborate with payers, public health programs, health care systems, foundations, professional organizations, and educational institutions to *expand infrastructure, capacity, and payment systems* for supporting prevention and early treatment services.

Objective 3.E Increase the percentage of payers that implement payment policies that reward positive oral health outcomes.

Strategy 3.5 Explore insurance coverage and payment strategies to encourage preventive dental care and assure quality of care.

Goal 4: Develop and *implement communication strategies to inform and educate the public*, dental care teams, general public and decision makers about oral health information, programs, and policies.

Objectives

4.B Increase the coordination, consistency, and reach of oral health messages targeted to different audiences in multiple languages and various formats.

4.D Increase the proportion of patients who report their dental care teams (multidisciplinary teams which would include dental professionals and non-traditional members such as health care providers, community health workers, and home visitors), give them easy-to-understand instructions about what to do to take care of their oral health and prevent or treat oral diseases.

Goal 4: Develop and *implement communication strategies to inform and educate the public*, dental care teams, general public and decision makers about oral health information, programs, and policies.

Strategy 4.4 Provide training and resources to improve dental teams' communication with patients about oral health.

- b. Develop a webpage to link educational courses on communicating with patients to providers that can be easily accessed and utilized by medical and dental teams.
- c. Identify, distribute, and encourage the use of validated health literacy questions to assess patients' understanding of oral health.
- d. Promote online resources or courses that educate dental teams on how to provide culturally and linguistically sensitive oral health counseling and care to patients.
- e. Develop a tool for patients so they feel empowered, confident, and welcome to ask the dental team questions and discuss recommendations for care.
- f. Create and distribute a standardized tool for gathering patients' feedback about the dental team's communication.

Open Discussion and Feedback

NEXT STEPS

- Submit questions and comments to Dianne Ehrke at PMDContractsUnit@covered.ca.gov
- The next 2024-2026 QDP Issuer Model Contract Refresh Workgroup will be June 2nd from 10:00am-11:50am. Anticipated focus on health promotion and prevention. Materials forthcoming.

Thank you