

ASSEMBLY BILL

No. 2207

Introduced by Assembly Member Wood

February 18, 2016

An act to amend Sections 14132.915 and 14459.6 of, and to add Article 4.10 (commencing with Section 14149.8) to Chapter 7 of Part 3 of Division 9 of, the Welfare and Institutions Code, relating to Medi-Cal.

LEGISLATIVE COUNSEL'S DIGEST

AB 2207, as introduced, Wood. Medi-Cal: dental program.

Existing law provides for the Medi-Cal program, which is administered by the State Department of Health Care Services and under which qualified low-income persons receive health care benefits. The Medi-Cal program is, in part, governed and funded by federal Medicaid program provisions. Existing law provides that certain optional benefits, including, among others, certain adult dental services, are excluded from coverage under the Medi-Cal program. Existing law, beginning May 1, 2014, or the effective date of any necessary federal approvals, whichever is later, provides that only specified adult dental services are a covered Medi-Cal benefit for persons 21 years of age or older.

This bill would require the department to undertake specified activities for the purpose of improving the Medi-Cal Dental Program, such as expediting provider enrollment and monitoring dental service access and utilization. The bill would require a Medi-Cal managed care health plan to provide dental health screenings for eligible beneficiaries and refer them to appropriate Medi-Cal dental providers. This bill would provide that those provisions shall only be implemented to the extent that the department obtains necessary federal approvals, federal

matching funds, and an appropriation in the annual Budget Act for the specific purpose of implementing those provisions.

Existing law requires the department to establish a list of performance measures to ensure the dental fee-for-service program meets quality and access criteria required by the department. Existing law requires the department to annually post on October 1 the list of performance measures and data of the dental fee-for-service program for the previous calendar year on its Internet Web site. Existing law also requires the department to establish a list of performance measures to ensure dental health plans meet quality criteria required by the department. Existing law requires the department to post, on a quarterly basis, the list of performance measures and each plan’s performance on the department’s Internet Web site.

This bill, as of October 31, 2016, would eliminate the requirement that the department annually post the performance measures and program data relating to the dental fee-for-service program for the previous calendar year on October 1 and instead would require the department, commencing January 31, 2017, to post that information for the previous fiscal year on its Internet Web site on or before January 31 of each year. The bill, commencing April 30, 2017, and on specified dates thereafter, would require the department to post dental fee-for-service program performance data, the dental health plan performance measures, and each dental health plan’s performance on a quarterly basis for the preceding fiscal quarter on its Internet Web site. The bill would require the department to ensure, to the greatest degree possible, that the categories of data and performance measures selected for the dental fee-for-service program and for dental health plans are consistent with one another.

Vote: majority. Appropriation: no. Fiscal committee: yes.
State-mandated local program: no.

The people of the State of California do enact as follows:

- 1 SECTION 1. Section 14132.915 of the Welfare and Institutions
- 2 Code is amended to read:
- 3 14132.915. (a) (1) The department shall establish a list of
- 4 performance measures to ensure the dental fee-for-service program
- 5 meets quality and access criteria required by the department. The
- 6 performance measures shall be designed to evaluate utilization,

1 access, availability, and effectiveness of preventive care and
2 treatment.

3 (2) Prior to establishing the quality and access criteria described
4 in paragraph (1), the department shall consult with stakeholders,
5 including representatives from counties, local dental societies,
6 nonprofit entities, legal aid entities, and other interested parties.

7 (3) The performance measures established by the department
8 to monitor the dental fee-for-service program for children shall
9 include, but not be limited to, all of the following:

10 (A) Overall utilization of dental services.

11 (B) Number of annual dental visits, preventive dental services,
12 dental treatment services, and examinations and oral health
13 evaluations.

14 (C) Number of applications of dental sealants.

15 (D) Continuity of care and overall utilization over an extended
16 period of time.

17 (E) All of the following ratios:

18 (i) Sealant to restoration.

19 (ii) Filling to preventive services.

20 (iii) Treatment to caries prevention.

21 (4) The performance measures established by the department
22 to monitor the dental fee-for-service program for adults shall
23 include, but not be limited to, all of the following:

24 (A) Number of annual dental visits and preventive dental
25 services.

26 (B) Treatment to caries prevention ratio.

27 (5) The performance measures shall be reported as aggregate
28 numbers and as percentages, if appropriate, using standards that
29 are as equivalent to those used by managed care entities as feasible.
30 Performance measures for the dental fee-for-service program for
31 children shall be reported by age groupings if appropriate.

32 (b) The department shall include the initial list of performance
33 measures in any dental contract entered into between the
34 department and a fee-for-service contractor on or after enactment
35 of this section.

36 (c) To ensure that the dental health needs of Medi-Cal
37 beneficiaries are met, the department shall, when evaluating
38 performance measures for retention on, addition to, or deletion
39 from, the list of performance measures, consider all of the
40 following criteria:

- 1 (1) Annual and multiyear Medi-Cal dental fee-for-service
- 2 trended data.
- 3 (2) Other state and national dental program performance and
- 4 quality measures.
- 5 (3) Other state and national performance ratings.
- 6 (d) ~~Commencing~~ *On October 1, 2014, for the 2013 calendar*
- 7 *year, and annually on or before October 1 for each preceding*
- 8 *calendar year thereafter, October 1, 2016, for the 2015 calendar*
- 9 *year, the list of performance measures established by the*
- 10 *department along with the data of the dental fee-for-service*
- 11 *program performance shall be posted on the department’s Internet*
- 12 *Web site.*
- 13 *(e) Commencing January 31, 2017, for the 2015–16 fiscal year,*
- 14 *and annually on or before January 31 for each preceding fiscal*
- 15 *year thereafter, the list of performance measures established by*
- 16 *the department along with the data of the dental fee-for-service*
- 17 *program shall be posted on the department’s Internet Web site.*
- 18 *(f) Commencing April 30, 2017, for the July 2016 to September*
- 19 *2016, inclusive, fiscal quarter, and quarterly thereafter on or*
- 20 *before April 30, July 31, October 31, and January 31 for the fiscal*
- 21 *quarter ending seven months prior, the data of the dental*
- 22 *fee-for-service program performance shall be posted on the*
- 23 *department’s Internet Web site.*
- 24 ~~(e)~~
- 25 (g) The department may amend or remove performance
- 26 measures and establish additional performance measures in
- 27 accordance with all of the following:
- 28 (1) The department shall consider performance measures
- 29 established by other states, the federal government, and national
- 30 organizations developing dental program performance and quality
- 31 measures.
- 32 (2) The department shall notify a fee-for-service contractor, at
- 33 least 30 days prior to the implementation date, of any updates or
- 34 changes to performance measures. The department shall also post
- 35 these updates or changes on its Internet Web site at least 30 days
- 36 prior to implementation in order to maintain transparency to the
- 37 public.
- 38 (3) In establishing the performance measures, the department
- 39 shall consult with stakeholders, including representatives from

1 counties, local dental societies, nonprofit entities, legal aid entities,
2 and other interested parties.

3 (f)

4 (h) The department shall annually prepare a summary report of
5 the nature and types of complaints and grievances regarding access
6 to, and quality of, dental services, including the outcome.
7 ~~Commencing no sooner than October 1, 2015, January 31, 2017,~~
8 for the prior ~~calendar~~ fiscal year, and annually thereafter, for each
9 preceding ~~calendar~~ fiscal year, this report shall be posted on the
10 department’s Internet Web site.

11 (i) *The department shall ensure, to the greatest degree possible,*
12 *that the categories of data and performance measures selected*
13 *under this section are consistent with the categories of data and*
14 *performance measures selected under Section 14459.6.*

15 SEC. 2. Article 4.10 (commencing with Section 14149.8) is
16 added to Chapter 7 of Part 3 of Division 9 of the Welfare and
17 Institutions Code, to read:

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Article 4.10. Medi-Cal Dental Program

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14149.8. (a) The department shall expedite the enrollment of
Medi-Cal dental providers by streamlining the Medi-Cal provider
enrollment process. The department shall pursue all of the
following activities, to the extent permitted by federal law:

(1) Create a dental-specific enrollment form.

(2) Pursue an alternative automatic enrollment process for a
provider already commercially credentialed by either a dental
fee-for-service contractor or an administrative services contractor
for the purpose of providing services as a commercial provider.

(3) Discontinue requiring providers to resubmit an enrollment
application that has been deemed incomplete if the missing
information is available elsewhere within the application packet.

(4) To the extent that the department expedites the enrollment
of Medi-Cal dental providers by streamlining the Medi-Cal
provider enrollment process, the department shall publish the
criteria for those processes in applicable provider bulletins and
manuals.

(b) The department shall maintain the provider network by
disenrolling a billing and rendering provider who has not
participated in the dental program, as determined by the

1 department, for more than a continuous one-year period. In order
2 to improve the quality of the dental provider network, the
3 department also shall exercise additional measures as appropriate
4 and permitted by law, including, but not limited to, temporary
5 suspensions.

6 (c) (1) The department shall monitor access and utilization of
7 Medi-Cal dental services in the fee-for-service and managed care
8 delivery systems to assess opportunities to improve access and
9 utilization.

10 (2) The department shall assess opportunities to develop and
11 implement innovative payment reform proposals within the
12 Medi-Cal dental programs.

13 (d) The department shall explore additional opportunities to
14 improve the Medi-Cal Dental Program, in consultation with
15 stakeholders and as deemed appropriate by the department and to
16 the extent permitted by federal law, including, but not limited to,
17 the following:

18 (1) Aligning the provision of dental anesthesia services with
19 that of medical anesthesia services, including the ability to bill for
20 applicable facility fees and ancillary services.

21 (2) Adjusting other utilization controls for specialty services,
22 as appropriate, to promote access to care while still protecting
23 program integrity.

24 (3) Expanding the scope of beneficiary outreach activities
25 required by an entity that is contracted with the department to more
26 broadly address underutilization throughout the state.

27 (e) Prior to implementing an action pursuant to subdivision (g),
28 the department shall post the proposed action on its Internet Web
29 site at least 30 days before implementation.

30 (f) The department shall work with dental managed care plans
31 that contract with the department for the purposes of implementing
32 the Medi-Cal Dental Program, which includes, but is not limited
33 to, contracts authorized pursuant to Sections 14104.3, Sections
34 14087.46, 14089, and 14104.3, and 14089, to provide beneficiaries
35 with access to plan liaisons to assist in the coordination of care for
36 enrolled members.

37 (g) A Medi-Cal managed care health plan shall do all of the
38 following:

39 (1) Provide dental screenings for every eligible beneficiary as
40 a part of the beneficiary's initial health assessment.

1 (2) Ensure that an eligible beneficiary is referred to an
2 appropriate Medi-Cal dental provider.

3 (3) Identify plan liaisons available to dental managed care
4 contractors and dental fee-for-service contractors to assist in
5 coordination of care.

6 (h) (1) To increase the efficiency and timeliness of changes,
7 any contract amendment, modification, or change order to any
8 contract entered into by the department for the purposes of
9 implementing the state Medi-Cal Dental Program shall be exempt,
10 except as provided in paragraph (2), from Part 2 (commencing
11 with Section 10100) of Division 2 of the Public Contract Code, as
12 well as Sections 11545 and 11546 of the Government Code, in
13 addition to any policies, procedures, or regulations authorized by
14 those provisions.

15 (2) Paragraph (1) shall not exempt the department from
16 establishing a competitive bid process for awarding new contracts
17 pursuant to Section 14104.3, as well as for awarding new dental
18 contracts pursuant to Sections 14087.46 and 14089.

19 (i) Prior to implementing any change pursuant to this section,
20 the department shall consult with, and provide notification to,
21 stakeholders, including representatives from counties, local dental
22 societies, nonprofit entities, legal aid entities, and other interested
23 parties.

24 (j) Notwithstanding Chapter 3.5 (commencing with Section
25 11340) of Part 1 of Division 3 of Title 2 of the Government Code,
26 the department, without taking any further regulatory action, shall
27 implement, interpret, or make specific policies and procedures
28 pertaining to the dental fee-for-service program and dental managed
29 care plans, as well as applicable federal waivers and state plan
30 amendments, including the provisions set forth in this section, by
31 means of all-county letters, plan letters, plan or provider bulletins,
32 or similar instructions until regulations are adopted. Thereafter,
33 the department shall adopt regulations in accordance with the
34 requirements of Chapter 3.5 (commencing with Section 11340) of
35 Part 1 of Division 3 of Title 2 of the Government Code. Beginning
36 six months after the effective date of this section, and
37 notwithstanding Section 10231.5 of the Government Code, the
38 department shall provide a status report to the Legislature on a
39 semiannual basis until regulations have been adopted.

1 (k) This section shall be implemented only to the extent that all
2 of the following occur:

3 (1) The department obtains any federal approvals necessary to
4 implement this section.

5 (2) The department obtains federal matching funds to the extent
6 permitted by federal law.

7 (3) The department receives an appropriation in the annual
8 Budget Act each fiscal year for the specific purpose of
9 implementing this section.

10 SEC. 3. Section 14459.6 of the Welfare and Institutions Code
11 is amended to read:

12 14459.6. (a) The department shall establish a list of
13 performance measures to ensure dental health plans meet quality
14 criteria required by the department. The list shall specify the
15 benchmarks used by the department to determine whether and the
16 extent to which a dental health plan meets each performance
17 measure. Commencing January 1, 2013, and quarterly thereafter,
18 the list of performance measures established by the department
19 along with each plan’s performance shall be posted on the
20 department’s Internet Web site. The Department of Managed
21 Health Care and the advisory committee established pursuant to
22 Section 14089.08 shall have access to all performance measures
23 and benchmarks used by the department as described in this
24 section.

25 (1) *Commencing April 30, 2017, the quarterly reporting required*
26 *by this subdivision shall be posted in the following manner:*

27 (A) *On or before April 30, 2017, the reporting shall be posted*
28 *for the July 2016 to September 2016 inclusive, fiscal quarter.*

29 (B) *After April 30, 2017, the reporting shall be posted on a*
30 *quarterly basis on or before April 30, July 31, October 31, and*
31 *January 31 for the fiscal quarter ending seven months prior.*

32 (1)

33 (2) The performance measures established by the department
34 shall include, but not be limited to, all of the following: provider
35 network adequacy, overall utilization of dental services, annual
36 dental visits, use of preventive dental services, use of dental
37 treatment services, use of examinations and oral health evaluations,
38 sealant to restoration ratio, filling to preventive services ratio,
39 treatment to caries prevention ratio, use of dental sealants, use of

1 diagnostic services, and survey of member satisfaction with plans
2 and providers.

3 ~~(2)~~

4 (3) The survey of member satisfaction with plans and providers
5 shall be the same dental version of the Consumer Assessment of
6 Healthcare Providers and Systems (CAHPS) survey as used by
7 the Healthy Families Program.

8 ~~(3)~~

9 (4) The department shall notify dental health plans at least 30
10 days prior to the implementation date of these performance
11 measures.

12 ~~(4)~~

13 (5) The department shall include the initial list of performance
14 measures and benchmarks in any dental health contracts entered
15 into between the department and a dental health plan pursuant to
16 Section 14204.

17 ~~(5)~~

18 (6) The department shall update performance measures and
19 benchmarks and establish additional performance measures and
20 benchmarks in accordance with all of the following:

21 (A) The department shall consider performance measures and
22 benchmarks established by other states, the federal government,
23 and national organizations developing dental program performance
24 and quality measures.

25 (B) The department shall notify dental health plans at least 30
26 days prior to the implementation date of updates or changes to
27 performance measures and benchmarks. The department shall also
28 post these updates or changes on its Internet Web site at least 30
29 days prior to implementation in order to provide transparency to
30 the public.

31 (C) To ensure that the dental health needs of Medi-Cal
32 beneficiaries are met, the department shall, when evaluating
33 performance measures and benchmarks for retention on, addition
34 to, or deletion from the list, consider all of the following criteria:

35 (i) Monthly, quarterly, annual, and multiyear Medi-Cal dental
36 managed care trended data.

37 (ii) County and statewide Medi-Cal dental fee-for-service
38 performance and quality ratings.

39 (iii) Other state and national dental program performance and
40 quality measures.

1 (iv) Other state and national performance ratings.

2 (b) In establishing and updating the performance measures and
3 benchmarks, the department shall consult the advisory committee
4 established pursuant to Section 14089.08, as well as dental health
5 plan representatives and other stakeholders, including
6 representatives from counties, local dental societies, nonprofit
7 entities, legal aid entities, and other interested parties.

8 (c) In evaluating a dental health plan’s ability to meet the criteria
9 established through the performance measures and benchmarks,
10 the department shall select specific performance measures from
11 those established by the department in subdivision (a) as the basis
12 for establishing financial or other incentives or disincentives,
13 including, but not limited to, bonuses, payment withholds, and
14 adjustments to beneficiary assignment to plan algorithms. These
15 incentives and disincentives shall be included in the dental health
16 plan contracts.

17 (d) (1) The department shall designate an external quality
18 review organization (EQRO) that shall conduct external quality
19 reviews for any dental health plan contracting with the department
20 pursuant to Section 14204.

21 (2) As determined by the department, but at least annually,
22 dental health plans shall arrange for an external quality of care
23 review with the EQRO designated by the department that evaluates
24 the dental health plan’s performance in meeting the performance
25 measures established in this section. Dental health plans shall
26 cooperate with and assist the EQRO in this review. The Department
27 of Managed Health Care shall have direct access to all external
28 quality of care review information upon request to the department.

29 (3) An external quality of care review shall include, but not be
30 limited to, all of the following: performance on the selected
31 performance measures and benchmarks established and updated
32 by the department, the CAHPS member or consumer satisfaction
33 survey referenced in paragraph (2) of subdivision (a), reporting
34 systems, and methodologies for calculating performance measures.
35 An external quality of care review that includes all of the above
36 components shall be paid for by the dental health plan and posted
37 online annually, or at any other frequency specified by the
38 department, on the department’s Internet Web site.

39 (e) All marketing methods and activities to be used by dental
40 plans shall comply with subdivision (b) of Section 10850, Sections

1 14407.1, 14408, 14409, 14410, and 14411, and Title 22 of the
2 California Code of Regulations, including Sections 53880 and
3 53881. Each dental plan shall submit its marketing plan to the
4 department for review and approval.

5 (f) Each dental plan shall submit its member services procedures,
6 beneficiary informational materials, and any updates to those
7 procedures or materials to the department for review and approval.
8 The department shall ensure that member services procedures and
9 beneficiary informational materials are clear and provide timely
10 and fair processes for accepting and acting upon complaints,
11 grievances, and disenrollment requests, including procedures for
12 appealing decisions regarding coverage or benefits.

13 (g) Each dental plan shall submit its provider compensation
14 agreements to the department for review and approval.

15 (h) The department shall post to its Internet Web site a copy of
16 all final reports completed by the Department of Managed Health
17 Care regarding dental managed care plans.

18 (i) *The department shall ensure, to the greatest degree possible,*
19 *that the categories of data and performance measures selected*
20 *under this section are consistent with the categories of data and*
21 *performance measures selected under Section 14132.915.*