

AMENDED IN ASSEMBLY APRIL 26, 2016

CALIFORNIA LEGISLATURE—2015–16 REGULAR SESSION

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 amended, 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~~, *bill would add to the performance measures for both the dental fee-for-service program and dental plans described above the total number of patients seen on a per-provider basis and the total number of dental services rendered by each provider during each calendar year. The bill would, 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:

1 14132.915. (a) (1) The department shall establish a list of
2 performance measures to ensure the dental fee-for-service program
3 meets quality and access criteria required by the department. The
4 performance measures shall be designed to evaluate utilization,
5 access, availability, and effectiveness of preventive care and
6 treatment.

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

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

14 (A) Overall utilization of dental services.

15 (B) Number of annual dental visits, *the total number of patients*
16 *seen, on a per-provider basis, and the total number of preventive*
17 *dental services, dental treatment services, and examinations and*
18 *oral health-evaluations. evaluations rendered by each provider*
19 *during each calendar year.*

20 (C) Number of applications of dental sealants.

21 (D) Continuity of care and overall utilization over an extended
22 period of time.

23 (E) All of the following ratios:

24 (i) Sealant to restoration.

25 (ii) Filling to preventive services.

26 (iii) Treatment to caries prevention.

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

30 (A) Number of annual dental visits and preventive dental
31 ~~services.~~ *services, the total number of patients seen on a*
32 *per-provider basis, and the total number of dental services*
33 *rendered by each provider during each calendar year.*

34 (B) Treatment to caries prevention ratio.

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

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

5 (c) To ensure that the dental health needs of Medi-Cal
6 beneficiaries are met, the department shall, when evaluating
7 performance measures for retention on, addition to, or deletion
8 from, the list of performance measures, consider all of the
9 following criteria:

10 (1) Annual and multiyear Medi-Cal dental fee-for-service
11 trended data.

12 (2) Other state and national dental program performance and
13 quality measures.

14 (3) Other state and national performance ratings.

15 (d) On October 1, 2014, for the 2013 calendar year, and on or
16 before October 1, 2016, for the 2015 calendar year, the list of
17 performance measures established by the department along with
18 the data of the dental fee-for-service program performance shall
19 be posted on the department's Internet Web site.

20 (e) Commencing January 31, 2017, for the 2015–16 fiscal year,
21 and annually on or before January 31 for each preceding fiscal
22 year thereafter, the list of performance measures established by
23 the department along with the data of the dental fee-for-service
24 program shall be posted on the department's Internet Web site.

25 (f) Commencing April 30, 2017, for the July 2016 to September
26 2016, inclusive, fiscal quarter, and quarterly thereafter on or before
27 April 30, July 31, October 31, and January 31 for the fiscal quarter
28 ending seven months prior, the data of the dental fee-for-service
29 program performance shall be posted on the department's Internet
30 Web site.

31 (g) The department may amend or remove performance
32 measures and establish additional performance measures in
33 accordance with all of the following:

34 (1) The department shall consider performance measures
35 established by other states, the federal government, and national
36 organizations developing dental program performance and quality
37 measures.

38 (2) The department shall notify a fee-for-service contractor, at
39 least 30 days prior to the implementation date, of any updates or
40 changes to performance measures. The department shall also post

1 these updates or changes on its Internet Web site at least 30 days
2 prior to implementation in order to maintain transparency to the
3 public.

4 (3) In establishing the performance measures, the department
5 shall consult with stakeholders, including representatives from
6 counties, local dental societies, nonprofit entities, legal aid entities,
7 and other interested parties.

8 (h) The department shall annually prepare a summary report of
9 the nature and types of complaints and grievances regarding access
10 to, and quality of, dental services, including the outcome.
11 Commencing January 31, 2017, for the prior fiscal year, and
12 annually thereafter, for each preceding fiscal year, this report shall
13 be posted on the department's Internet Web site.

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

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

21
22 Article 4.10. Medi-Cal Dental Program

23
24 14149.8. (a) The department shall expedite the enrollment of
25 Medi-Cal dental providers by streamlining the Medi-Cal provider
26 enrollment process. The department shall pursue all of the
27 following activities, to the extent permitted by federal law:

- 28 (1) Create a dental-specific enrollment form.
29 (2) Pursue an alternative automatic enrollment process for a
30 provider already commercially credentialed by either a dental
31 fee-for-service contractor or an administrative services contractor
32 for the purpose of providing services as a commercial provider.
33 (3) Discontinue requiring providers to resubmit an enrollment
34 application that has been deemed incomplete if the missing
35 information is available elsewhere within the application packet.
36 (4) To the extent that the department expedites the enrollment
37 of Medi-Cal dental providers by streamlining the Medi-Cal
38 provider enrollment process, the department shall publish the
39 criteria for those processes in applicable provider bulletins and
40 manuals.

1 (b) (1) The department shall maintain the provider network by
2 disenrolling a billing and rendering provider who ~~has not~~
3 ~~participated in the dental program, as determined by the~~
4 ~~department, for more than a continuous one-year period. In has~~
5 *not, over a continuous 12-month period, submitted a claim for*
6 *reimbursement for services rendered.*

7 (2) *Prior to disenrolling a provider described in paragraph (1),*
8 *the department shall send a notice to the provider that the provider*
9 *shall be disenrolled from the dental program six months after the*
10 *date of the notice. The department shall not disenroll a provider*
11 *pursuant to paragraph (1) until six months after the date of that*
12 *notice.*

13 (3) *In order to improve the quality of the dental provider*
14 *network, the department also shall exercise additional measures*
15 *as appropriate and permitted by law, including, but not limited to,*
16 *temporary suspensions.*

17 (c) (1) The department shall monitor access and utilization of
18 Medi-Cal dental services in the fee-for-service and managed care
19 delivery systems to assess opportunities to improve access and
20 utilization.

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

24 (d) The department shall explore additional opportunities to
25 improve the Medi-Cal Dental Program, in consultation with
26 stakeholders and as deemed appropriate by the department and to
27 the extent permitted by federal law, including, but not limited to,
28 the following:

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

32 (2) Adjusting other utilization controls for specialty services,
33 as appropriate, to promote access to care while still protecting
34 program integrity.

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

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

1 (f) The department shall work with dental managed care plans
2 that contract with the department for the purposes of implementing
3 the Medi-Cal Dental Program, which includes, but is not limited
4 to, contracts authorized pursuant to Sections ~~14104.3, Sections~~
5 14087.46, 14089, and 14104.3, ~~and 14089~~, to provide beneficiaries
6 with access to plan liaisons to assist in the coordination of care for
7 enrolled members.

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

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

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

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

17 (h) (1) To increase the efficiency and timeliness of changes,
18 any contract amendment, modification, or change order to any
19 contract entered into by the department for the purposes of
20 implementing the state Medi-Cal Dental Program shall be exempt,
21 except as provided in paragraph (2), from Part 2 (commencing
22 with Section 10100) of Division 2 of the Public Contract Code, as
23 well as Sections 11545 and 11546 of the Government Code, in
24 addition to any policies, procedures, or regulations authorized by
25 those provisions.

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

30 (i) Prior to implementing any change pursuant to this section,
31 the department shall consult with, and provide notification to,
32 stakeholders, including representatives from counties, local dental
33 societies, nonprofit entities, legal aid entities, and other interested
34 parties.

35 (j) Notwithstanding Chapter 3.5 (commencing with Section
36 11340) of Part 1 of Division 3 of Title 2 of the Government Code,
37 the department, without taking any further regulatory action, shall
38 implement, interpret, or make specific policies and procedures
39 pertaining to the dental fee-for-service program and dental managed
40 care plans, as well as applicable federal waivers and state plan

1 amendments, including the provisions set forth in this section, by
 2 means of all-county letters, plan letters, plan or provider bulletins,
 3 or similar instructions until regulations are adopted. Thereafter,
 4 the department shall adopt regulations in accordance with the
 5 requirements of Chapter 3.5 (commencing with Section 11340) of
 6 Part 1 of Division 3 of Title 2 of the Government Code. Beginning
 7 six months after the effective date of this section, and
 8 notwithstanding Section 10231.5 of the Government Code, the
 9 department shall provide a status report to the Legislature on a
 10 semiannual basis until regulations have been adopted.

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

13 (1) The department obtains any federal approvals necessary to
 14 implement this section.

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

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

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

22 14459.6. (a) The department shall establish a list of
 23 performance measures to ensure dental health plans meet quality
 24 criteria required by the department. The list shall specify the
 25 benchmarks used by the department to determine whether and the
 26 extent to which a dental health plan meets each performance
 27 measure. Commencing January 1, 2013, and quarterly thereafter,
 28 the list of performance measures established by the department
 29 along with each plan’s performance shall be posted on the
 30 department’s Internet Web site. The Department of Managed
 31 Health Care and the advisory committee established pursuant to
 32 Section 14089.08 shall have access to all performance measures
 33 and benchmarks used by the department as described in this
 34 section.

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

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

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

4 (2) The performance measures established by the department
5 shall include, but not be limited to, all of the following: provider
6 network adequacy, overall utilization of dental services, annual
7 dental visits, *the total number of patients seen on a per-provider*
8 *basis and the total number of dental services rendered by each*
9 *provider during each calendar year*; use of preventive dental
10 services, use of dental treatment services, use of examinations and
11 oral health evaluations, sealant to restoration ratio, filling to
12 preventive services ratio, treatment to caries prevention ratio, use
13 of dental sealants, use of diagnostic services, and survey of member
14 satisfaction with plans and providers.

15 (3) The survey of member satisfaction with plans and providers
16 shall be the same dental version of the Consumer Assessment of
17 Healthcare Providers and Systems (CAHPS) survey as used by
18 the Healthy Families Program.

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

22 (5) The department shall include the initial list of performance
23 measures and benchmarks in any dental health contracts entered
24 into between the department and a dental health plan pursuant to
25 Section 14204.

26 (6) The department shall update performance measures and
27 benchmarks and establish additional performance measures and
28 benchmarks in accordance with all of the following:

29 (A) The department shall consider performance measures and
30 benchmarks established by other states, the federal government,
31 and national organizations developing dental program performance
32 and quality measures.

33 (B) The department shall notify dental health plans at least 30
34 days prior to the implementation date of updates or changes to
35 performance measures and benchmarks. The department shall also
36 post these updates or changes on its Internet Web site at least 30
37 days prior to implementation in order to provide transparency to
38 the public.

39 (C) To ensure that the dental health needs of Medi-Cal
40 beneficiaries are met, the department shall, when evaluating

1 performance measures and benchmarks for retention on, addition
2 to, or deletion from the list, consider all of the following criteria:
3 (i) Monthly, quarterly, annual, and multiyear Medi-Cal dental
4 managed care trended data.
5 (ii) County and statewide Medi-Cal dental fee-for-service
6 performance and quality ratings.
7 (iii) Other state and national dental program performance and
8 quality measures.
9 (iv) Other state and national performance ratings.
10 (b) In establishing and updating the performance measures and
11 benchmarks, the department shall consult the advisory committee
12 established pursuant to Section 14089.08, as well as dental health
13 plan representatives and other stakeholders, including
14 representatives from counties, local dental societies, nonprofit
15 entities, legal aid entities, and other interested parties.
16 (c) In evaluating a dental health plan's ability to meet the criteria
17 established through the performance measures and benchmarks,
18 the department shall select specific performance measures from
19 those established by the department in subdivision (a) as the basis
20 for establishing financial or other incentives or disincentives,
21 including, but not limited to, bonuses, payment withholds, and
22 adjustments to beneficiary assignment to plan algorithms. These
23 incentives and disincentives shall be included in the dental health
24 plan contracts.
25 (d) (1) The department shall designate an external quality
26 review organization (EQRO) that shall conduct external quality
27 reviews for any dental health plan contracting with the department
28 pursuant to Section 14204.
29 (2) As determined by the department, but at least annually,
30 dental health plans shall arrange for an external quality of care
31 review with the EQRO designated by the department that evaluates
32 the dental health plan's performance in meeting the performance
33 measures established in this section. Dental health plans shall
34 cooperate with and assist the EQRO in this review. The Department
35 of Managed Health Care shall have direct access to all external
36 quality of care review information upon request to the department.
37 (3) An external quality of care review shall include, but not be
38 limited to, all of the following: performance on the selected
39 performance measures and benchmarks established and updated
40 by the department, the CAHPS member or consumer satisfaction

1 survey referenced in paragraph (2) of subdivision (a), reporting
2 systems, and methodologies for calculating performance measures.
3 An external quality of care review that includes all of the above
4 components shall be paid for by the dental health plan and posted
5 online annually, or at any other frequency specified by the
6 department, on the department's Internet Web site.

7 (e) All marketing methods and activities to be used by dental
8 plans shall comply with subdivision (b) of Section 10850, Sections
9 14407.1, 14408, 14409, 14410, and 14411, and Title 22 of the
10 California Code of Regulations, including Sections 53880 and
11 53881. Each dental plan shall submit its marketing plan to the
12 department for review and approval.

13 (f) Each dental plan shall submit its member services procedures,
14 beneficiary informational materials, and any updates to those
15 procedures or materials to the department for review and approval.
16 The department shall ensure that member services procedures and
17 beneficiary informational materials are clear and provide timely
18 and fair processes for accepting and acting upon complaints,
19 grievances, and disenrollment requests, including procedures for
20 appealing decisions regarding coverage or benefits.

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

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

26 (i) The department shall ensure, to the greatest degree possible,
27 that the categories of data and performance measures selected
28 under this section are consistent with the categories of data and
29 performance measures selected under Section 14132.915.