Medi-Cal Dental Program: Coverage & Language Access Rights

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Housekeeping

• We encourage this to be a learning environment – please use the questions feature to share questions, your perspectives, and resources
• You are in listen-only mode
• The webinar will be recorded. Slides and recording will be shared after today's webinar
• Please take 1 minute to complete an evaluation after the webinar
Presenters

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Agenda

• Why Oral Health Matters
• Medi-Cal Dental Basics
• Appeals
• Language Access Rights
• Community Stories
• Resources
• Discussion
Oral Health Matters

Oral health and overall health are linked.

Healthier mouths = healthier people = stronger communities
It’s All Connected

THE MENTAL HEALTH — MOUTH-HEALTH CONNECTION
Any serious or chronic pain issue can hamper mental health and daily life. If there is a painful injury or illness in the mouth, it's likely to get in the way of normal functions like smiling, eating, or talking — and also take a toll on mood.¹

THE FAMILY HEALTH — MOUTH-HEALTH CONNECTION
Babies naturally pick up bacteria from their surroundings that builds the immune system. Families with healthy mouths pass on helpful bacteria to babies, but if there is untreated oral disease in the family, infants can be exposed to the germs that cause cavities.²

THE MEDICINE — MOUTH-HEALTH CONNECTION
Some medications — like decongestants, antihistamines, or painkillers — can cause a dry mouth. Because saliva protects the mouth from the harmful bacteria that cause cavities and gum disease, the dry mouth "side effect" is one way that issues in other parts of the body influence oral health.³

THE IMMUNE SYSTEM — MOUTH-HEALTH CONNECTION
Because the mouth is an important part of the immune system, a healthy mouth boosts the body's ability to protect against disease. Auto-immune diseases, like Celiac disease or lupus, can cause swelling in the mouth. In turn, inflammation can set off other health problems.⁴

THE VITAL ORGAN — MOUTH-HEALTH CONNECTION
Endocarditis, a heart infection, is often caused when bacteria from another part of the body gets into the bloodstream and spreads to the heart. It is also possible for infections in the mouth to spread to the brain. This is why gum disease is a serious infection that shouldn't be ignored.⁵

THE DIABETES — MOUTH-HEALTH CONNECTION
Diabetes can harm the mouth, and problems in the mouth make it harder to control diabetes. Uncontrolled blood sugar can cause swollen gums, which disrupts the mouth's natural defenses and makes cavities more likely. That's why oral health care is an important part of diabetes management.⁶
KEYS TO GOOD ORAL HEALTH

Getting to good oral health is like going through a series of locked doors. Without the right keys, most people can’t get there—no matter how hard they try. The keys to good oral health also unlock good overall health, so let’s start opening doors.

Key #1:

**FLUORIDATED WATER**
Fluoridated water prevents tooth decay and cavities, but many people lack access to it.

More than one-third (36 percent) of kids in the U.S. don’t drink fluoridated water on a regular basis. If fluoridated water systems were in all communities, good oral health would be in reach of all kids...just by turning on the tap.

Key #2:

**DENTAL SEALANTS**
Children face high risk of cavities in their back teeth, which are hard to protect with fluoride alone.

Dental sealants prevent cavities before they develop—but almost 1 in 3 states (31%) lack a school-based dental sealant program. Sealant programs in schools, community centers, and other places can shut the door on cavities and open it to good oral health.

Key #3:

**DENTAL INSURANCE**
Adults with dental insurance are more likely to go to the dentist, take their children to the dentist, and get the care they need.
Coverage Basics
Medi-Cal Dental Program Basics

Medi-Cal Dental Program (aka Denti-Cal) Delivery

- Mostly through fee-for-service
- Sacramento: required to join a dental plan
- Los Angeles: option to join dental plans
- Coverage partially restored for adults May 2014
- **BUT FULLY RESTORED** January 1, 2018
- Residents of nursing facilities and intermediate care facilities have comprehensive dental coverage
- Pregnant women with restricted, pregnancy-related, or full-scope Medi-Cal have full dental benefits
- Children have different coverage
Adult Medi-Cal Dental Benefits

- Exams
- Cleaning – one per year
- Fluoride treatment – one per year
- X-Rays
- Fillings (most every three years)
- Crowns (not porcelain) – not a benefit for wisdom teeth (every three years)
- Anterior root canal therapy
- Full dentures (once every five years), repairs, relines
- Federally Required Adult Services (FRADS) - Any dental service by a dentist which a physician could reasonable provide (over 150 procedure codes – eg. Extractions, surgeries, draining an abscess, anesthesia)

**New** periodontal (Gum) treatment

**New** Root canals back teeth

**New** Partial Dentures

**New** Lab Processed Crowns (for bridges)

**NO** implants or orthodontic services
New Benefits Quick Reference Guide 2018 for the restoration of adult dental services in Medi-Cal.

Found in the Medi-Cal Dental Provider Bulletin Volume 34, Number 2

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**Exceptions:**

* ONLY a benefit under age 3

**
1. Not a benefit under age 13
2. Over age 21, allowable under special circumstances for posterior teeth
   - A benefit only for the treatment of posterior teeth acting as an abutment for an existing removable partial denture with cast clasps and rest. **OR**
   - When the treatment plan includes an abutment crown and removable partial denture (D5213 or D5214). Both shall be submitted on the same TAR for prior authorization

*** Not a benefit under age 13. Allowable under special circumstances.
Dental Coverage Cap

$1800.00 SOFT CAP

Provider must check the dental cap prior to rendering services to determine remaining balance. If reach cap, medically necessary services can be approved.
Dental Coverage Cap

Exceptions

• Emergency dental services
• Services federally mandated, including pregnancy related services
• Dentures
• Maxillofacial and complex oral surgery
• Maxillofacial servicing, including implants (only allowed in exceptional medical situations – e.g. oral cancer/destruction of jaw)
• Services in a long-term care facility
Dental Copayments
(same as other medical benefits in Medi-Cal)

- Non-emergency services provided in an emergency room: $5.00
- Outpatient Services: $1.00
- Prescription Drugs: $1.00
  - Exception: nursing facility residents are not subject to co-pays
Dental Billing Prohibition

“Providers may NOT submit a claim to, or demand or otherwise collect reimbursement from, a Medi-Cal beneficiary, or from other persons on behalf of the beneficiary, for any procedure that is a covered Denti-Cal benefit (other than Share of Cost).

Providers may bill beneficiaries for non-covered procedures only if the beneficiary understands that the procedure is not covered by Denti-Cal and that the beneficiary will be responsible for the payment of the procedure.

Providers may NOT bill beneficiaries for any denied services other than those services denied for not being a benefit of the program.”

Appeals
Dental Appeals

• **Notice of Authorization** – what the provider receives when a TAR is submitted either approving or denying the TAR.

• **Notice of Action** – Denti-Cal sends beneficiary/or auth rep written notices when services have been denied, modified, or deferred with reason.
  - Normal Medi-Cal appeals process triggered (e.g. state fair hearing)
Dental Grievances

- Complaint or grievance to provider to resolve – suggested but not required
- If not resolved, beneficiary can submit complaint to Denti-Cal by phone (1-800-322-6384) or through their complaint form
- Denti-Cal must acknowledge written complaint within 5 days
- Must inform of conclusion within 30 days
- Beneficiary if unsatisfied has right to file a hearing
- Department Of Managed Health Care (DMHC) process for plans
Language Access Rights
Who is considered LEP?

- Individuals who do not speak English as their primary language and who have a limited ability to read, write, speak, or understand English

- In U.S. - 64 million (21.3%) speak a language other than English at home; almost 26 million LEP (speak English less than “very well” (40%)

- In CA – 16 million (44%) speak a language other than English at home; over 6 million (almost 42%) LEP

American Community Survey 2013-2017
Why language access?

- Eliminate health disparities based on racial/ethnic and other socioeconomic factors, including language barriers
- Changing demographics of consumers/ members
- Need to meet consumer needs, increase consumer satisfaction
- Marketing strategy: attract new consumers
- Risk management: indirect costs - increase patient compliance, reduce errors/malpractice
- Cost reductions: measure cost effectiveness
Language access guidelines

**Federal**
1. Title VI of the Civil Rights Act of 1964
2. Section 1557 of the Affordable Care Act
3. Office of Minority Health CLAS standards

**State**
4. CA GOVT. CODE §§ 11135,11139
5. Dymally-Alatorre Bilingual Services Act
6. Senate Bill 853
Title VI of the Civil Rights Act of 1964

“No person in the United States shall on the ground of race, color or national origin, be excluded from participation in, be denied the benefits of, or be subjected to discrimination under any program or activity receiving Federal financial assistance.”

- “National origin” covers limited English proficiency (LEP)
- Health providers that receive funding support from the federal government must provide language assistance to LEP persons to ensure them equal access to programs and services
Title VI of the Civil Rights Act of 1964

Prohibited practices

1. Providing services more limited in scope/lower in quality
2. Unreasonable delays in the delivery of services
3. Limiting participation in a program
4. Requiring LEP persons to provide their own interpreters or pay for interpreters

Office For Civil Rights - National Origin/LEP Guidance

1. Balance of 4 factors/Totality of circumstances test
2. Require competent interpreters and translators/no use of minors or family members
3. Translation of vital documents
5 Elements of Effective Linguistic Access

1. Assess language needs – e.g. identifying LEP persons
2. Describe language assistance measures:
   a. Types of language services available
   b. How staff can obtain these services
   c. How to respond to LEP persons through written communications, by phone and in-person
   d. How to ensure competency of interpreters and translation services
3. Train staff
4. Notify LEP persons of **available & free** language assistance, and how to obtain such services
5. Monitor and update plan
How is Title VI Enforced?

- Individuals may file complaints with OCR
- OCR may initiate a review of any agency or program that receives HHS funds
- OCR has the legal obligation to provide technical assistance/training prior to imposing any sanctions
- Limitations on private individual’s ability to sue for enforcement imposed by *Alexander v. Sandoval*
Section 1557 of the ACA

- Nondiscrimination provision enacted as § 1557 of the Patient Protection and Affordable Care Act (ACA) and Title VI of the Civil Rights Act of 1964

- Also extends the protections of Title IX, Section 504 of the Rehabilitation Act and the Age Discrimination Act

- Applies to insurance exchanges created by the ACA and the health insurance plans that participate in these exchanges.

NHeLP Short Paper #6, January 2011
Requirements of Section 1557

Language assistance

- Plans shall offer a qualified interpreter to an individual with LEP to provide meaningful access.
- Language assistance services must be provided free of charge, accurately, timely, and protect the privacy and independence of the LEP individual.
- Plans shall use a qualified translator when translating written content in paper or electronic form.
- Plans must post notices of non-discrimination and taglines that inform LEP individuals about the availability of language assistance services.

DHCS APL 17-011, June 30, 2017
Medi-Cal Managed Care Requirements

• Develop and implement coordination of interpreter services
• 24-hour access to interpretation services at all provider sites
• Translated materials for mandatory Medi-Cal eligibles in languages meeting the numeric threshold of:
  • 1) 3,000 LEP persons in a county
  • 2) 1,000 in a single zip code, or
  • 3) 1,500 in two contiguous zip codes
• Assess and report language capability of contracted staff
• Develop and implement a “Cultural & Linguistic Services Plan”
• Maintain community linkages through formation of community advisory committees
• Develop and implement linguistic standards and monitor performance of interpreters
OMH CLAS Standards

- [https://www.thinkculturalhealth.hhs.gov/clas](https://www.thinkculturalhealth.hhs.gov/clas)
  - **15 standards**
  - Provide effective, equitable, understandable and respectful quality care and services that are responsive to diverse cultural health beliefs and practices, preferred languages, health literacy and other communication needs.

- Communication and Language Assistance:
  - **(5)** Offer free language assistance to KEP individuals
  - **(6)** Inform all individuals of the availability of language assistance services
  - **(7)** Ensure the competence of individuals providing language assistance
  - **(8)** Provide easy-to-understand print and multimedia materials and signage in the languages commonly used by the populations in the service area
CA GOVT. CODE §§ 11135, 11139
22 C.C.R. §§ 982100 et seq.

- Similar to Title VI

- Allows private right of action in discrimination based on race, national origin, ethnic group identification or color, including “disparate impact” cases

- Applies to “any program or activity that is conducted, operated or administered by the state or any state agency directly or receives any financial assistance from the state”
More State Requirements

• **Dymally-Alatorre Bilingual Services Act**
  • Substantial No. = 5% for state agencies; discretion of local agencies to determine
  • Must translate & distribute written materials explaining services

• **Senate Bill 853**
  • All managed care plans must have a Language Assistance Plan approved by DMHC or CDI
Community Stories
A member is asked to bring their own interpreter

A parent who speaks Spanish made a dental appointment for their child. The dental provider in Ventura county refused to call the Medi-Cal Dental Provider Hotline to arrange a telefonic Spanish interpreter and parent was told to bring their own interpreter to the appointment.

The patient reached out to a local community based organization (CBO) for help. The CBO was able to send a staff member to accompany the patient to the appointment and provide interpretation to help the child and parent understand the dentist.

Advocacy tip!

To request interpretation,
- Providers can call the Provider Telephone Service Center at 1-800-423-0507
- Members can call the Medi-Cal Dental Telephone Service Center at 1-800-322-6384

If language needs are not met, let someone know. You can:
- Reach out to us!
- File a complaint with the Medi-Cal Dental Program (1-800-322-6384)
- File a complaint with the dental managed care plan (only applicable in LA and Sacramento)
- File a complaint with the DHCS Office of Civil Rights (1-916-440-7370, 711)
- File a complaint with the U.S. Dept of Health and Human Services Office of Civil Rights (1-800-421-3481; TTY: 1-800-877-8339)
A member is charged for covered services

A monolingual Spanish speaking client went to a dentist early in 2018 where he was told he needed quarterly deep cleanings, root canals, a crown, and a partial denture. He told his provider he had Medi-Cal and his provider told him he would submit a Treatment Authorization Request (TAR). When the client returned to the office he was told Medi-Cal had denied his TAR request and he would have to pay for his dental treatment. He was quoted over $3,100 and had paid $2,800 in covered services.

Client called MCHA after he became suspicious. They called the Spanish line of the Medi-Cal Dental Telephone Service Center (TSC) together and the representative found no claims for his case in 2018. After requesting to file a complaint, the client and MCHA requested a reimbursement packet that would be mailed to the client. A week later the client receives the packet and notices it’s all in English. The client and advocate call TSC and the representative explains that the packets are only available in English and can answer any specific questions. The representative did not provide sight translation of the documents and skipped explaining the client’s legal rights. With the document entirely in English, the client asked if he could write his responses in Spanish and the representative said that he may face a delay in receiving a response because of the need to translate his responses.

MCHA advocate helped the client complete the packet and are now awaiting a response. An answer must be mailed within 120 days after Medi-Cal Dental has received the claim.

Advocacy tip!

All documents and mail from Medi-Cal Dental that are not translated should include in-language tag lines that share where individuals can go for language assistance.

“ATTENTION: If you speak another language, language assistance services, free of charge, are available to you. Call 1-800-322-6384 (TTY: 1-800-735-2922).”

TSC representatives should provide assistance in understanding and completing any Medi-Cal Dental documents or forms. This includes providing line-by-line sight translation of documents in their entirety.
Resources
How to get Language Assistance

• Members can call the Medi-Cal Dental Telephone Service Center at 1-800-322-6384 or the dental managed care plan (LA & Sacramento only)
  • Member Bulletin Volume 2, Number 3

• Providers can call the Provider Telephone Service Center at 1-800-423-0507
  • Provider Bulletin Volume 35, Number 12

• If you have trouble obtaining an interpreter:
  • File a complaint with the DHCS Medi-Cal Dental Program at 1-800-322-6384
  • File a complaint with the dental managed care plan (LA & Sacramento only)
  • File a complaint with the DHCS OCR at 1-916-440-7370, 711
  • File a complaint with HHS OCR at 1-800-421-3481 (TTY: 1-800-877-8339)
  • Contact the Health Consumer Alliance (HCA) at 1-888-804-3536 (TTY: 1-877-735-2929) or one of our organizations
Where To Go for Help

If you’re in LA county and have undocumented clients or pregnant women that need help, call MCHA

Phone number: 213-749-4261

http://www.mchaccess.org/

If you’re in ANY county in California, call the Health Consumer Alliance

Phone number: 888-804-3536

https://healthconsumer.org/
Where To Go for Help

Phone number: 213-241-0216
http://advancingjustice-la.org/health-justice/

https://cpehn.org/

Phone number: 213-674-2901
http://www.justiceinaging.org/our-work/health-care/oral-health/
Download the Member Pamphlet


https://cpehn.org/blog/201801/what-you-need-know-restored-dental-benefits-adults-california
• Sign up for the California Oral Health Network, email CAOralHealthNetwork@cpehn.org.

• Smile California, http://smilecalifornia.org/


• Member Pamphlet, available in nine languages at https://cpehn.org/page/california-oral-health-network-resources

• DHCS Medi-Cal Dental Website, https://www.denti-cal.ca.gov/
  • Beneficiary Handbook
  • Provider Manual
  • Provider Bulletins
• Justice in Aging
http://www.justiceinaging.org/our-work/healthcare/oral-health/

• Asian Americans Advancing Justice - Los Angeles
http://advancingjustice-la.org/health-justice/

• California Pan-Ethnic Health Network
https://cpehn.org/

• Maternal and Child Health Access
http://www.mchaccess.org/
Questions?

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