The Full Restoration of Adult Dental Benefits and How it Impacts Pregnant Women and Children

MONICA OCHOA, MPH
ORAL HEALTH ADVOCACY COORDINATOR
MATERNAL AND CHILD HEALTH ACCESS
CPHEN HEALTH INTEGRATION FORUM FEBRUARY 8, 2018
Maternal and Child Health Access (MCHA) improves the health of low income women and families through advocacy, education, training and direct services.
Full Restoration

On January 1, 2018, adults with full scope Medi-Cal became eligible for full restoration of dental benefits.

Existing:
- Exams and X-rays
- Cleanings
- Fluoride treatments
- Fillings
- Root Canals in front teeth
- Prefabricated crowns
- Full Dentures
- Dentures relines

New:
- Laboratory Processed Crowns
- Root Canals in Back teeth
- Partial dentures
- Partial denture adjustments, repairs and relines,
- Periodontics (scaling and root planning)
Dear Medi-Cal Member,

Upon federal approval, adult dental benefits will change on January 1, 2018. Dental benefits will not change for pregnant women or adults in a skilled nursing or intermediate care facility. Children’s dental benefits will not change.

You have these services now:
- Exams and x-rays
- Cleanings (prophylaxis)
- Fluoride treatments
- Fillings
- Root canals in front teeth
- Prefabricated crowns
- Full dentures
- Other medically necessary dental services

Services to be added include:
- More types of exams
- Deep cleanings (scaling and root planing)
- Laboratory crowns
- Partial dentures
- Root canals in back teeth

If shown to be medically necessary, dental services can go over the yearly $1800 limit.
Pregnant women and the full restoration

“Dental benefits will not change for pregnant women or adults in a skilled nursing or intermediate care facility”.

All pregnant women in the Medi-Cal program are eligible for the fully restored benefits.

In ANY aid code:

• Full scope
• Restricted
• Presumptive Eligibility
• Pregnancy-only
Section 4 - Pregnancy-Related Services

Effective October 1, 2014, pregnant beneficiaries, regardless of age, aid code, and/or scope of benefits will be eligible to receive all dental procedures listed in the Denti-Cal Manual of Criteria (MOC) that are covered by the Medi-Cal program so long as all MOC procedure requirements and criteria are met. Beneficiaries will also be eligible to receive these services for 60 days postpartum, including any remaining days in the month in which the 60th day falls.
### Benefits Quick Reference Guide

Below is a benefits quick reference guide for Providers effective January 1, 2018. The benefits are based on aid codes and where a beneficiary resides. For a complete listing of procedures and their guidelines, please refer to the **Criteria** found in the Provider Handbook. Additional information is on the Denti-Cal website at [www.denti-cal.ca](http://www.denti-cal.ca).

<table>
<thead>
<tr>
<th>Procedure</th>
<th>Full Scope</th>
<th>Restricted Scope</th>
<th>Pregnancy Related</th>
<th>Residing in a Facility (SNF/ICF)</th>
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</thead>
<tbody>
<tr>
<td>Oral Evaluation (Under age 3) *</td>
<td>✓</td>
<td>×</td>
<td>×</td>
<td>✓</td>
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<tr>
<td>Initial Exam (Age 3 and above)</td>
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<td>✓</td>
<td>✓</td>
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<tr>
<td>Periodic Exam (Age 3 and above)</td>
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<tr>
<td>Prophylaxis</td>
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<td>×</td>
<td>✓</td>
<td>✓</td>
</tr>
<tr>
<td>Fluoride</td>
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<td>×</td>
<td>✓</td>
<td>✓</td>
</tr>
<tr>
<td>Restorative Services – Amalgams/Composites/Pre-fabricated Crowns</td>
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<td>×</td>
<td>✓</td>
<td>✓</td>
</tr>
<tr>
<td>Laboratory Processed Crowns **</td>
<td>✓</td>
<td>×</td>
<td>✓</td>
<td>✓</td>
</tr>
<tr>
<td>Scaling and Root Planing ***</td>
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<td>×</td>
<td>✓</td>
<td>✓</td>
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<tr>
<td>Full Mouth Debridement</td>
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<td>✓</td>
</tr>
<tr>
<td>Periodontal Maintenance</td>
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<td>×</td>
<td>✓</td>
<td>✓</td>
</tr>
<tr>
<td>Anterior Root Canals</td>
<td>✓</td>
<td>×</td>
<td>✓</td>
<td>✓</td>
</tr>
<tr>
<td>Posterior Root Canals</td>
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<td>×</td>
<td>✓</td>
<td>✓</td>
</tr>
<tr>
<td>Partial Dentures</td>
<td>✓</td>
<td>×</td>
<td>✓</td>
<td>✓</td>
</tr>
<tr>
<td>Full Dentures</td>
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<td>×</td>
<td>✓</td>
<td>✓</td>
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<tr>
<td>Extractions/Oral and Maxillofacial Surgery</td>
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<td>✓</td>
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<tr>
<td>Emergency Services</td>
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</tbody>
</table>
How many pregnant women actually visit the dentist what the **data tells us**... and what's missing

The 2013 utilization rate for Los Angeles County is 14.6 for pregnant women who received a pregnancy related medical service and a pregnancy related dental service.

We do not have comprehensive utilization data for pregnancy

Information from women who visit the dentist during their pregnancy is not quantified (not captured on the claim form)

We can only obtain data from pregnancy only aid codes

We lack data from non-pregnancy aid codes
Pregnancy is a Teachable Moment

What happens when a woman accesses dental care (and now the fully restored benefits) during pregnancy?

• Results in a healthier pregnancy
• Better maternal-child outcomes
• Lowers the oral disease that can be transmitted from mother to child
• Reduces early childhood caries
• Mom starts to view oral health as an integral part of overall health
• She begins to take on the role of a main care-giver
Impact on the family

- View oral health as an integral part of overall health
- Decision makers
- Ensure that their children miss less school days due to dental pain
- Are the center of their immediate and extended family and can influence them on dental utilization
- When a mom values oral health, she passes that importance onto her kids and family
Integration and Multiple Engagement Points

Families need numerous reminders from different agencies:

- Eligibility or social worker,
- Primary care providers, schools,
- Home visitors,
- Faith-based organizations,
- WIC offices,
- At health fairs
- etc...
MCHA oral health programmatic and policy work

MCHA has been increasing access to oral health resources and utilization through

- Case management
- Medi-Cal enrollment
- Grants and funding for oral health advocacy work
- Home visitation programs to ask about dental care and provide resources
- Training about dental benefits and policies
- Policy and advocacy work at the state level to increase access to care for pregnant women
- Host and convene the LA Stakeholder meetings with DHCS
Welcome Baby - largest home visitation pilot project in Los Angeles

When the pilot was in the initial planning phases, MCHA advocated for dental questions to be a part of the intake.

<table>
<thead>
<tr>
<th>Dental Insurance</th>
<th>Number</th>
<th>Percent</th>
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</thead>
<tbody>
<tr>
<td>Denti-Cal</td>
<td>659</td>
<td>96%</td>
</tr>
<tr>
<td>Private Dental Coverage</td>
<td>18</td>
<td>3%</td>
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<tr>
<td>No Dental Insurance</td>
<td>7</td>
<td>1%</td>
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</table>

<table>
<thead>
<tr>
<th>At Intake: Dental Exam in past 12 months?</th>
<th>Number</th>
<th>Percent</th>
</tr>
</thead>
<tbody>
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<td>Yes</td>
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<td>47%</td>
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<tr>
<td>No</td>
<td>365</td>
<td>53%</td>
</tr>
<tr>
<td>Total Prenatal Enrollments</td>
<td>686</td>
<td>100%</td>
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</tbody>
</table>
Resources

• MCHA website – www.mchaccess.org

• https://www.cdafoundation.org/portals/0/pdfs/poh_guidelines.pdf
  Oral Health During Pregnancy and Early Childhood Guidelines

• https://www.mchoralhealth.org/
  National Maternal and Child Oral Health Resource Center
Educate others and advocate, attend stakeholder meetings, document gaps and barriers to care
Questions and contact information

Monica Ochoa, MPH
Oral Health Advocacy Coordinator
Maternal and Child Health Access
1111 West Sixth Street, Fourth Fl.
Los Angeles, CA 90017
213 – 749-4261
monica@mchaccess.org