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FIGHTING SENIOR POVERTY THROUGH LAW

Oral Health for Older Adults in California

Webinar Transcript

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Amber Christ: Hi all and welcome to today's webinar, Oral Health for Older Adults in California. My name is Amber Christ, I use she her pronouns, and I'm the managing director of health advocacy here at Justice in Aging. I'm joined by my colleague, Tiffany Huyenh-Cho. She's our director of California Medicare and Medicaid Advocacy. So a few things before we jump in. I just wanted to provide a short overview of Justice in Aging. We are a national organization and we fight to end senior poverty. We're focusing on increasing access to affordable healthcare and economic security for low-income older adults, and we focus on populations that have been excluded and marginalized, specifically older adults of color, older women, older LGBTQ individuals and older immigrants and people with limited English proficiency. We believe that in order to achieve Justice in Aging, we must address the enduring harms of systemic racism and other forms of discrimination in our advocacy, and we recruit and support a diverse staff and board to carry out our mission.

So that's a little bit about Justice in Aging. Before we dig into content, a few housekeeping items. All participants will be on mute. We do encourage you to use the questions function for substantive questions or technical concerns. If you are having any issues, if you get dropped off the webinar or having other things that you can't communicate over the Zoom platform with, you can use the trainings@justiceinaging.org email address. You can always find these materials after the webinar and our resource library online at our Justice in Aging webpage. We also have a Vimeo page where our webinar recordings are archived. And then if you need closed captioning during this presentation, you can select CC from the bottom of the Zoom control panel. And then if you're not already connected to us, you can sign up for our email lists at justiceinaging.org. There's a signup button up at the top right-hand corner, or you can always email info@justiceinaging.org.

So thank you all for joining us today to talk about oral health for older adults in California. We are going to start off. I'm going to cover why oral health matters to older adults and then dig into the coverage options for oral health. So I'm going to start off with Medicare and then hand it over to Tiffany to discuss Medi-Cal in California, and that's going to be the bulk of our presentation. But we're going to end with some additional coverage options for older adults in the event you're tuning in and the person that you're trying to help basically doesn't have Medi-Cal because Medicare doesn't cover very much. So we're going to provide some additional resources for getting access to oral health treatment and then we're going to leave a little bit of time at the end for Q and A. We may not get to your question, and if we don't, we will try to follow up afterwards if we didn't get to it.

All right. So why oral health matters. So we have a lot of national data about where things kind of stand for older adults right now. So 17% of older adults today have no remaining natural teeth and that statistic, that rate, has been declining, particularly with the advent of fluoride over the last few decades. Unfortunately, however, enormous disparities still exist in the outcomes of oral health, particularly when it comes to tooth loss. So 28% of black older adults have complete tooth loss compared to just 14 or sometimes 9% of white older adults. We have one in five older adults who have untreated tooth decay, one in 10 individuals over 65 have untreated periodontal or what we call gum disease, and then the rate of gum disease is two to three times higher among older black and Hispanic adults. So we're seeing disparities in oral health outcomes. So that's the national data. If we turn to California, unfortunately we do not have a lot of state specific data.

In 2017, California and its Department of Public Health got an oral health director and they put out a report called Status of Oral Health in California. And a lot of the data we have on oral health is focused on children, which is great to have that data, but we don't have a lot of data on the oral health outcomes for older adults, or to the extent that we do, it's kind of lumped in together with adults, generally, 21 and over, which doesn't give us a lot of information about what people's outcomes are. So we don't have any data on dental decay or gum disease in California. The last stat we had about complete tooth loss was 9% and that wasn't accompanied by any other demographic data like race or ethnicity or gender.

And I think that that number is low because the data we did get in 2018 was conducted through a survey by the center for... I'm blanking on the name right now, which is no longer in existence, but they did a survey and it's called A Healthy Smile Never Gets Old, not a Health Smile, a Healthy Smile Never Gets Old, and the link is there hyperlinked in the slide deck. And what that survey found is that 48% of those surveyed and skilled nursing facilities had untreated tooth decay, and then 17% of those in skilled nursing facilities had four more effective teeth. Of those surveyed that were living in the community, one third had untreated tooth decay. So we're seeing one third of older adults who were

surveyed having untreated tooth decay living in the community and almost 50% living in nursing facilities. Another staggering statistic from that survey was that over one third of residents in a skilled nursing facility have lost all their natural teeth and of that group, over a third have no dentures.

So they are unable to eat solid foods, for example. Their diet is probably a puree diet, which is not a very healthy diet. The statistic here of the surveyed folks, like I said, from the prior slide, it was really low, of people having no natural teeth. This survey found that 18% of community dwelling older adults have lost all their natural teeth. And then there's real treatment needs. So in skilled nursing facilities, 65% need treatment for tooth decay or gum treatment, and nearly one in three need immediate gum treatment, meaning that they have pretty significant gum disease. So that 2018 survey shows really poor oral health outcomes for older adults and really a lack of access to treatment for those oral health conditions. So that is going to have an impact on people's overall health. We know that poor oral health has a substantial impact on overall health of older adults and it exacerbates health disparities.

So we know that there are already health disparities with regard to diabetes and heart conditions, to everything from renal failure and the need for dialysis. There are disparities particularly based on race and health for older adults, and that just gets compounded when you also have disparities in access to oral health treatment since the impact of oral health on your overall health is self-perpetuating or bidirectional. And I'll give an example of that. Gum disease, for example, if you have poor oral health, it's going to make your diabetes worse, and if you have diabetes, it's going to make your oral health worse. So it's bidirectional. And the most recent research has found that there's a bidirectional impact of oral health on Alzheimer's and dementia. So not necessarily surprisingly, people with Alzheimer's and dementia have poor oral health, and that kind of can make sense because your ability to conduct daily hygiene, oral health hygiene, decreases with a cognitive impairment.

But what the research also shows is that poor oral health also increases your risk for Alzheimer's and dementia. So maintaining good oral health puts you at less risk for developing Alzheimer's and dementia, to put it another way. So really, I was just saying this before the webinar, the idea that what's going on in our mouth impacts the rest of our body shouldn't be surprising, but we haven't treated it that way, and I think we're starting to see the healthcare system starting to address oral health in a way that makes sense and integrating it within overall health and making sure people have, not just coverage for oral health, but also, once you have coverage, actually gaining access to treatment, because it's one thing to have health insurance coverage and it's another to actually get those services rendered and that treatment and actually receive that treatment.

Another few things on this slide. Gum disease, periodontitis can cause aspiration pneumonia. That's very common in nursing facilities. So having that

infection arising out of gum disease in your mouth moves on down into your lungs and causes aspiration pneumonia. Obviously poor oral health impacts nutrition. And again, like in that diabetes example, if you're only eating puree foods, they're going to be higher in sugar, which is going to have an impact on your diabetes. And then there's just chronic oral health pain from being untreated. That can lead to the provision of opioids and then opioid abuse, so trying to address that oral health issue before it's painful. And then it has an impact on quality of life. Your ability to engage in things like eating, but also smiling and how you become very self-conscious when you have poor oral health. So lots of reasons why we want people to have access to comprehensive and robust oral health treatment.

So that takes us to coverage. I will start off with a few basic terms just to make sure we're on the same page. So Medicare is the primary health insurance coverage type for older adults, people 65 and over, and for individuals under 65 with a disability who have had a disability for two years. So we have Medicare as the primary health insurance. We have Medicare Advantage, which people who have Medicare eligibility can opt to enroll in a private health plan or a Medicare advantage plan that can offer benefits that Medicare does not cover. And obviously in this context, they can offer dental. Then we have Medi-Cal, which is California's Medicaid program. It provides health insurance coverage to individuals with low income and the resources are now much higher. You can have up to $130,000 as an individual, and that's going to be eliminated in January. So there will be no resource limit in Medi-Cal, but you still have to have very low income to be eligible for Medi-Cal. As an individual, your income has to be below 138% of the federal poverty level.

And then we have individuals who are dually eligible for both Medicare and Medicaid. Sometimes they get referred to as Medi Medis or Duals, and we're going to discuss them in a little bit more detail later on. Tiffany will cover this about how, you would think that people with dual coverage might have better access and more robust coverage, but a lot of times that dual coverage can lead to issues in accessing benefits and ultimately receiving the treatment that they need. So going to Medicare. So Medicare, traditional Medicare, does not cover routine dental care. So it's not going to cover cleanings or fillings or tooth extractions, root canals, dentures. Medicare, in fact, specifically excludes dental coverage in the statute. So in the Medicare law, dental is excluded.

There is a very narrow but significant exception and those are, you can get Medicare to pay for dental services that are "inextricably linked and substantially related and integral to the clinical success of other covered medical services." So let me break that down just a little bit. CMS, the Centers for Medicare and Medicaid Services, recently clarified this exception and expanded it to make Medicare coverage for these situations better, more access. Still narrow, but at least for people who are experiencing some pretty significant healthcare issues, they can get dental coverage if that dental coverage is needed in order to get treatment for that medical condition. So in the example

of an organ transplant. A lot of people who are undergoing an organ transplant need an oral health workup, and that ties back to some of that... For example, if you have gum disease and an infection in your mouth or you might have an abscess tooth or something along those lines, you can't undergo an organ transplant without having that dental issue resolved because it will affect your ability to undergo that treatment for your organ transplant.

And other examples include a cardiac valve replacement and a valvuloplasty procedure. So those are examples that the Centers for Medicare and Medicaid Services have put as conditions that are inextricably linked to the dental services. They just recently proposed, and it's out for comment right now, cancer. If you need treatment for cancer, the oral health diagnostic workups and treatment related to the treatment of cancer would be another example of something that Medicare would cover the dental services for. So it is narrow but significant and I recommend, as advocates or someone working with a person who might need this, that you really want to be working in collaboration with the healthcare provider and the dental provider to make sure that this kind of coverage happens.

It is very new, so there are kinks being worked out, but in order to show that it's inextricably linked to the medical condition, you're really going to need the cooperation of that medical provider too. So that's original or traditional Medicare, and like I said, by and large, is not covering dental. There is advocacy, lots of legislation that we've worked on over the last few years to introduce a comprehensive dental benefit to Medicare. We've gotten close, but we are not there yet. So that's ongoing advocacy to get a dental benefit into traditional Medicare. So we still don't have that in Medicare, we just have this narrow exception. And Medicare Advantage are what are called part C plans, sometimes called Medicare Replacement Plans, lots of different names. And in California, individuals who are dually enrolled can enroll in a dual special needs plan. That's an option for people to enroll in. And in fact, 48% of all Medicare enrollees are enrolled in a Medicare advantage plan. So 52% are in traditional Medicare, but 48% are enrolled in some sort of Medicare Advantage plan.

94% of those who are enrolled in a Medicare Advantage plan have some form of dental coverage in that plan. So most plans, about 86%, offer kind of "extensive dental coverage", while some still offer, about 14% of plans, offer routine examinations and cleanings. I want to emphasize, though, that that Medicare Advantage dental coverage varies widely from plan to plan. And not only does it vary in terms of coverage, but it also varies in terms of cost sharing. So what the premiums are, co-pays, co-insurance and the maximum the plan will pay for in a year. So in 2021, the maximum most plans were paying was just $1,300 a year. The enrollee has to pay the rest. Not to mention that in addition to that kind of annual maximum, most services aren't covered in full. The Medicare Advantage plan isn't paying a hundred percent. You have a lot of co-insurance.

So enrollees have to pay, for example, for more expensive procedures in particular, they're paying more. So like 50% for a restorative service versus, maybe they're only paying 25% or 10% for a preventative service. So you get a cleaning almost for free, but you're going to be paying a pretty high portion out of pocket for the restorative treatments. And then of course there's limits on the scope of coverage, how frequent you can get something. So you probably only get a cleaning once a year or one set of dentures every five years or a crown every three years. So there's variation in terms of how much you have to pay, our annual amount the Medicare Advantage plan will pay on an annual basis, and then the frequency of those covered services are the scope of coverage of those services. So a lot of variation, just want to reiterate that.

And to give an example, so you might have someone enrolled in a Medicare Advantage plan that pays a small amount or nothing for preventative services like exams and cleanings, but maybe paying like 75% or 70% for those other types of services, and the plan is paying 25%, and with a low maximum benefit plan, so like $1,500 a year. Before we turn the Medi-Cal Dental... Oh, sorry, did not need to do that. It's really important when people are deciding whether they want dental coverage out of a Medicare Advantage plan to really think about what they're getting out of that dental coverage. If that's why they're joining a Medicare Advantage plan is for dental coverage, first look very closely at what that dental coverage looks like.

And then there are other factors to consider when joining a Medicare Advantage plan. Dental isn't usually the only consideration. Is that Medicare Advantage plan going to... Are your providers available in that Medicare Advantage plan? Your primary care physician, your specialist? What about your prescription drugs? Medicare Advantage plans also cover your prescription drugs. So it's really important to carefully consider joining a Medicare Advantage plan when it comes to factoring in... Factoring that enrollment in altogether is a complicated decision, but it's also really important, like if dental's a consideration, to really look at what that plan is covering in terms of dental. And I really recommend that people consult with a high cap counselor. Those are free counselors in California who provide free Medicare counseling. And so I really recommend, in any enrollment decision around Medicare Advantage, to talk to that high cap counselor. And now I'm going to turn it over to Tiffany to talk about Medi-Cal.

Tiffany Huyenh-Cho: All right. Thank you, Amber. So like Amber said, Medi-Cal is the state health insurance program for low income individuals and dental is a covered benefit. So most low-income older adults are also on Medi-Cal. California delivers its Medi-Cal Dental benefits through the Denti-Cal program. It is considered a carve out, meaning that the Medi-Cal managed care plans are not responsible for delivering the dental benefit. Instead, most Medi-Cal beneficiaries access their dental benefits through fee for service Medi-Cal, or also called Straight Medi-Cal, with providers who contract with the Denti-Cal programs. Providers are paid on a per service basis and fee for service. There are some exceptions, of

course. In Sacramento County, Medi-Cal individuals are required to enroll in a dental plan to access their dental benefits. The three plans available in Sacramento are Access Dental, Health Net and Liberty Dental. In Los Angeles County, individuals have the option to join a Denti-Cal plan or remain in fee for service. And the three plans available in Los Angeles County are also Health Net, Access Dental and Liberty Dental. And in San Mateo County, dental benefits are integrated into the local health plan, the health plan of San Mateo.

I'll also note that dental benefits are an optional Medicaid benefit for states. That means that in times of recession or budget cuts, optional Medicaid services can be cut. So in 2009, California did eliminate adult dental benefits to save money during the recession. These benefits were restored in May, 2014, but only partially for adults. So there was very limited services available while we had partial adult dental benefits. And then finally in 2018, adult dental was fully restored. That's great news, but the Denti-Cal program has undergone many challenges and the range of benefits for adults has really fluctuated over the years, which has caused a lot of confusion about the range and type of services that the Medi-Cal program offers.

Next slide, please. Thank you. So Medi-Cal's adult dental benefits are fairly comprehensive. It ranges from routine dental exams to cleanings, root canals, fluoride varnish. It does include gum treatment such as scaling and root cleaning, fillings and crowns, full and impartial dentures. It also can include tooth extractions. The Denti-Cal provider handbook is linked on this slide, but it is an immense resource, not only for dental providers, but also for advocates because it really goes into a lot of the details about the types of services covered under the Denti-Cal program. There's also silver diamine fluoride or fluoride or SDF. That's a new benefit as of 2022, and it is a game changer. SDF is targeted towards young children or high risk individuals such as those that live in skilled nursing facilities. It is a noninvasive and quick procedure that is meant to prevent slow and stop tooth decay.

So it's a powdery substance that can be painted on an affected tooth and for older adults, SDF can eliminate trips to a dentist because it is a quick procedure and it's also an effective tool for older adults who can't withstand long and invasive dental procedures. Denti-Cal will also reimburse dentist additional time they take to treat patients with a medical, behavioral, developmental or emotional condition that prohibits them from responding to a provider's attempts to perform a dental visit. So doctors can be reimbursed for this additional time, but they have to document the medical condition when submitting these claims for reimbursement. Next slide, please.

And scope of coverage. So Denti-Cal does have limitations for many of the dental services it provides and it places limits on the frequency and scope of coverage. So one example is that for crowns. Pre-fabricated crowns are a benefit once in a 36 month period. Lab processed crowns are once in a five-year period, except for when breakage results from circumstances beyond the

control of the provider. For dentures, that's a benefit that's only available once in a five-year period. There are exceptions to that five-year period such as catastrophic loss with documentation. So if dentures are lost in a house fire or stolen, that can be replaced sooner than five years if it is documented. The reason for that loss, such as a fire department report. Another exception is surgical or traumatic loss of oral facial structure or if the dentures are no longer serviceable and documented by a dentist. So those are just some of the exceptions to that five year denture limitation. Next slide, please.

And then there is a cap on services for adult dental. Dental services for adults are limited to 1,800 per individual for each calendar year. This is a soft cap, however. After the 1800 cap is reached, dental services can still be covered, but there must be documentation of medical necessity and pre-approval from Denti-Cal. So that means dental providers must submit prior authorizations, which are also called treatment authorization requests, or TARs, for any subsequent claims after that $1,800 cap is reached. This cap resets every year. There are exceptions to this $1,800 cap, so providers do not have to submit that TAR in advance for some of these services listed on the slide, such as emergency dental services, services that are federally mandated, dentures, maxillofacial and complex oral surgery, as well as services that are provided in a long-term care facility. These services do not require that additional TAR submitted in advance.

Next slide, please. And then dental co-payments. So the Medi-Cal program can charge minimal co-payments for services, and that means the Denti-Cal program can as well. These are nominal co-payments, but for non-emergency services provided in an emergency room, there is a $5 co-payment, outpatient services are $1 and prescription drugs are also a $1 co-payment, except for nursing facility residence, they are not subject to copays. It is the provider's responsibility to collect that copay, so that could mean that some providers may choose not to collect co-payments. And then transportation. Medi-Cal provides or covers transportation to and from medical appointments, and there are two types. The first is NEMT, or Non-Emergency Medical Transportation. NEMT is medical transportation by wheelchair van or litter van for those who cannot use standard forms of transportation. It does require a provider's prescription and authorization, and it is meant for individuals who need, for example, specialized safety equipment over and above what is normally available in passenger cars.

And then there is also Non-Medical Transportation, and that's for individuals who can travel by standard forms such as car or bus, but do not have the means to obtain this type of transport to their appointment. Next slide, please. So Medi-Cal will cover transportation to dental services through either NEMT or NMT transportation. For NEMT, again, you need that provider's authorization and submit a form to the transportation provider as well as Denti-Cal. To coordinate the transportation itself, it can get a little bit complicated For dental services. Medi-Cal plans generally set up or coordinate NEMT transportation, but for NEMT for dental, some Medi-Cal plans say they arrange NEMT for those

carved out services, but others don't. Either way, Denti-Cal is on the hook. Pursuant to the provider manual and a dental bulletin, Denti-Cal providers are supposed to contact the NEMT provider and that provider is supposed to get approval from THCS in order to coordinate and set up that NEMT transportation to a medical appointment.

If you're in a Medi-Cal managed care plan or fee for service dental for NMT, non-medical transportation, the Medi-Cal managed care plan is responsible for setting that up. Next slide, please. Case management. So Denti-Cal offers case management for individuals with mental, behavioral and, or, physical diagnoses for complex treatment plans that require coordination among multiple medical and dental providers. Qualifying healthcare needs could be a physical or developmental condition that requires medical management or the use of specialized services. To receive this type of case management, a healthcare professional must submit a referral through the Denti-Cal telephone service center. After receipt of that referral, the case management team can provide a variety of case management services that could be engaging with the Medi-Cal managed care plan liaisons or the dental managed care plan liaisons as needed help schedule appointments among multiple providers, but it is meant to provide more intense assistance in managing care across multiple providers. Next slide, please.

Billing prohibitions. So Medi-Cal, overall, has strong protections against improper billing for Medi-Cal covered services, which include dental services. Denti-Cal providers are prohibited from billing Medi-Cal recipients for any Denti-Cal covered service other than for copays or a Medi-Cal share of cost. Individuals with a Medi-Cal share of cost are responsible for their medical expenses up to their share of cost amount. So the provider may require that person to pay that share of cost prior to rendering services, but in all other instances, providers can only bill individuals for non-covered dental procedures if the beneficiary understands that the procedure is not covered by Medi-Cal, and two, also understands that they will be responsible for the payment of the procedure. So it is very limited when a Medi-Cal individual may be billed for a dental service and it has to be very clear to them that they understand they will be billed and that the procedure is not covered by the Medi-Cal program. Next slide, please. And even if a service is denied by Denti-Cal, that also means the provider cannot bill that person for that denied service.

The provider may only bill if that service was denied for not being a Denti-Cal benefit and that patient has agreed. Individuals also cannot be charged for missed dental appointments either. That is not an allowable billing under the Denti-Cal program. Next slide, please. And lastly, in light of all of these billing protections, dentists may still attempt to upsell uncovered services that may be a better quality or a newer treatment or something that is not covered by the Denti-Cal program. Providers may offer patients dental or care credit cards to finance the cost of uncovered Denti-Cal services. These medical credit cards are used to pay for medical or dental services and often come with high interest

rates that put individuals in debt. This can often occur when the dental provider will give the credit card application to the client and submit that application to the credit lender on behalf of the client for approval.

Luckily, there are some protections around these cards. Applications for dental credit cards cannot be filled out in the dental treatment area or while the patient is under the influence of sedation or general anesthesia. The provider also cannot fill out any portion of the application themselves. The provider also cannot arrange or offer a deferred interest line of credit or loan. These are credit cards or loans, that means the interest is often delayed for a promotional period of time. And when that promotional period of time is over, individuals are left with a really high interest rate and an unpaid balance that sometimes could have been higher than what the original service was in the first place. Next slide, please. If a person wants to sign up for a medical credit card or loan, the provider cannot charge that line of credit for any service prior to the actual treatment being rendered, unless very specific steps were taken.

The provider must have first provided the patient with a written or electronic treatment plan with the names of the treatments and the itemized cost before setting up that person with a dental credit card or loan. State law also requires that individuals who speak a language other than English are also entitled to receive the treatment plan and credit card agreements in their primary language. There's been a lot of work done around dental credit cards due to abusive practices in the past that did lead to really high lines of credit for individuals seeking dental services and some state law protections have been put in place, which is great news, but still, to sum it up, individuals should be cautious before agreeing to a medical credit card and not to feel rushed to sign up on the spot and read the terms and conditions carefully. If you have clients whose rights might have been violated, you can reach out to the Health Consumer Alliance.

Next slide please. So next we'll turn to obstacles and solutions for people who are dually eligible for Medicare and Medi-Cal. Next slide, please. So let's move to when individuals enroll in a plan that may have additional dental benefits. The big one for older adults are Medicare Advantage plans. Medicare Advantage plans are private plans that Medicare individuals can enroll in, and they often offer additional benefits like a gym membership or vision that original Medicare doesn't cover. And a big supplemental additional benefit is dental in Medicare Advantage plans. So there are some things to keep in mind for individuals that have Medicare Advantage plus Medi-Cal Dental. Medicare is primary, sort of. This means to get dental services, even if you have Denti-Cal, you have to go to a Medicare advantage contracted dentist.

If you go to a Denti-Cal provider who is not contracted with the Denti-Cal provider, they refuse to see you because they see that you have the Medicare Advantage plan and they cannot bill it because Medicare is the primary payer. On the other hand, the Medicare Advantage provider cannot refuse to see

someone who has a Denti-Cal. That is a federal protection. Medicare Advantage providers cannot discriminate against individuals based on their source of payment and must see all Medicare Advantage enrollees. And because the Medicare Advantage plan, their dental benefit coverage may be limited, individuals with Medicare Advantage plus dental, Medi-Cal Dental, may need to see two providers. Ideally, you would be able to see a provider enrolled in both your Medicare Advantage plan and the Denti-Cal program, but that may not be possible, so it can often get pretty confusing to navigate these two sources of coverage. It's also pretty unlikely that a Medicare dentist knows the prohibition around improper billing in the Denti-Cal program. So we do think that oftentimes, many dually eligible individuals are often billed for dental services when they should be free. Next slide, please.

So takeaways. A Medicare Advantage provider cannot bill enrollees for Medi-Cal covered services. It is a red flag anytime a dually eligible person is billed because it's likely improper. And like Amber said, if individuals are seeking or thinking about enrolling into a Medicare Advantage plan, high cap counselors are well-equipped for this and can counsel on whether that Medicare Advantage plan is right for them. Next slide, please. So let's turn to individual rights s Medi-Cal individual has. So the Denti-Cal appeals process is the same as it is for Medi-Cal benefits. A dental provider will submit prior authorization or that treatment authorization request prior to providing the service. Denti-Cal will review these requests and after a decision is made, notifies both the dentist and the Medi-Cal member of their decision. They will send a notice of authorization. That's the notice that a provider receives when a treatment authorization request is either approved or denied by Denti-Cal, and they'll also send a notice of action to the individual itself.

The notice of action is a written notice and that will notify the Medi-Cal individual if a service has been denied, if it's been approved, if it's been modified, or if it's been deferred. Once that notice of action is received, that will trigger the Medi-Cal appeals process, which is most likely the state fair hearing for individuals that are in fee for service Medi-Cal. If someone disagrees with the Denti-Cal decision, they can appeal that notice of action and request a state fair hearing to hear their case in front of an administrative law judge. If you're in a dental managed care plan, there is a different appeals process. The plan also must provide written notice to both the provider and the individual, but after receiving that denial notice, individuals must go through the managed care appeal process first before they can proceed to a state fair hearing outside the managed care plan. Next slide, please.

And then there's also complaints and grievances. A complaint or grievance is different than a formal appeal and goes beyond standard denials of coverage, while the appeal is a formal process to ask Denti-Cal or plan to change a decision regarding a coverage denial. A grievance could be any other complaint that is not a request for coverage. It could cover situations where someone had to wait a long time for an appointment or if they were treated rudely or if they

received poor care. So the member can first submit their grievance or complaint directly to their dental provider to resolve. If that's not successful, it can then be submitted to Denti-Cal's Telephone Service Center. Once submitted, the complaint or grievance must be acknowledged within five days and Denti-Cal must make a decision within 30 days. If you're still not satisfied with the complaint or grievance process, you can then proceed to a state fair hearing. The Department of Managed Care, DMHC, may also play a role for folks that are in dental managed care plans.

DMHC is a state government that oversees managed care plans including dental managed care plans and that could be another avenue to have a grievance or complaint heard. Next slide. And then lastly, Denti-Cal is not perfect and although the scope of services provided is comprehensive, there are issues that remain. First, Denti-Cal is not a carved out benefit from Medi-Cal managed care and because of that, it is not often integrated with the delivery of medical care. Medical doctors do not always consider someone's oral health, and similarly, dental providers may not consider someone's medical conditions in their dental plan of care. Finding a dental provider can also be difficult and advocates across the state report that there are limited Denti-Cal accepting providers. This is a result of multiple reasons, including low reimbursement rates compared to private dental, the previous elimination of adult dental benefits and administrative burdens in the Denti-Cal program.

Access to dental benefits for nursing home residents is also complicated and as Amber noted before, nursing home residents have [inaudible 00:45:41] oral health and receive fewer preventative services. Nursing home residents primarily receive their dental services within the nursing home itself because it can be more difficult for them to leave the facility. Tele-dentistry was recently expanded and that may help increase access to dental services for nursing home residents. Tele-dentistry is the use of video, telephone or email communication to establish provider patient relationships or provide limited dental services. And of course, improper billing is still an ongoing problem within the Denti-Cal program. Next slide, please.

There's also still low utilization rates in Denti-Cal despite its array of comprehensive services. Utilization data shows that only 24 to 25% of adults receive an annual dental visit. Preventative service use is only 15% for adults. And while there is data from the Denti-Cal program, it is limited, it does not provide breakout data by age beyond individuals that are 21 and older, so we don't know the dental utilization rates by age range such as those that are 65 plus. And while we know there are disparities amongst demographic groups, there is limited data by demographic categories including race or ethnicity, age or gender, and there's also significant problems with equality of care provided in the Denti-Cal program. Of the total number of complaints submitted in 2020 and 2021, 77% were focused on quality of care. And with that, I'll turn it over to Amber for the rest of our slides.

Amber Christ: Great. Thanks Tiffany. I noted someone, thank you, in the chat pointing out that Medi-Cal Dental is no longer called Denti-Cal. I think they've officially changed it to Medi-Cal Dental and I have to say, it's really hard to get away from saying Denti-Cal. Their whole reasoning for it makes sense. They want to integrate it into overall Medi-Cal, but Denti-Cal just flows off the tongue and is really easy to refer to as sort of this entity since so much of the way that you access Medi-Cal Dental is through a separate fee for service system that's separate than what most people get their Medi-Cal services through. But we'll be sure to continue to phase out Denti-Cal in our own slides and written materials, though I'm sure it will stick around for a long time based on just everybody's familiarity with it, but it is now officially Medi-Cal Dental.

I'm going to turn to some other treatment options in the event that someone can't get dental any other way or aren't getting access through their current coverage options, which is also a possibility I've seen in the chat. A lot of folks point out that, as Tiffany also said, that there aren't always access to providers. Even if you have coverage, there aren't providers who are accepting Medi-Cal or aren't providers in your area who are accepting new patients, even if they do accept Medi-Cal. So there might be the need to seek treatment, otherwise, from other sources. So for people who have VA coverage, VA, the Veterans Administration, can provide comprehensive dental care, but it is that comprehensive care is limited to certain classes of veterans. So that includes veterans with a service-connected dental disability, veterans who have a service-connected disability rated at a hundred percent disabling, individuals who are former prisoners of war and then veterans who qualify for VA medical care, some other way who need dental care ancillary to other acute medical care. So that comprehensive coverage is fairly limited to having a higher level of disability under the Veterans Administration.

I think it's important though, if you have someone that you're serving who has VA coverage or who is a veteran to consult their local Veterans Affairs Medical Center and we've provided the contact information there. If they're enrolled in VA Healthcare but not eligible for dental care, they may be able to enroll in a VA sponsored private dental plan at a reduced price, and there's a fact sheet here that provides information. Again, I will just say that those private dental plans, likely, we'll likely see in the Medi-Cal Dental program and we see in private standalone dental programs and in Medicare Advantage, will have scope of coverage and different cost associated with them. So it's really important to review those policies really carefully to make sure that they're going to meet the needs of your client.

Standalone dental plans are another option. I will say that a lot of people will buy a standalone dental plan to become Medi-Cal eligible because it will help reduce your accountable income. In that regard, those dental plans don't mean very much. But some people need to buy a standalone dental plan because they actually need the coverage. And so, a lot of private health insurance companies do offer standalone dental plans. It could be an option for someone who

doesn't have Medi-Cal dental coverage to remain in original Medicare and maybe doesn't think Medicare Advantage is a good option. So as of 2019, about 16% of Medicare enrollees were enrolled in traditional Medicare plus a standalone private dental plan instead of a Medicare Advantage plan, for example. I do, again, caution. These dental plans are going to vary widely in coverage, of out-of-pocket costs, so your premiums, your deductibles, copays, co-insurance, your maximum annual benefits, who you can see, so the network of providers.

And then a lot of these private standalone dental plans have wait times before coverage becomes effective. So you might have to pay premiums for six months. There is legislation in California right now to reduce and standardize some of these dental plans, but a lot of them right now, you have to wait six months before coverage starts or it may exclude preexisting conditions like an already missing tooth. So again, very important to read those private, standalone dental plans and to seek help. We have ship counselor here, but we need a high cap counselor in California can be helpful, as can a lot of legal services advocates because they're used to looking at those dental plans to help people get Medi-Cal eligibility. But again, the caution here is to really review those policies carefully to make sure they're going to meet the needs of your client.

Federally Qualified Health Centers. Our safety net clinics we're sometimes referred to are another place where people can obtain dental treatment, and usually within the same center. So you go to an FQHC and they have a dentist on staff and you can get the dental care there the same as you would get your medical care there. It's kind of all housed in the same place. The issue, I think, or, well, I guess there's some good things, can provide dental care for those without coverage, for those who have higher incomes can provide sliding scale or a no fee basis. Like I said, it's co-located with primary care. We provided the website of where the FQHC sites are both nationally and in California. I would say the issue for a lot of older adults in getting care through FQHCs is that, most older adults, not all, but a large percentage, if you don't...

You'll have Medicare and Medicare, you usually have your primary care established with your Medicare provider, and usually, FQHCs require you to have your health home at the FQHC, so your primary care provider is there. So to the extent that people with Medicare establish their primary care at FQHCs, it's just far more limited. Not to say that you can't, and not to say that there aren't FQHCs that have older adults that they're serving as a focus population, but it is an issue of a limited ability to treat older adults because of that Medicare being primary. And then there's free pop-up clinics. And so, those are held in public spaces. They can be crowded. You definitely want to make sure what they're providing the services for because sometimes they're not providing the services that people need. They might be doing cleanings or tooth extractions or crowns, but not doing more extensive services like root canals. So you want to do some research before heading over to a popup clinic.

And then lastly are your dental schools. And we have some pretty great dental schools in California. So they also usually provide services to individuals on a sliding scale. They usually do accept Medi-Cal as well and can provide some of those more complex services at times, particularly for people with disabilities who need extra time for those services. So you can find the dental school in California at the Commission on Dental Accreditation website. And then lastly, we have some additional resources here. So we have a Justice In Aging oral health resource page and then we've provided a lot of the Medi-Cal information since Medi-Cal is where a lot of people are getting coverage and it's pretty complex to navigate that Medi-Cal dental coverage. So we have the member handbook, which is really helpful.

The provider handbook, as Tiffany noted, is very comprehensive and if you are looking for an answer to something, it's probably in the provider handbook about Medi-Cal Dental. There's also provider bulletins that go out regularly and you can visit the dental management program. Tiffany noticed that people can get case management through Medi-Cal Dental and that dental management program has a landing page with more information and the referral form. And then stay tuned from us, coming soon will be an updated Oral Health for Older Adults in California Advocate Guide. We released that guide originally back in 2018, I want to say, and so we're in the process of updating it and we'll be re-releasing that hopefully later in August or maybe early September. And that will go back out and we'll have a copy of this recording along with that, but stay tuned for that Oral Health Advocates Guide.

And then finally, I thought we were going to have some time for questions, but we have run up against the hour, so we are going to respond to you over email to your questions and we have some pretty good ones in the Q and A so Tiffany and I will be sure to reach out to you on your questions and you can always reach out to us. We've included our emails here, so feel free to email us at any time and we will get back to you. But with those who have put questions in the chat, we will be sure to respond to you offline. And I just want to thank everybody again for participating in today's webinar and for your thoughtful questions and your feedback. We really appreciate it and again, stay tuned for that Oral Health Advocate Guide. We'll see you soon, and thanks Tiffany.