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Update: Access to Dental Care in Medi-Cal

MCHA's Oral Health Advocacy Project seeks to address oral health challenges and barriers that exist for pregnant women and young children within the low-income population. The project focuses on increasing access to appropriate oral health care resources and the utilization of preventive and therapeutic dental health services for pregnant women and children in Los Angeles County. You can find our materials here: www.mchaccess.org/dental.htm.

We are delighted that the Legislature and Governor recently agreed to restore, starting on January 1, 2018, all of the adult dental procedures that Denti-Cal used to cover before 2009. The budget agreement also increases reimbursement rates for dentists by up to $140 million of the $200 million proposed. These measures help close the significant gaps left under 2014's partial adult dental benefits restoration as well as the chronic under-funding of Denti-Cal.

But as important as this progress is, many challenges remain. We still need oral health parity with integration into medical coverage, sufficient financial resources to cover all medically necessary dental care, and to remove red tape and other access barriers to Denti-Cal. While MCHA collaborates with many others on these essential policy goals, important interim efforts must also be pursued.

1) Pregnant women

Until the full restoration to the pre-2009 dental scope for adults takes effect on January 1, we must work to ensure that all of the women in Medi-Cal's many Pregnancy-Related eligibility "aid codes" are included in the adult restoration. This is not simply a theoretical concern: in the past, women in Pregnancy-Related Medi-Cal have been excluded from benefits because of incomplete and/or unclear instructions from the state.

Until January 1, we must also continue to educate and train the community and providers on **the broader scope of benefits covered for ALL pregnant women than is covered for other adults**:

- In addition to emergency dental services and the Restoration of Some Adult Dental Services in 2014, (Provider Bulletin Vol. 29, #14) pregnant and postpartum women are also covered for a few more preventive benefits than other adults are, even if the woman is in Pregnancy-Related Medi-Cal instead of Full-Scope Medi-Cal and regardless of her immigration status.

- The additional services for pregnant women include more preventive care, like deeper, more extensive cleanings and gum treatment, among others, as noted in Provider Bulletin Vol. 30, #17: Comprehensive Services for Pregnant Beneficiaries.

The additional preventive benefits for pregnant women are very important because good oral health during pregnancy is linked to preventing preterm labor and delivery and low birthweights, which are harmful to the health of both mother and child. In addition, after the baby is born, the natural close contact with the mother may pass on oral infections to the newborn. For these reasons, the American College of Obstetricians and Gynecologists supports preventive dental care and appropriate dental treatment services for pregnant and postpartum women. See the ACOG Committee Opinion at www.acog.org/-/media/Committee-Opinions/Committee-on-Health-Care-for-Underserved-Women/co569.pdf.

- Medi-Cal should also be covering pregnant women now with the full range of adult dental benefits that California used to provide before 2009. Federal rules require Medi-Cal coverage for any health condition that "might complicate the pregnancy." Please stay tuned to find out more about MCHA's advocacy with the state on this issue.

After January 1, education and training about dental coverage for pregnant and postpartum women, including undocumented women, for providers and the community will continue to be essential if women are to actually receive the oral health care services they need.

2) Adults, whether pregnant or not, who are patients at FQHCs or RHCs

All of the adult dental services that Medi-Cal used to cover before the cuts in 2009 are still supposed to be covered for adult patients receiving services at Rural Health Clinics (RHCs) and Federally Qualified Health Centers (FQHCs): Billing Codes (rural cd) (or contact MCHA for copy). This is required by the federal court ruling in *Calif. Ass', Of Rural Health Clinics v. Douglas*, 738 F.3d 1007 (9th Cir. 2013). This is so even before the latest budget agreement on the full adult dental restoration takes effect on January 1, 2018.

The clinics get a special Medi-Cal reimbursement rate. Rural Health Clinics (RHCs) and Federally Qualified Health Centers (FQHCs): Billing Codes (rural cd). **In addition, they may contract with providers off-site, and Medi-Cal pays at the clinic's special rate.** 42 U.S.C. §§ 1396a(a)(72), 1397g(e)(1)(C).

Ideally, oral health care would not only be provided at the clinic but also integrated with the individual's other medical care. But for clinics without a dentist or specialist on-site (for example, an endodontist for root canals), then "warm referrals" to contracted providers at the FQHC/RHC rate can help fill the need until co-location and integration occur.

- While many clinics are FQHCs or RHCs, not all provide dental services, either on-site or by referral to contracted providers. This may be in part because of confusion over what Denti-Cal covers for adults as a result of the 9th Circuit's ruling or how the contracting works.

- If you know of a clinic that would like more information about these issues, please contact MCHA.

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