

Denti-Cal Denied:

Consumers' Experiences Accessing Dental Services
in California's Medi-Cal Program

*A Report by the
Health Consumer Alliance
with the
Health Rights Hotline*



December 2002

The **Health Consumer Alliance** (HCA) is a partnership of independent consumer assistance programs operated by community-based legal services organizations. HCA has helped thousands of low-income consumers obtain essential health care by employing three related strategies: (a) individual consumer assistance; (b) community education events for consumers and community-based organization staff; and (c) local, regional, and statewide systemic advocacy directed at both public and private decision-makers. The following organizations make up the collaborative:

- National Health Law Program (NHHeLP) is HCA's lead agency and provides substantive and administrative support.
- Western Center on Law and Poverty (WCLP) provides substantive support and legislative advocacy in Sacramento.
- Six legal services organizations provide direct services to health care consumers:
 - Bay Area Legal Aid
 - Central California Legal Services
 - Legal Aid Society of Orange County
 - Legal Aid Society of San Diego
 - Legal Aid Society of San Mateo County
 - Neighborhood Legal Services of Los Angeles County

The **Health Rights Hotline** (Hotline) is an independent, privately funded program that provides free information and assistance to consumers who have concerns or questions about their health care. The Hotline serves all health care consumers, regardless of income. The Hotline collects and analyzes data from consumers and works to improve the health care system in the Sacramento, California area. The Health Rights Hotline is a program of Legal Services of Northern California.

The Division of Community Health in the Department of Family Medicine at the University of Southern California Keck School of Medicine is conducting an independent evaluation of the Health Consumer Alliance and the Health Rights Hotline. The final evaluation will be complete in the winter of 2003.

Funding for this report was made possible by The California Endowment.

For more information on the Health Consumer Alliance, visit the web site at www.healthconsumer.org.

For more information on the Health Rights Hotline, visit the web site at www.hrh.org.

Table of Contents

Executive Summary of Findings	3
<hr/>	
Introduction	8
<hr/>	
I. Consumers with Health Coverage through Medi-Cal Still Face Barriers to Oral Health Care	10
II. Consumers Face Barriers to Care at the Dental Office	15
III. Even After Dentists Request Authorization for Services, the TAR Process Creates Barriers for Consumers	19
IV. After the Authorization is Processed, Consumers Face Additional Barriers	23
<hr/>	
Conclusion	26
<hr/>	
Appendix A: Data Collection and Problem Category Descriptions	27
<hr/>	
Appendix B: Data	28
<hr/>	

Acknowledgments

Primary author:

Lorraine Jones, Director, Health Consumer Alliance

Co-authors:

Manjusha Kulkarni, Staff Attorney, National Health Law Program

Kim Lewis, Staff Attorney, Western Center on Law and Poverty

Melissa Rodgers, Staff Attorney, Legal Aid of San Mateo County

Shelley Rouillard, Program Director, Health Rights Hotline

We wish to thank the following people for their comments and suggestions:

Health Consumer Alliance Senior Health Advocates

Jane Perkins and Doreena Wong, National Health Law Program

Larry J. Platt, MD, Executive Director, Dental Health Foundation

Paul Glassman, DDS, MA, MBA, Assistant Dean for Information and Educational Technology; Professor of Dental Practice; Director, Advanced Education in General Dentistry University of the Pacific School of Dentistry

Jack Luomanen, DMD, Dental Director, Lifelong Dental Health Care

The opinions expressed in this report are solely those of the Health Consumer Alliance and the Health Rights Hotline.

Executive Summary of Findings

I. Consumers with Health Coverage Through Medi-Cal Face Barriers to Oral Health Care

Finding 1: Denial of essential dental services is the problem most frequently reported to the Health Consumer Alliance (HCA) and the Health Rights Hotline (Hotline) by Medi-Cal beneficiaries who are trying to access dental care.

Recommendations:

- A. Improve oversight of the Denti-Cal Program by initiating a Quality Assurance and Quality Improvement plan for improving consistent coverage of services and performance review of all parties contracted with DHS to administer the program.
- B. Establish a Denti-Cal stakeholders group to assist reform efforts; improve communication between the state, providers, and consumers; engage in policy formulation; and track the effect of programmatic changes. The group should include consumers and their representatives as well as a variety of health professionals, including dentists, hygienists, primary care physicians, and school nurses.

Finding 2: Oral health services for children are unduly burdensome to access under Denti-Cal because the Department of Health Services (DHS) has not implemented a process that guarantees access to EPSDT services.

Recommendations:

- C. The Denti-Cal Provider Manual should accurately and clearly state covered benefits for children. In addition, the manual should include a general statement that all medically necessary care for children is covered according to federal Medicaid and EPSDT law.
- D. DHS must simplify the EPSDT Treatment Authorization Request (TAR) form and EPSDT TAR process. All TARs for children under age 21 should automatically be evaluated under the EPSDT standard. Routine care for children should be available without a TAR.

Finding 3: Partial dentures are covered for adults only in limited circumstances. Because full dentures are covered, adults with missing teeth may need to have remaining, healthy teeth pulled in order to receive a needed denture.

Recommendation:

- E. California should enact legislation that expands the availability of partial dentures for adults. Criteria should be developed to establish when partial dentures are medically necessary (e.g. proper nutrition).

II. Consumers Face Barriers to Care at the Dental Office

Finding 4: Denti-Cal beneficiaries who do not speak English experience significant difficulty communicating with their providers due to lack of language access at the dentist office and within the dental HMOs.

Recommendations:

- F. DHS must ensure that all dental providers provide meaningful access to dental services, including providing oral interpretation services and written translated materials for their beneficiaries who speak limited English. DHS must develop a program to ensure that there is effective communication between the dental provider and the patient. This includes:
 - Assessing the language needs of the Denti-Cal population;
 - Developing a comprehensive written policy on language access which includes both oral interpretation services and translation of written materials, especially vital documents such as applications, informed consent forms, letters containing information regarding the eligibility or participation criteria, notices pertaining to reduction, denial or termination of services or benefits, or any other document pertaining to the legal rights of the patient;
 - Training of dental providers and their staff; and
 - Vigilant monitoring of the language assistance program.
- G. DHS should develop a reimbursement procedure for Denti-Cal providers using federal matching funds for providing language services to its Denti-Cal beneficiaries.

Finding 5: Providers often are misinformed about which dental services are covered under Medi-Cal and therefore may not submit requests for treatment authorizations.

Recommendations:

- H. The Denti-Cal Provider Manual should accurately and clearly state which services are covered benefits. The manual should include a general statement that all services to correct or ameliorate a dental condition for children are covered as well as an accurate description of full coverage for adults under state and federal law.
- I. DHS must improve provider education and provide clearer guidelines on what services are covered and how to submit TARs.

III. Even After Dentists Request Authorization for Services, the TAR Process Creates Barriers for Consumers

Finding 6: TARs seem to be given inadequate consideration and are denied for illogical reasons. In addition, DHS does not abide by its own written standards for approving TARs that ensure access to essential dental care.

Recommendation:

- J. DHS must assure that TARs are given adequate consideration by providing more stringent oversight of the TAR review process. Such oversight should include:
 - Identification of simple omissions or errors in TAR submissions and immediate follow-up with providers to expedite form completion;
 - Review of all TARs by licensed dentists and orthodontists;
 - Improved training of TAR reviewers (DHS should make training notes available to the public);
 - Routine auditing of denied TARs to assure DHS standards are met;
 - Tracking of TAR disposition including the number of denials and the reason for the denial; and
 - Weekly referral of all dental and orthodontic denials including the consumer's contact information to consumer advocates to allow follow-up, advice, and assistance with an appeal when appropriate.

Finding 7: The DHS interpretation of covered benefits is more restrictive than what is legally allowed.

Recommendations:

- K. The Denti-Cal Provider Manual should accurately and clearly reflect the legal standards for covered benefits for adults. Services authorized by state or federal regulations may not be categorically excluded by overly strict criteria in the Provider Manual.
- L. DHS must assure that TARs are given adequate consideration by training TAR reviewers to approve covered benefits in accordance with the law.

Finding 8: DHS does not process authorizations for treatment in a timely manner.

Recommendations:

- M. Dental TAR decisions must be made within an average of five working days after the department receives the prior authorization request. DHS should clearly specify the Medi-Cal prior authorization time standards in its contracts with vendors.
- N. TARs that are unreasonably deferred or not acted on within 30 days should be deemed automatically approved.

IV. After the Authorization is Processed, Consumers Face Additional Barriers

Finding 9: TAR denial notices provide inadequate information and do not inform consumers of the basis for the denial.

Recommendations:

- O. Understandable, written notices with the specific reasons for the denial and the availability of free legal assistance should be provided to Medi-Cal beneficiaries and their dental providers. In addition, notices should contain the specific reason(s) for the denial and describe in detail any additional information that is needed from the provider.
- P. The TAR process and DHS notices to consumers need improved monitoring and oversight.

Finding 10: In response to improperly denied TARs, consumers are inappropriately charged for services that should be covered under Denti-Cal.

Recommendations:

- Q. Consumers need to be reimbursed if they pay out of pocket for inappropriate charges. Providers must reimburse consumers if consumers pay out of pocket for services that are a benefit of the Denti-Cal program.
- R. Dentists need further education regarding the full extent of children and adults' coverage, the prior authorization process, and payment in full rules. Providers who violate Medi-Cal payment rules should be sanctioned.
- S. As part of the monitoring plan in Recommendation A, investigate and prosecute cases of fraud perpetrated against beneficiaries of Denti-Cal by providers who charge beneficiaries for services they know are covered by Denti-Cal.

Introduction

The Health Consumer Alliance (HCA) and the Health Rights Hotline (Hotline) provide independent assistance to consumers with health care problems. HCA is a partnership of community-based legal service agencies that helps low-income health consumers in six counties: Fresno, Los Angeles, Orange, San Diego, San Francisco, and San Mateo. The Health Rights Hotline serves consumers of all income levels in four Sacramento-area counties. Together, these programs serve approximately 1,300 health care consumers each month.

A goal of this report is to increase the responsiveness of dental care providers, dental plans, and the California Department of Health Services to the dental needs of low-income consumers.

In addition to assisting individual consumers, HCA and the Hotline work together to diagnose systemic health access issues and seek improvements in the health care system for the 3.2 million low-income people who reside in their combined 10-county service area¹. By addressing the systemic issues that are identified through serving consumers, HCA and the Hotline effectively improve the health care system for all low-income Californians. A uniform database system allows both programs to collect detailed information about the problems that consumers experience and the results achieved by advocates. Service areas covered by HCA and the Hotline are the fee-for-service Denti-Cal systems in Fresno, Los Angeles, Orange, San Diego, San Francisco, and San Mateo counties, and the mandatory HMO-based system for dental care in Sacramento County.² The data analyzed in this report was collected from 10,332 Medi-Cal consumers during a two-year period — from January 1, 2000 to December 31, 2001.

Medicaid is a state- and federally-funded program that provides health care coverage for low-income people who lack health insurance. In California, the program is referred to as Medi-Cal and is administered by the California Department of Health Services (DHS). The program that

¹ Medi-Cal Policy Institute, Medi-Cal County Data Book 122–3 (January 2002). Based on 1997 U.S. Census Bureau data.

² The Health Rights Hotline assists consumers from El Dorado, Placer, Sacramento, and Yolo Counties. The data for this report reflects only those consumers residing in Sacramento County.

provides dental services to Medi-Cal beneficiaries is called Denti-Cal. DHS publishes the policies, procedures, authorization criteria and billing instructions of the Denti-Cal program in the Denti-Cal Provider Manual.

To administer the Denti-Cal Program in most California counties, DHS contracts with a private insurance company, Delta Dental. Delta Dental contracts with providers on a fee-for-service basis, authorizes or denies treatment, and processes claims. DHS uses a process called Treatment Authorization Request (TAR) to determine which services will be covered. Providers are required to file a TAR with DHS and receive prior authorization before providing certain services to consumers.³

Some Medi-Cal beneficiaries in Los Angeles, Riverside, and San Bernardino Counties receive dental services through a managed care dental plan. In Sacramento County, Denti-Cal services are delivered to Medi-Cal beneficiaries solely through private dental HMOs. Sacramento County is the only county in California that requires CalWORKS beneficiaries to obtain dental services through private HMOs. This program is known as Geographic Managed Care (GMC).⁴

The experiences reported to HCA and the Hotline show that consumers are frequently denied medically necessary dental care that should be covered under the Denti-Cal program. These consumers face formidable barriers to dental care and have serious unmet dental needs. Consumers' experiences, as well as the work advocates perform on behalf of consumers, indicate that many of the denials stem from seemingly inflexible rules that are inconsistent with contemporary standards of care. Heavily bureaucratized procedures also cause serious delays in care and discourage dentists from furnishing required services.

Denti-Cal Denied is the first report to combine data from both HCA and the Hotline to provide a comprehensive picture of the problems consumers experience in both Medi-Cal dental HMOs and fee-for-service systems.

What is a TAR?

DHS uses a process called Treatment Authorization Request (TAR) to determine whether it will pay for some services. Providers are required to file a TAR with DHS and receive prior authorization before providing certain services to consumers.

³ Although Delta Dental reviews the TARs, DHS is responsible for administering the Denti-Cal program.

⁴ Sacramento County is the only county in CA that requires families with children who receive Medi-Cal to obtain dental services through private HMOs.

Denti-Cal Denied uses objective data and compelling anecdotes to document the problems of numerous Medi-Cal consumers (including children) who suffer from untreated or improperly treated dental disease.

The Surgeon General reports that problems of the mouth can cause infection and signal trouble in other parts of the body⁵ and that tooth decay is one of the most common childhood diseases — 5 times as common as asthma and 7 times as common as hay fever in 5-to-17 year olds.⁶ Left untreated, these conditions result in severe pain; infection that leads to other health problems; impaired eating that contributes to poor diet and nutritional status; speech difficulties; tooth loss; morbidity and mortality associated with oral cancer; inability to concentrate in school; sleeplessness; loss of vitality; lost school and work days; damaged self-esteem; and negative impact on social and financial well-being because of poor appearance.⁷

Denti-Cal Denied brings to light the human stories behind the problems low-income consumers experience trying to get oral health services, as evidenced by the data collected. It reveals the common nature of these difficulties and makes recommendations for improving access to dental services for consumers with Medi-Cal. A goal of this report is to increase the responsiveness of dental care providers, dental plans, and the California Department of Health Services to the dental needs of low-income consumers.

I. Consumers with Health Coverage through Medi-Cal Still Face Barriers to Oral Health Care

Finding 1: Denial of essential dental services is the problem most frequently reported to the Health Consumer Alliance (HCA) and the Health Rights Hotline (Hotline) by Medi-Cal beneficiaries who are trying to access dental care.

⁵ *Links Between Oral and General Health*, Office of the Surgeon General, U.S. Department of Health and Human Services, <http://www.cdc.gov/nccdphp/oh/sgr2000-fs4.htm>, May 2000.

⁶ *Oral Health 2000 Facts and Figures*, Office of the Surgeon General, U.S. Department of Health and Human Services, <http://www.cdc.gov/nccdphp/oh/sgr2000-fs1.htm>, May 2000.

⁷ U.S. Department of Health and Human Services. *Oral Health in America: A Report of the Surgeon General - Executive Summary*. Rockville, MD: U.S. Department of Health and Human Services, National Institutes of Dental and Craniofacial Research, National Institutes of Health, 2000.

Four hundred and sixty-six (466) consumers contacting HCA and the Hotline between January 1, 2000 and December 31, 2001 reported problems accessing Denti-Cal services. Access to dental care under the Denti-Cal program stands out as one of the most frequently reported problems for consumers on Medi-Cal.⁸ Denial of dental care is the number one problem reported by consumers who call about Denti-Cal issues, accounting for 32 percent of the Denti-Cal service problems brought to HCA and the Hotline.

When advocates at HCA and the Hotline intervene, denial decisions frequently are reversed. Denials are overturned at administrative hearings where advocates have represented Denti-Cal consumers who have been denied necessary dental care. In some cases, advocates have been able to negotiate settlements with Department of Health Services (DHS) program staff, but usually only after a request for a fair hearing has been filed. These time-consuming administrative procedures result in delays in the provision of care to consumers and unnecessary costs to the state.

The high level of unjustified denials highlights the formidable barriers to accessing care in the Denti-Cal program. These barriers contribute to the serious unmet dental needs of California's low-income consumers.

Recommendations:

- A. Improve oversight of the Denti-Cal Program by initiating a Quality Assurance and Quality Improvement plan for improving consistent coverage of services and performance review of all parties contracted with DHS to administer the program.
- B. Establish a Denti-Cal stakeholders group to assist reform efforts; improve communication between the state, providers, and consumers; engage in policy formulation; and track the effect of programmatic changes. The group should include consumers and their representatives as well as a variety of health professionals, including dentists, hygienists, primary care physicians, and school nurses.

⁸ Problems accessing prescription drugs occurred at a slightly higher rate overall during this period. In Sacramento and Orange Counties, Denti-Cal problems were reported more frequently than any other Medi-Cal service problem.

Finding 2: Oral health services for children are unduly burdensome to access under Denti-Cal because DHS has not implemented a process that guarantees access to EPSDT services.

Consumer Story: A nine-year-old child was denied orthodontia for a significant overbite, which causes her lower incisors to cut into the soft tissue of her upper palate. Advocates filed an appeal on behalf of the child and an Administrative Law Judge ordered Denti-Cal coverage for the services. The DHS Director then issued an Alternate Decision stating that medical necessity was not shown because the model of the child's teeth did not show damage to the upper palate. Advocates brought the case to court arguing that the Director's decision ignored the EPSDT standard. The court reversed the Director's decision and ordered coverage.

Lack of Compliance with the Federal EPSDT Mandate

The federal Early and Periodic Screening, Diagnosis and Testing (EPSDT) program covers all care that corrects or ameliorates a dental condition for children and youth *under age 21*⁹ (emphasis added). The EPSDT program takes a preventive approach to health care, whether or not such services are covered for adults in the program.¹⁰ The EPSDT standard for children's oral health care requires that care be provided for the "relief of pain and infections, restoration of teeth and maintenance of dental health."¹¹ A less generous standard is in place for adults. If implemented properly, the broader standard would give children in California access to important preventive oral health care. Instead, children cannot get these services because DHS materials do not comply with the EPSDT standard, dentists do not know the correct process to use to get EPSDT services, and DHS does not evaluate all Treatment Authorization Requests (TARs) for services for children under the EPSDT standard.

Some inappropriate denials occur because DHS's Denti-Cal Provider Manual does not comply with the federal EPSDT mandate. Currently, DHS relies exclusively on its Denti-Cal Provider Manual when deciding whether to authorize or deny services. However, the Provider Manual does not include all services children are entitled to under federal law. The Denti-Cal Provider Manual excludes some care for children that is provided for adults. For example, the Manual states that "[p]eriodontal service benefits . . . shall be limited to beneficiaries *18 years of age and older*."¹²

⁹ See 42 U.S.C. §§ 1396a(a)(10)(A), 1396a(a)(43), 1396d(a)(4)(B), 1396d(r). See also, Cal. Welf. & Inst. Code §§ 124025 et seq., 14132.

¹⁰ See 42 U.S.C. §§ 1396a(a)(43), 1396d(r)(5); 42 C.F.R. § 441.50 et seq.

¹¹ 42 C.F.R. § 441.56(c)(2).

¹² Denti-Cal Provider Manual, Department of Health Services, General Policies – Periodontics Procedures 450–499, p 4–24, March 2002. All citations to the Denti-Cal Provider Manual are from the subsection that includes the Manual of Criteria for Medi-Cal Authorization (Dental Benefits), Sept. 2000.

(emphasis added). This provision contradicts the EPSDT mandate to provide services to youth under age 21, thereby violating federal law.¹³

To further complicate matters, some services that are needed to prepare a child's teeth for a needed procedure are not covered by Denti-Cal. One example is spacers for braces needed for therapeutic, not cosmetic, reasons. If the spacers are not covered, children may not be able to obtain braces, a covered service, because their parents cannot afford the cost of spacers.

Rules and Procedures are Confusing or Inadequate

Children are often denied necessary services simply because the dentist did not know how to complete the forms necessary to request the EPSDT evaluation, or because the dentist found the required forms too overwhelming and time-consuming to complete. DHS routinely denies TARs for children's dental or orthodontic services without evaluating them under the EPSDT standard because the provider did not follow the proper procedure. If dentists want to have a TAR considered under the EPSDT standard for children, rather than under the general criteria for adults, they have to specifically request the EPSDT evaluation and write a lengthy justification.

Current regulations require that the dentist requesting EPSDT services provide eight additional pieces of information about the patient and the diagnosis¹⁴ and

Consumer Story: A 4-year-old child required a space maintainer. Denti-Cal claimed it was not a covered benefit. Advocates advised the provider to resubmit the request under the EPSDT program and the space maintainer was approved.

Consumer Story: A teenager was denied periodontal services because she is under 18. Advocates requested a hearing and argued that she was entitled to receive the services under the EPSDT. The Administrative Law Judge ruled that the dentist should have specifically requested that DHS evaluate the TAR under the EPSDT standard. After the hearing, the dentist told advocates he had no idea how to request EPSDT periodontal services. When advocates explained the process, the dentist said it was too complicated.

¹³ Juvenile periodontitis exists in children as young as 12.

¹⁴ A provider's request must include: "(1) The principal diagnosis and significant associated diagnoses; (2) Prognosis; (3) Date of onset of the illness or condition, and etiology if known; (4) Clinical significance or functional impairment caused by the illness or condition; (5) Specific types of services to be rendered by each discipline with physician's prescription where applicable; (6) The therapeutic goals to be achieved by each discipline, and anticipated time for achievement of goals; (7) The extent to which health care services have been previously provided to address the illness or condition, and results demonstrated by prior care; (8) Any other documentation available which may assist the Department in making the determinations required by this section. Cal. Code Regs. tit. 22, § 51340(d).

follow a separate and more complicated process than the process they use to request services for adults¹⁵. Not surprisingly, few dentists are willing to take the time to do this. Many do not even know that they can request a variety of services under EPSDT. These complex rules mean children's services are not reviewed routinely to ensure children receive the federally mandated EPSDT benefits. While DHS may set up a process to verify medical need and avoid unnecessary expenditures, the existing process is problematic because it is not consistent with the "preventive thrust" of EPSDT.¹⁶

Access to orthodontic services for children has proved particularly problematic. DHS uses the modified Handicapping Labio-Lingual Deviation (HLD) Index to determine whether orthodontics will be covered for children with handicapping malocclusions.¹⁷ DHS requires a score of 26 or higher in order for the treatment to qualify for approval, although children who score below 26 points should still be able to get treatment if they meet the EPSDT standard.¹⁸ DHS will not consider treatment requests under this standard unless the provider completes additional steps.¹⁹ In practice, therefore, children with scores under 26 are being denied orthodontic treatment regardless of the EPSDT mandate.

DHS's administration of the EPSDT program — designed to benefit children — is unduly burdensome. As a result, many children in Denti-Cal do not receive the medically needed services to which they are entitled.

Recommendations:

C. The Denti-Cal Provider Manual should accurately and clearly state covered benefits for children. In addition, the manual should include a general statement that all medically

Consumer Story: A 12-year-old client had an ectopic, or abnormally located, upper tooth. She required gum surgery and an appliance. While the dentist initially indicated that Denti-Cal would not authorize the appliance because the child did not meet the HLD index, advocates educated the provider on EPSDT and the provider submitted the TAR with EPSDT information. Denti-Cal approved the surgery and appliance.

¹⁵ Cal. Code Regs., tit. 22, § 51340(e)(3).

¹⁶ See Omnibus Budget Reconciliation Act of 1989, Report of the House Budget Committee, H.R. Rep. No. 101-247 at 398, reprinted in 1989 U.S.C.C.A.N. 2125.

¹⁷ Denti-Cal Provider Manual, DHS, Orthodontic Services for Handicapping Malocclusion, p 4-45.

¹⁸ *Id.* See also, Denti-Cal Provider Manual, DHS, Early & Periodic Screening, Diagnosis and Treatment (EPSDT), p 4-46.

¹⁹ EPSDT, p 4-46.

necessary care for children is covered according to federal Medicaid and EPSDT law.

- D. DHS must simplify the EPSDT TAR form and EPSDT TAR process. All TARs for children under age 21 should automatically be evaluated under the EPSDT standard. Routine care for children should be available without a TAR.

Finding 3: Partial dentures are covered for adults only in limited circumstances. Because full dentures are covered, adults with missing teeth may need to have remaining, healthy teeth pulled in order to receive a needed denture.

Under California law, partial dentures are only covered for adults who need them to balance an opposing full denture,²⁰ yet full dentures are covered.

Adults who need partial dentures for medical reasons are faced with the distasteful options of going without dentures or having all remaining sound teeth pulled so they can have full dentures. Currently, DHS does not follow treatment standards that would give people the ability to chew their food and have a balanced diet and proper nutrition (not just a soft food diet).

Recommendation:

- E. California should enact legislation that expands the availability of partial dentures for adults. Criteria should be developed to establish when partial dentures are medically necessary (e.g. proper nutrition).

Consumer Story: A seventy-year-old man needs partial dentures. Without them, he cannot chew his food properly and sees a gastroenterologist for the resulting problems. His dentist told him that Denti-Cal covers only full dentures, so either he would have to pay for the partial dentures himself, or have all his teeth pulled and get Denti-Cal to cover full dentures.

II. Consumers Face Barriers to Care at the Dental Office

Finding 4: Denti-Cal beneficiaries who do not speak English experience significant difficulty communicating with their providers due to lack of language access at the dentist office and within the dental HMOs.

²⁰ Cal. Welf. & Inst. Code § 14132 (h) (1).

Consumer Story: An eleven-year-old Hmong child, whose family does not speak English, had many dental problems and her dentist requested authorization for prosthodontics, the replacement of missing teeth. The dental plan denied the request as “not a benefit under the program.” Because the child’s family cannot read English, they could not read the denial and the time to appeal the denial expired. An advocate contacted the dentist and the dental plan to get a new appointment for the child and to restart the authorization process. The advocate also assisted in requesting an interpreter for the family.

The Health Rights Hotline has found that consumers often cannot effectively access services because of language barriers. This problem seems to be particularly acute in the managed care system in Sacramento County. Language access problems are reported in managed care six times as often as in the fee-for-service Denti-Cal program there.²¹ Federal law requires entities that receive federal funds to provide language assistance for limited English proficient persons under Title VI of the Civil Rights Act of 1964.²² Because the Medi-Cal population has a high percentage of people who speak limited or no English, language access is critical to make oral health services accessible.

Consumers who speak languages other than English or Spanish have basic problems figuring out how the system works. They often do not know what plan they are in or who their dentist is. It is difficult for them to make appointments. They can not adequately communicate with their dentist about their problem because no one in the office speaks their language. Frequently, they are inappropriately told to bring a family member — often a child — to the appointment to act as interpreter. Notices printed only in English cause unnecessary denials and delays in care.

Recommendations:

- F. DHS must ensure that all dental providers provide meaningful access to dental services, including providing oral interpretation services and written translated materials for their beneficiaries who speak limited English. DHS must develop a program to ensure that there is effective communication between the dental provider and the patient. This includes:
- Assessing the language needs of the Denti-Cal population;
 - Developing a comprehensive written policy on language access which includes both oral interpretation services

²¹ In Sacramento County, the rate of language problems for Medi-Cal beneficiaries enrolled in dental HMOs is 1.51 per 10,000 members and for beneficiaries who receive dental care on a fee-for-service basis, the rate is .49 per 10,000 members. The Health Rights Hotline’s analysis shows that both of these rates are statistically significant at the .05 level. This means that the likelihood that these rates are due to chance is 5% or less.

²² See, e.g., Office of Civil Rights of the U.S. Department of Health and Human Services, “Policy Guidance on the Prohibition Against National Origin Discrimination As It Affects Persons With Limited English Proficiency,” August 30, 2000 *available at* <http://cms.hhs.gov/states/letters/lepguide.pdf>.

and translation of written materials, especially vital documents such as applications, informed consent forms, letters containing information regarding the eligibility or participation criteria, notices pertaining to reduction, denial or termination of services or benefits, or any other document pertaining to the legal rights of the patient;

- Training of dental providers and their staff; and
- Vigilant monitoring of the language assistance program.

G. DHS should develop a reimbursement procedure for Denti-Cal providers using federal matching funds for providing language services to its Denti-Cal beneficiaries.²³

Finding 5: Providers often are misinformed about which dental services are covered under Medi-Cal and therefore may not submit requests for treatment authorizations.

Denti-Cal incorrectly denies many services because of rules that misstate the law, or procedures that misapply the law. Consequently, dentists get an incorrect impression of what is covered. Dentists frequently are not willing to submit TARs based on their past experience. Instead, they may change their treatment plans to match what they think DHS will cover.

Root canals are a common example. Often, when root canals are requested in addition to crowns, they are denied because the approval of the crown is a prerequisite and the crown does not meet the Provider Manual criteria. Providers then counsel future patients that root canal treatments alone are not covered and therefore do not bother to submit TARs for root canals.

Dentists' unwillingness to engage the TAR process is also the result of provider confusion and misinformation about how the process works. Some dentists do not know how

Consumer Story: A fifty-one-year-old woman in a Medi-Cal dental HMO needed a root canal. She suffers from a serious disease that caused bone and teeth loss. The dentist told her that he did not want to bother submitting a TAR because he knew Denti-Cal would deny it. An advocate explained that Medi-Cal does cover root canals and that the dentist should submit the TAR. If the TAR is denied, as it often is, a fair hearing should be requested. The service is often approved when a hearing is requested.

²³ See Health Care Financing Administration, Dear State Health Director letter, August 31, 2000, available at <http://cms.hhs.gov/states/letters/smd83100.asp>.

to follow the procedures to get services covered because Denti-Cal does not provide adequate training and guidance. Some refuse to follow procedures. Advocates often end up educating the providers and their staff on how to file TARs and provide adequate supporting documentation. Navigating the system for children is particularly misunderstood (see Finding 2).

Consumer Story: A twelve-year-old girl had been having dental problems for a year. Crowding in her mouth caused her ear and facial pain that led to her missing school. Her doctor referred her to an orthodontist for care. The orthodontist said the child needed orthodontic work but stated that he knew Denti-Cal would deny the services, so he did not want to bother submitting a TAR.

When providers refuse to submit a TAR for needed care because they think it would be futile and a waste of time, consumers have no recourse. DHS takes the position that, without a denial, the consumer cannot appeal. Advocates cannot force a dentist to submit the TAR. If the dentist persists in refusing, consumers must find another dentist who is willing to submit the TAR. This is not a real solution for most consumers because dentists who accept Denti-Cal are often difficult to find.

As a result of their incorrect impression of Medi-Cal rules and limits, dentists may change treatment plans as well as deny services. Changes in treatment plans can lead to poor quality care. Dentists may submit a TAR for less appropriate services based on their misunderstanding of Medi-Cal rules and limits.

Ten percent of callers to HCA and the Hotline report concerns about quality or appropriateness of care that may be related to providers' unwillingness to submit TARs.

Recommendations:

- H. The Denti-Cal Provider Manual should accurately and clearly state which services are covered benefits. The manual should include a general statement that all services to correct or ameliorate a dental condition for children are covered as well as an accurate description of full coverage for adults under state and federal law.
- I. DHS must improve provider education and provide clearer guidelines on what services are covered and how to submit TARs.

III. Even After Dentists Request Authorization for Services, the TAR Process Creates Barriers for Consumers

Finding 6: TARs seem to be given inadequate consideration and are often denied for illogical reasons. In addition, DHS does not abide by its own written standards for approving TARs that ensure access to essential dental care.

Consumer Story: As a result of cancer treatment, a woman is missing most of her lower jaw. Her provider submitted a TAR to Denti-Cal for a bridge and two crowns. Denti-Cal issued a deferred decision stating that they needed x-rays in order to make a decision. The provider informed Denti-Cal that it was impossible to submit x-rays, because the client's disability prevents her from opening her mouth wide enough to take them. Denti-Cal responded by requesting x-rays. The provider again replied with why he could not provide the x-rays. Denti-Cal again requested x-rays.

It appears some requests for treatment are denied for no other reason than that the request is not read thoroughly by the reviewer. Often, the required information and documentation are present or adequate explanations are provided if the information is not available for a particular consumer. Yet DHS denies the TAR or requests additional information that cannot be provided.

Some requests are denied for seemingly petty reasons. For example, TARs are denied because DHS says that they were not signed correctly.

These denials do not serve the purpose of evaluating the need for oral health services, or even of identifying fraud. They simply get in the way of consumers getting oral health services.

In other cases, DHS does not abide by its own written standards for approving TARs that ensure access to essential dental care. Even when a consumer's oral health condition meets the written rules for Denti-Cal, TARs are denied for no apparent reason. For example, the rules for crowns are narrow. (See Finding 7.) The Provider Manual states a crown can be authorized only if a certain number of surfaces of a tooth are affected.²⁴ Yet even consumers who meet the narrow rules for crowns are denied the

Consumer Story: A dentist submitted a TAR for a denture and removal of several teeth and included full mouth x-rays, a treatment plan for the opposing arch, and a copy of the consumer's chart. The TAR was denied. Denti-Cal said the dentist's signature on the Resubmission Turnaround Document (RTD) form was missing. Denti-Cal uses this form to ask for additional information for a TAR. The dentist maintains that he did sign the RTD. Moreover the initial TAR was signed properly.

²⁴ Denti-Cal Provider Manual, Department of Health Services, General Policies — Crowns Procedures 650-672, p 4-31, March 2002.

treatment. It is then up to the consumer to appeal the denial and take his or her case to a state fair hearing before an Administrative Law Judge.

HCA and the Hotline have brought to hearing cases in which services were denied even though the individual circumstances met the Denti-Cal criteria. In the overwhelming majority of cases, the Administrative Law Judge approves the service. Advocates have begun to contact DHS staff to negotiate resolutions to cases prior to the hearing. In those cases, DHS has agreed to settle, recognizing that the denials were not legitimate.

Requiring consumers and advocates to request hearings in order to obtain necessary care is unduly burdensome for consumers and results in improper denial of care when consumers do not fully understand their appeal rights or have access to an advocate. These procedures are also time-consuming and costly for the state.

Recommendation:

- J. DHS must assure that TARs are given adequate consideration by providing more stringent oversight of the TAR review process. Such oversight should include:
- Identification of simple omissions or errors in TAR submissions and immediate follow-up with providers to expedite form completion;
 - Review of all TARs by licensed dentists and orthodontists;
 - Improved training of TAR reviewers (DHS should make training notes available to the public);
 - Routine auditing of denied TARs to assure DHS standards are met;
 - Tracking of TAR disposition including the number of denials and the reason for the denial; and
 - Weekly referral of all dental and orthodontic denials including the consumer's contact information to consumer advocates to allow follow-up, advise, and assist with an appeal when appropriate.

Finding 7: The DHS interpretation of covered benefits is more restrictive than what is legally allowed.

Denti-Cal’s Provider Manual does not match current law. For example, the Manual includes a restriction on crowns that is not provided for in the statute or the regulations. The regulations provide that crowns are covered.²⁵ The Provider Manual states that crowns are covered only if a certain number of surfaces of a tooth are affected.²⁶ This often results in the denial of reasonable and medically necessary services for consumers who need a crown, but whose teeth do not fit the Provider Manual’s restrictive criteria. This occurs even when dentists provide evidence that the crowns are medically necessary.

Consumer Story: An eighty-one-year-old man was denied Denti-Cal coverage for several crowns that were needed to avoid the collapse of the inner-most part of a tooth and to allow him to chew without pain. An advocate was able to obtain coverage for the crowns only through representation of the client in an administrative hearing.

Similar problems exist for children’s services, where the Provider Manual does not explain the full extent of EPSDT covered services. (See Finding 2.) Because the Denti-Cal Provider Manual is narrower than the statute, DHS’ practice of authorizing services that only meet the Manual’s criteria results in unlawful and inappropriate denials of medically necessary services.

Advocates at HCA and the Hotline have taken a number of these types of cases to administrative hearings. These cases involved statutorily covered services that were medically necessary, but were denied simply because of the inappropriately narrow standard set forth in the Denti-Cal Provider Manual.

DHS review of TARs does not comply with the law. In some cases, this is because the Provider Manual is rigidly applied. Where the Manual is more restrictive, TAR reviewers follow the Manual and not the law. In other cases, even where the Manual reflects current law, reviewers often apply a more restrictive standard. Fixed bridges are a good example. The Provider Manual is correct in stating that fixed

²⁵ Cal. Code Regs. tit 22 §§ 51307(b)(1), (b)(8) and (e)(6) (2001). *See also*, Jackson v. Stockdale, 264 Cal. Rptr., 525 Cal. Ct. App. (1989) *citing* Welf. & Inst. Code §14132 (h)(1) (the statute does not exclude the coverage of crowns).

²⁶ Denti-Cal Provider Manual, Department of Health Services, General Policies — Crowns Procedures 650–672, p 4–31, March 2002.

bridgework is covered when the use of a removable prosthesis is precluded.²⁷ The Manual lists examples²⁸ and states that allowable benefits are not limited to the examples. Nevertheless, reviewers do not follow the caveat; rather, they approve only those requests that conform to the specific examples, and nothing more.

Consequently, Denti-Cal decisions generate an undue number of hearings, because services that should be covered can only be approved through the costly state fair hearing process.

Recommendations:

- K. The Denti-Cal Provider Manual should accurately and clearly reflect the legal standards for covered benefits for adults. Services authorized by state or federal regulations may not be categorically excluded by overly strict criteria in the Provider Manual.
- L. DHS must assure that TARs are given adequate consideration by training TAR reviewers to approve covered benefits in accordance with the law.

Consumer Story: A consumer needed full upper and lower dentures. Her dentist submitted TARs and proper justification to Denti-Cal twice over the course of three months, but received no response. The busy dental office did not have time to call Denti-Cal to request action on the TARs. Five months after the first TAR was submitted, when an attorney requested an administrative hearing for the consumer, Denti-Cal approved the dentures.

Finding 8: DHS does not process authorizations for treatment in a timely manner.

More than one in ten problems reported to HCA and the Hotline about Denti-Cal involved delays in accessing services. Some consumers have reported that they “never heard back” after their dentist submitted a TAR on their behalf. This needlessly delays essential care. It also violates current law.

Medi-Cal regulations require that prior authorization decisions be made within an average of five working days after the department receives the prior authorization request.²⁹ Yet,

²⁷ Denti-Cal Provider Manual, Department of Health Services, General Policies – Fixed Bridge Pontics Procedures 680–682, 692, 693, p 4–32, March 2002.

²⁸ *Id.* “Medical conditions such as, but not limited to the following which preclude the use of removable dental prostheses: (1) The epileptic patient where a removable prosthesis could be injurious to his/her health during an uncontrollable seizure. (2) The paraplegia patient who utilizes a mouth wand to function to any degree and where a mouth wand is inoperative because of missing natural teeth. (3) The spastic person whose manual dexterity precludes proper care and maintenance of a removable appliance.”

²⁹ Welfare and Institutions Code § 14103.6 states: “The consultants shall render decisions on prior authorization requests in a timely manner. A timely manner shall be deemed to be an average of five working days after the prior authorization request is received by the department.” *See also*, section 14133.9(d).

according to DHS, the state’s subcontract with Delta Dental provides for fifteen (15) days to make these decisions. And in many cases even the 15-day deadline is not met. The law also says that if no decision is made within 30 days the request is deemed approved.³⁰ While the law requires this, DHS does not comply.

TAR delays can be so confusing and discouraging that advocates often find that the only route to finding out the status of a TAR is to request a hearing or to contact the Chief Dental Consultant at DHS. While an advocate may be able to get a status report on a TAR through contacts at DHS, it is clear that the system is not set up to work in a timely manner for most consumers. In many cases, the consumer’s condition may have worsened during the delay, requiring more extensive care and therefore another TAR.

Recommendations:

- M. Dental TAR decisions must be made within an average of five working days after the department receives the prior authorization request. DHS should clearly specify the Medi-Cal prior authorization time standards in its contracts with vendors.
- N. TARs that are unreasonably deferred or not acted on within 30 days should be deemed automatically approved.

Consumer Story: A man was denied a crown because “Information submitted by your dentist about your current dental condition does not meet our minimum requirements for approval of this service.” The notice did not state specifically which criteria was not met. This made it very difficult to determine whether Denti-Cal was correct in denying the crown. The consumer, his treating dentist, and advocates spent significant resources establishing that the tooth did, in fact, meet criteria for approval.

IV. After the Authorization is Processed, Consumers Face Additional Barriers

Finding 9: TAR denial notices provide inadequate information and do not inform consumers of the basis for the denial.

In the two-year period covered by this report, consumers received such vague TAR denial notices that it was difficult for consumers — and providers — to know what was needed for resubmission. These notices do not provide

³⁰ Welf. & Inst. Code § 14103.6.

Consumer Story: One woman's denial simply stated that "Your dentist did not submit enough information to allow us to process this request. Please contact your dentist to resubmit a request with new information." Because the notice did not say what information was missing, advocates requested a hearing on the consumer's behalf to preserve her hearing rights. Two days prior to the hearing, Denti-Cal advised that the periodontal chart was missing. The consumer agreed the chart was necessary and withdrew her hearing request.

consumers with adequate information to assess the need for an appeal. Because a consumer (or an advocate) cannot assess the merits of a case based on the denial notice alone, consumers are well advised to file a state fair hearing request for every denial. This is a very laborious process, but it allows the consumer to obtain the DHS position statement. It also is the only way for a consumer to know the precise reason for the denial. DHS usually submits its position statement just before the hearing, at which point negotiating a settlement is nearly impossible.

When Medi-Cal denies services, it must send a "notice of action" to the consumer and to the provider explaining the reason for the denial, the regulation on which it is based, and telling the consumer how to appeal.³¹ TAR denials must clearly state the reason, detail the information that is missing, and cite the authority for the denial in the letter. Yet, in many cases, DHS is not following the law.

Although advocates have been able to discuss cases with Denti-Cal's Chief Dental Consultant and resolve them through this process, most consumers do not have access to the high-level officials at DHS. These issues should be resolved at a much lower level, saving time and money for all parties. Denial notices should contain adequate information so that consumers' rights to due process are protected.³²

Recommendations:

- O. Understandable, written notices with the specific reasons for the denial and the availability of free legal assistance should be provided to Medi-Cal beneficiaries and their dental providers. In addition, notices should contain the specific reason(s) for the denial and describe in detail any additional information that is needed from the provider.
- P. The TAR process and DHS notices to consumers need improved monitoring and oversight.

³¹ 42 C.F.R. §§ 431.206, 431.210; Cal. Code Regs. tit. 22 § 51014.1.

³² As of March 13, 2002 settlement has been reached in the Deparini v. Bonta case regarding new denial notices but the details of how to notify consumers were still being negotiated.

Finding 10: In response to improperly denied TARs, consumers are inappropriately charged for services that should be covered under Denti-Cal.

Nearly one in ten problems reported by consumers who contacted HCA and the Hotline about Denti-Cal involved billing problems.

Inappropriate billing for oral health services comes in many forms and creates serious barriers to care. If the dentist believes that Denti-Cal will deny a service, he or she may incorrectly tell their patients they cannot get the services they need unless they pay for them up front. When DHS denies a service, the dentist may bill the consumer without considering whether the denial was correct or if the denial should be appealed. Some dentists require consumers to match private-pay rates and pay them the balance of bills over the amount Medi-Cal covers, in violation of Medicaid payment in full rules.³³

Consumer Story: An eleven-year-old boy needs orthodontics before braces are put in. His dentist referred him for specialty x-rays, but his mother was told that it would cost \$65 because Denti-Cal would not pay for them. After doing research, advocates found that Denti-Cal would cover the x-ray with the dentist's prior authorization.

Recommendations:

- Q. Consumers need to be reimbursed if they pay out of pocket for inappropriate charges.³⁴ Providers must reimburse consumers if consumers pay out of pocket for services that are a benefit of the Denti-Cal program.
- R. Dentists need further education regarding the full extent of children and adults' coverage, the prior authorization process, and payment in full rules. Providers who violate Medi-Cal payment rules should be sanctioned.

³³ Federal Medicaid law requires states to: “. . . limit participation in the Medicaid program to providers who accept, as payment in full, the amounts paid by [Medi-Cal] plus any deductible, coinsurance or copayment required . . . to be paid by the individual. However, the provider may not deny services to any eligible individual on account of the individual's inability to pay the cost sharing amount imposed by [Medi-Cal] . . .” 42 C.F.R. § 447.15.

³⁴ Recently, in *Conlan v. Bonta*, A093003 (San Francisco County Super. Ct. No. 987697), the California Court of Appeals determined that DHS failed to establish reasonable procedures by which consumers could obtain prompt reimbursement for covered services for which they paid out-of-pocket. In its decision, the Court noted that it was insufficient for the state to rely on providers voluntarily reimbursing Medi-Cal recipients.

- S. As part of the monitoring plan in Recommendation A, investigate and prosecute cases of fraud perpetrated against beneficiaries of Denti-Cal by providers who charge beneficiaries for services they know are covered by Denti-Cal.

Conclusion

Using the combined databases of the Health Consumer Alliance and the Health Rights Hotline, *Denti-Cal Denied* provides a unique look into the experiences of Medi-Cal consumers who are trying to access dental care services. These experiences add to the scant, but critically important, information on how Medi-Cal works for consumers, and the problems they face in obtaining necessary care.

The findings in *Denti-Cal Denied* clearly show that California's dental care program for people with Medi-Cal coverage is failing to meet basic standards of dental care. Children frequently are denied access to medically necessary dental care that federal law guarantees. The Department of Health Services does not abide by its own written standards that ensure access to essential dental care. Because providers often are misinformed about the services available through the Denti-Cal program, Medi-Cal beneficiaries must go without care that is covered under the program.

Obtaining authorization for dental care services is burdensome to providers. Authorization requests are not processed in a timely manner and often are denied for illogical reasons. Further, the Department's interpretation of covered benefits is more restrictive than what is legally allowed.

The authors hope that *Denti-Cal Denied* will be used by dental care providers, dental plans, legislators, and the California Department of Health Services to address the systemic problems identified in the report. The barriers reported by the Medi-Cal beneficiaries who sought help from HCA and the Hotline stand as a call to action to all stakeholders to improve their responsiveness to the dental needs of low-income populations.

Appendix A

Data Collection and Problem Category Descriptions

Each year, the Health Consumer Alliance and Health Rights Hotline assist thousands of individual consumers, collect a significant amount of information about each caller, and document the services provided. Comprehensive data collection allows HCA and the Hotline to analyze and provide feedback on callers' concerns in order to improve the health care system. HCA and the Hotline collect data concerning the nature of the problem, the particular health condition around which the caller is experiencing the problem, the type of health coverage the caller has, as well as personal demographic information. Though callers are not required to provide all of this information, most do.

As shown below, HCA and the Health Rights Hotline use separate yet compatible databases to collect information. The information collected by each program has been combined for this report.

SERVICE CATEGORY	HCA "SERVICES NEEDED"	HEALTH RIGHTS HOTLINE "SUBJECT"
Dental/Orthodontic	<ul style="list-style-type: none"> ■ Dental/Orthodontic 	<ul style="list-style-type: none"> ■ Dental Coverage ■ Dental/Medical Overlap
PROBLEM CATEGORY	HCA "SERVICES PROBLEM"	HEALTH RIGHTS HOTLINE "ISSUE DESCRIPTION"
Delays	<ul style="list-style-type: none"> ■ Delayed — Services/referral/appt 	<ul style="list-style-type: none"> ■ Appointment Time too Long Wait ■ Authorization Delay ■ Authorized Care Not Scheduled
Denials	<ul style="list-style-type: none"> ■ Denied — Services/referral/appt 	<ul style="list-style-type: none"> ■ Dispute Over Coverage (Service Not Yet Received) ■ Care-Denial
Payment	<ul style="list-style-type: none"> ■ Billing/charges to or payments from consumer ■ Problems w/payment to provider for services rendered 	<ul style="list-style-type: none"> ■ Dispute over Patient's Liability or Plan's Payment ■ Affordability ■ Balance Billing (and Medicare Assignment) ■ Other Billing Issue
Language	<ul style="list-style-type: none"> ■ Language barrier 	<ul style="list-style-type: none"> ■ Language Barrier – Relating to Spoken Communication or Print Material
Quality	<ul style="list-style-type: none"> ■ Quality/appropriateness of care 	<ul style="list-style-type: none"> ■ Care/Treatment/Facilities Inappropriate or Inadequate ■ Care — Diagnosis Inappropriate ■ Discharge Planning Inadequate

Appendix B

Data

Four hundred and sixty-six (466) Medi-Cal consumers reported problems with dental care services between January 1, 2000 and December 31, 2001. Each consumer may report more than one problem. Here is the breakdown of the five hundred and eighty-one problems those consumers reported regarding Denti-Cal.

Types of Denti-Cal problems:³⁵

PROBLEM CATEGORY	PROBLEMS REPORTED	PERCENT OF PROBLEMS REPORTED
Denial of care	188	32.4%
Delay in getting care	58	10.0%
Quality/appropriateness of care	58	10.0%
Care unavailable/unaccessible	54	9.3%
Client unaware of how to use available services	52	9.0%
Billing/charges to or payments from consumer	50	8.6%
Enrollment/disenrollment problems	38	6.5%
Customer service	35	6.0%
Language barriers	28	4.8%
Other	10	1.7%
Payment to provider	8	1.4%
Patients Rights	2	0.3%

³⁵ This category does not include problems reported by consumers that relate to eligibility for Medi-Cal. The data reported reflects problems only for Medi-Cal beneficiaries who have dental care needs.



Health Consumer Alliance

2639 S. La Cienega Blvd., Los Angeles, CA 90034
tel: 310.204.4900 fax: 310.204.0891