



Smile, California Fact Sheet

About the Medi-Cal Dental Program

- The Medi-Cal Dental Program offers comprehensive benefits for covered/eligible pregnant women, children in families with household incomes up to 266 percent of poverty, and more limited benefits to adults who earn up to 138 percent of the federal poverty level.^{i,ii}
- With more than 12.8 million members, Medi-Cal Dental is the single largest state dental public insurance program in the country. Half of all children and a third of adults in California are enrolled in the program.ⁱⁱⁱ
- Child Medi-Cal members are eligible individuals between the ages of 0 and 20. Adult Medi-Cal members are eligible individuals ages 21 and older.
- The Medi-Cal Dental Program covers routine, preventive and restorative dental services for its members. These services are provided for free or at low cost to members.^{iv}
- The Medi-Cal Dental Program fee-for-service plan is administered by Delta Dental of California.
- As of January 1, 2018, the Department of Health Care Services (DHCS) restored adult dental benefits for eligible members ages 21 and older with full-scope dental coverage.^v

About Dental Benefit Utilization

- In 2017, average utilization rates for the annual dental visit benefit were 47.6 percent for child Medi-Cal members and 21.7 percent for adult members. These rates represent about a two-percentage point increase in utilization from 2016.^{vi}
- Utilization is lowest among children under the age of 3. Medi-Cal Dental covers babies starting from their first tooth, however only 2.5 percent of children under the age of 1 had an annual dental visit in 2017. Rates jump to 27.4 percent for children ages 1 to 3 and then double to 54.1 percent for children 3 to 5.^{vii}
- Utilization rates for each county in California can be found on the Department of Health Care Services Data Portal: [Annual Dental Visit Rates by County](#).



- Dental sealants are an effective way to prevent tooth decay and are recommended for all children. Children without sealants have almost three times more cavities than those with sealants.^{viii}
- Medi-Cal Dental covers molar sealants for all child members, yet utilization of this benefit is only 14 percent among children ages 6 to 12 in 2017.^{ix}

About Medi-Cal Dental Providers

- The Medi-Cal Dental provider network includes more than 10,000 general dentists, specialists and clinics that accept Medi-Cal.
- Members can choose any dentist in the provider network. A recently enhanced searchable directory can be accessed online through SmileCalifornia.org.

Smile, California Formative Research

The *Smile, California* campaign collaborated with an independent research firm to conduct an online survey and several focus groups from November 2017 to February 2018. The aim was to determine awareness of the Medi-Cal dental benefit and covered services, explore attitudes and behaviors related to oral health care, identify barriers to using dental services, and reveal motivational factors to drive utilization. More than 2,600 parents of child members participated in the online survey and nearly 100 parents participated in focus groups conducted in Los Angeles, Fresno and Sacramento.

Below are key findings from the research study:

- Based on responses to behavioral questions in the survey, respondents were categorized as recent utilizers or lapsed/non-utilizers. Recent utilizers are those whose child had used their dental benefit in the previous 12 months (68%); lapsed utilizers are those whose child had used the benefit, but not in the past year (13%); and non-utilizers are those whose child had never used their dental benefit (19%).
- Nearly all respondents knew that Medi-Cal coverage includes dental benefits (90%).
- Most respondents were aware that preventive dental services are fully covered by Medi-Cal (86%). However, respondents' knowledge of the scope of coverage was limited. Less than half of respondents knew that fluoride treatments, sealants and crowns are free services available to their children.



- Only half of respondents in the survey were familiar with molar sealants (51%). Focus group findings suggest that awareness may be lower than reported as many parents confused sealants with fluoride varnish.
- A child's age when a caregiver takes them for the first dental visit is varied, but over half do so when the child is one to three years old. More than half who have not taken their child yet report they will do it when their child is one to two years old.
- Among lapsed and non-utilizers, the most common reasons for not utilizing their benefit in this past year were attributed to a lack of need (33%), lack of information (30%), concerns about Medi-Cal dental providers (24%), and appointment availability (17%).
- The top reason (18%) for not using a Medi-Cal dentist among lapsed and non-utilizers is that their child "hasn't needed a dentist." This is in line with qualitative learning and the segment of parents who feel that establishing good oral habits at home is "good enough" at least until there is a problem.
- Almost all utilizers reported they would continue to use their benefit (96%). Of the 4% who would not, the top reasons were length of time to get an appointment, problems with the provider or the staff, unexpected costs, and the child's fear of the dentist.
- Motivators for both audiences included a better choice of providers and more information on covered services, particularly preventive services. About half of respondents (53% of utilizers and 46% of non-utilizers) indicated they would take their child to the dentist to get molar sealants.

California Oral Health Plan 2018-2028*

- The state oral health plan is a 10-year framework that serves as a roadmap to identify priorities, short term, intermediate, and long-term goals and objectives along with recommendations to address the burden of disease, increase access to oral health services for high risk populations, and to increase the oral health status of all Californians.



- It is built to align with the four focus areas of the California Wellness Plan: healthy communities; optimal health systems linked with community prevention; accessible and usable health information; and prevention sustainability and capacity.

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ⁱ <https://www.dhcs.ca.gov/services/medi-cal/Pages/DoYouQualifyForMedi-Cal.aspx>

ⁱⁱ <https://www.coveredca.com/PDFs/FPL-chart.pdf>

ⁱⁱⁱ <http://www.dhcs.ca.gov/Pages/AboutUs.aspx>

^{iv} <http://smilecalifornia.org/about/>

^v http://www.dhcs.ca.gov/services/Pages/Restoration_Adult_Dental.aspx ^{vi}

<http://www.dhcs.ca.gov/services/Pages/FFSPerformanceMeasures.aspx> ^{vii}

<http://www.dhcs.ca.gov/services/Pages/FFSPerformanceMeasures.aspx> ^{viii}

<https://www.cdc.gov/vitalsigns/dental-sealants/index.html>

^{ix} <http://www.dhcs.ca.gov/services/Pages/FFSPerformanceMeasures.aspx>

^x <https://www.cdph.ca.gov/Programs/CCDPHP/DCDIC/CDCB/Pages/OralHealthProgram/OralHealthProgram.aspx>