

Article	Section #	Comment	Covered CA response
1	3.03	Practice management systems in dentistry do not include functionality for tracking pregnancy, and there is no established coding standard for this purpose. These requirements may present challenges for implementation. Dentists can provide educational materials to patients and refer them to their OB provider as appropriate. While educational support for providers is available, tracking and reporting related to pregnancy are not currently supported by existing systems.	Covered California recognizes the challenges posed by limitations in dental practice management systems for tracking pregnancy status. Despite these challenges, dentists play a vital role in supporting pregnant enrollees through education and care for the patient's oral health. Preventive care during pregnancy is critical for maternal and fetal health, and oral health is an important part of this. Educating patients about the impact of oral hygiene on pregnancy and they receive the necessary comprehensive dental care are critical.
General		We appreciate the effort by Covered California to increase preventive care utilization, track quality and reduce health disparities.	Thank you for your comment.
3	3.01	Education is the most viable tool dental plans have to promote utilization of an individual's dental plan coverage, but stakeholders must understand that dental plans cannot compel an enrollee to go to the dentist. As we have stated previously, reaching enrollees in a cost-efficient manner – electronically – is the most viable and feasible method without extensive impacts on premium. The degree to which we can be collectively successful therefore relies on the collection of email addresses and communication preferences from the initial enrollment process. Otherwise, these campaigns rely too heavily on printed and mailed material, which is more harmful to the environment, comparatively expensive, less often read by the enrollee and will result in premium increases.	Covered California appreciates commenter's insights into effective methods for reaching enrollees and promoting the utilization of dental plan benefits and services. While recognizing the importance of maintaining cost-efficiency, we encourage QDPs to explore additional communication and engagement strategies to better connect with enrollees. Examples of these strategies may include targeted outreach, media campaigns, community events, partnerships with trusted community organizations, educational workshops, and leveraging email blasts that include links to social media (if applicable). For example, QDPs could capitalize on National Dental Hygiene Month in October to drive awareness and engagement around dental health and plan benefits.
3	3.03	Covered California is proposing that dental plans intercede in dentist/patient interactions to confirm that pregnancy status is screened and reported. While pregnancy status is a required part of a dental health history form, it is not currently reported to plans by providers. The vast majority of practice management systems used in dental offices do not have a mechanism to identify and/or pull reporting on this condition, so this would have to be an entirely manual process, which is a burden to providers and their staff. This is especially true given that a pregnant woman may only see the dentist one time during the term of her pregnancy (assuming she is healthy and comes in every 6 months), so this status would change frequently. The bottom line is we cannot expect network providers to do this, and we have concerns that this could be an additional cause of network erosion as yet another contractual provision a network dentist would have in addition to those that already exist. On pregnancy status, we feel Covered California has this backward. This coordination of care actually needs to come from the obstetrician to the dentist as a clearance form to keep the obstetrician informed on the necessary treatment and periodontal status of the patient. Those systems and codes do exist in medical plans as appropriate in the medical setting. Our recommendation is that it is appropriate to require a MEDICAL plan to require a "clearance form" for pregnant patients to be filled out by a dentist and returned to the treating obstetrician demonstrating that there are no concerning oral conditions in need of treatment and that the pregnant woman has completed her necessary oral hygiene cleaning based on risk status.	Covered California uses its contract authority to ensure access, quality of care, and compliance, and recognizes the need to avoid imposing undue administrative burdens on contracted plans and providers. The current (2024-2026) requirements around pregnancy identification and support are not proposed for amendment in 2027. The 2024-2026 contract requirements reflect considerable feedback from dental plans offered at the time of the contract development. Raising this topic and sharing this feedback during one of the contract development workgroups would have provided an opportunity for meaningful engagement. We welcome this feedback during the 2028-2030 contract development process.