

Medi-Cal Dental Plan/Stakeholder Meeting – Sacramento County

Meeting Agenda
Thursday, April 25, 2013
1:00 PM – 3:00 PM

1700 K Street, First Floor Conference Room, Sacramento, CA 95811

Toll Free Call-In Number 1-877-952-6960
Participant Passcode 8035226

Welcome **Jon Chin, Acting Chief Medi-Cal Dental Services Division**

Introductions **All**

Discussion

Healthy Families Program Transition

- DHCS updates

Beneficiary Dental Exemption Process

- DHCS update
- Plans Feedback
- Stakeholder Feedback

Online Reports

- DHCS update

Advisory Committee Council

- Updates

Annual Report

- DHCS update
 - Plans Feedback
 - Stakeholder Feedback
-

Conclusion

- Additional Items
- Recap
- Next steps

Next Meeting: Thursday, July 25, 2013 1:00 PM – 3:00 PM;
1501 Capitol Avenue, Pine Conference Room 71.1203, Sacramento,
CA 95811

**Medi-Cal Dental Stakeholder Meeting – Sacramento County
January 24, 2013 - Meeting Summary Notes**

Topics	Discussion	Action Items
New Contracts	<p><i>Geographic Managed Care (GMC) Contracts</i> Started January 1, 2013 Three Contractors: Access Dental, Health Net of California, Inc. and LIBERTY Dental Plan. Western Dental providers contract with LIBERTY Dental Plan.</p>	
Immediate Action Expectations	<p><i>Reporting</i> Contract provisions were added to GMC contract that cover the Immediate Action Expectations. Once 2012 data is completed, Dental Plans will submit data per contract requirements.</p>	
Beneficiary Dental Exemption Process	<p><i>Reporting</i> Most calls are for education purposes asking what services are available, eligibility and Medi-Cal in general. An indication of “successful” on the report means that a treatment was received; cases for basic services are closed after one appointment and for cases where a treatment plan is required for courses of treatment, it is followed throughout the course of treatment. <i>“No Show”</i> Beneficiaries not showing up to their appointments made through the BDE line is typical. It was suggested that parent education campaigns could help to understand the importance of making appointments. Take into consideration the requirements used by Foster Care programs and SETA Headstart</p>	<p>BDE Reports will categorize and track the “no show” cases</p>
Healthy Families Program Transition	<p><i>Transition</i> Will begin March 1, 2013 for Sacramento County HFP members in HealthNet of California, Inc. and Access Dental Plan will remain with those plans, otherwise they will be assigned to a new plan <i>Performance Measures</i> Utilization of HFP members transitioning to Medi-Cal will be tracked separately. 1115 Waiver Approval of HFP Transition: objectives 4 and 5 are for dental and what dental plans should report.</p>	
Medi-Cal Dental Advisory Committee	<p><i>Meeting January 23, 2013</i> Discussed information on process and procedures for complaints and on-site visits/audits. DHCS partners with the Department of Managed Health Care (DMHC) to conduct routine surveys and non-routine surveys. Reports for the non-routine surveys done for GMC plans available online: http://dmhc.ca.gov/healthplans/med/med_gmc.aspx Provider on-sites/audits are conducted by plans; DHCS and DMHC will step in if the problems arise <i>Draft report of DMC for 2012</i> Narrative will be available early February; graphs and charts will be available later.</p>	<p>DHCS will send out to stakeholders early February for feedback and comments.</p>
Additional Items	<p>Dental choice packet will be updated: Los Angeles County first then Sacramento County. Any beneficiary issues, call plan first so that grievances can be tracked and BDE line would be next step if not resolved with plan</p>	

Beneficiary Dental Exception (BDE) March 2013 Reporting

Background:

Assembly Bill 1467 was enacted July 1, 2012 to improve access to oral health and dental care services provided to Medi-Cal beneficiaries enrolled in dental managed care plans in Sacramento County. The intent of the Legislature through the statute was to improve access to dental care by implementation of the Beneficiary Dental Exception (BDE) process. The BDE is available to Medi-Cal dental managed care beneficiaries in Sacramento County who are unable to secure access to services through their dental plan, in accordance with applicable contractual timeframes and the Knox-Keene Health Service Plan Act of 1975 (Chapter 2.2 (commencing with Section 1340) of Division 2 of the Health and Safety Code).

The BDE shall allow a beneficiary to request to opt-out of Medi-Cal dental managed care and move into fee-for-service (Denti-Cal) where the beneficiary may select his or her own dental provider on an ongoing basis. The statute allows for the Department of Health Care Services staff to work with the dental managed care plan to schedule an appropriate appointment within specified time frames, based on the identified needs of the beneficiary. If no such appointment is secured, the beneficiary will be transferred into Denti-Cal where he/she will remain until such time that he/she chooses to opt back into a dental managed care arrangement.

The BDE Process:

- If the BDE is submitted by mail/fax/email a Dental Managed Care (DMC) staff will contact the beneficiary within three (3) business days to work with the beneficiary and the dental plan/provider to schedule an appointment within the applicable timeframes.
- If the beneficiary does not respond from the first initial contact they are contacted two additional times before a letter is sent to notify the closing of the BDE and for them to contact DMC to re-file.
- If the BDE is submitted by the phone the DMC BDE Toll-Free Line Representative will assist, through a conference call, to resolve/set an appointment with the member and provider/plan within the appropriate timeframes.
- Appointments are scheduled through a conference call with the DMC BDE Toll-Free Line Representative, the beneficiary, and the dental plan/provider to ensure the appropriate timeframes are met and to follow-up with any questions or concerns including any additional details. Any other additional issues are resolved during the call as well.
- When an appointment is scheduled, the BDE will be placed on hold pending follow-up calls from DMC to the member after the appointment. If the appointment was successful and no additional access issues were identified the BDE will be closed, indicating no further action is needed.
- If the beneficiary no-shows, DMC will follow-up with a phone call to establish a new appointment. If the beneficiary has two (2) no-shows the BDE will be closed and the member will remain with their dental plan.

Month of March 2013 Summary:

- 46 Total incoming requests
- 33 Total Non-BDE requests
- 13 Total BDE requests

Total Summary from the Month of September 2012 through the end of March 2013:

- As of the end of March there have been a total of 248 BDE requests.
- 19 of the 248 total BDE requests are in progress to be completed to date.
- 229 of the 248 total BDE requests are completed and closed to date.
- None of the requests were transferred over to Fee-For-Service.

Summary of March 2013 Incoming Totals		
Incoming Categories	Totals	% of Totals
Inbound Phone Call Total	31	67.4%
BDE	13	41.9%
Non-BDE	18	58.1%
Mail/Fax/Email Total	15	32.6%
BDE	0	0.0%
Non-BDE	15	100.0%
Total Requests	46	100%
BDE	13	28.3%
Non-BDE	33	71.7%

Summary of March 2013 Non-BDE Totals	
Non-BDE Categories	Total
Non-BDE	33
BDE Info/No Need	6
Benefits	1
Eligibility	8
Plan/Provider Info	11
No Answer/Left Message	4
Other / Remove	3

Transfers to Fee-for-Service as of the end of March 2013				
GMC Dental Plans				Totals
Access	Health Net	LIBERTY	Western	
0	0	0	0	0

Summary of Total BDE Requests from September 2012 to March 2013							
BDE Categories	GMC Dental Plans				Adults	Children	Totals
	Access	Health Net	LIBERTY	Western			
Emergency	26	19	25	31	75	26	101
Urgent	6	4	5	10	14	11	25
Routine	28	29	26	29	0	112	112
Specialist	0	1	5	4	1	9	10
In Progress	7	4	7	1	0	19	19
Closed*	53	49	54	73	90	139	229
Total BDE (Call/Mail/Email/Fax)	60	53	61	74	90	158	248

*See next two charts for specifics

Notes:

Appointment Timeframes
(as required by contract)

- Emergency - 24 hours
- Urgent - 72 hours (3 days)
- Routine - 4 weeks
- Specialist - 30 days from authorized request

Summary of Total Closed BDE from September 2012 to March 2013								
Closed BDE Categories		GMC Dental Plans				Adults	Children	Totals
		Access	Health Net	LIBERTY	Western			
Closed Unsuccessful - No Show	Emergency	2	7	6	11	23	3	26
	Urgent	2	0	1	6	5	4	9
	Routine	4	2	4	11	0	21	21
	Specialist	0	0	1	1	1	1	2
Closed Successful - Completed Appointments	Emergency	22	11	19	19	52	19	71
	Urgent	4	4	3	4	9	6	15
	Routine	19	24	18	18	0	79	79
	Specialist	0	1	2	3	0	6	6
Closed Unsuccessful Total		8	9	12	29	29	29	58
Closed Successful Total		45	40	42	44	61	110	171
Closed Unsuccessful/Successful Total		53	49	54	73	90	139	229

Notes:

58 out of 229 were unsuccessfully closed due to no shows, patients were contacted to reschedule but did not answer or did not want to set up another appointment

Unsuccessful Percentage – 25.3%

171 out of 229 were successfully seen and treated by the dentist, BDE was closed after patients received treatment needed

Successful Percentage – 74.7%

No-Shows for the Month of March 2013			
No- Show Categories	Adults	Children	Totals
Personal	1	0	1
Sick	0	0	0
Schedule	0	1	1
Forgot	0	0	0
Transportation	0	0	0
No Response	0	1	1
Other	0	0	0
Total of No-Shows for the Month of March	1	2	3

March 2013 Closed BDE Case by Case – Adult

Tracking #	Type of Visit	Service Provided	Timely Access (Business Days)	Dental Plan	Beneficiary Satisfied*	Department Perspective
30613LM-05	Emergency	No Show- Personal	3 Days**	Health Net	N/A	Unsuccessful
32813TB-03	Emergency	Exam/X-Rays/Pain Meds	2 Days	Health Net	4	Successful

Notes:

* If beneficiaries were present to their appointment they were asked to rate their satisfaction level between the numbers 1 and 5 (1= lowest satisfaction, 5= highest satisfaction) in regards to their service provided at their dental office.

n/a – Beneficiary satisfaction not available due to no response or no show.

****Beneficiaries requested for specific date and time for appointment outside of contractual timeframe.**

***Western Dental plan will still be included in data until closed.

Closed case by case can include closed cases opened in previous months.

2 out of 10 beneficiaries are Adult – 20%

1 out of 2 beneficiaries did not show for their appointment – 50% no show rate

1 out of 2 beneficiaries did show for their appointment – 50% show rate

March 2013 Closed BDE Case by Case – Children

Tracking #	Type of Visit	Service Provided	Timely Access (Business Days)	Dental Plan	Beneficiary Satisfied*	Department Perspective
21913LM-02	Emergency	No Show- Schedule	1 Day	Access	N/A	Unsuccessful
20713TB-01	Routine	No Show- No Response	21 Days	LIBERTY	N/A	Unsuccessful
21913LM-01	Emergency	Exam/X-rays/Cleaning/Fluoride/Extraction	Same Day	Access	5	Successful
30613LM-01	Emergency	Referred to Specialist/Check-Up	Same Day	LIBERTY	4	Successful
30513LM-01	Routine	Exam/X-rays	1 Day	Access	4	successful
30613LM-02	Routine	Referred to Specialist/Check-Up	6 Days	LIBERTY	4	Successful
100312003	Routine	Consultation/Sealants /Extractions-Hospital Setting	16 Days	LIBERTY	5	Successful
31913LM-03	Specialist	Extraction	4 Days	LIBERTY	5	Successful

Notes:

* If beneficiaries were present to their appointment they were asked to rate their satisfaction level between the numbers 1 and 5 (1= lowest satisfaction, 5= highest satisfaction) in regards to their service provided at their dental office.

n/a – Beneficiary satisfaction not available due to no response or no show.

****Beneficiaries requested for specific date and time for appointment outside of contractual timeframe.**

***Western Dental plan will still be included in data until closed.

Closed case by case can include closed cases opened in previous months.

8 out of 10 beneficiaries are Children – 80%

2 out of 8 beneficiaries did not show for their appointment – 25% no show rate

6 out of 8 beneficiaries did show for their appointment – 75% show rate



TOBY DOUGLAS
DIRECTOR

State of California—Health and Human Services Agency
Department of Health Care Services



EDMUND G. BROWN JR.
GOVERNOR

Dear Parent or Guardian:

In Sacramento County, most Medi-Cal dental members under the age of 21 are required to receive dental services through a managed care dental plan. To ensure Medi-Cal dental members who are under the age of 21 are able to see a dentist in a timely manner, the Beneficiary Dental Exception (BDE) process was created.

Through the BDE process, a Dental Managed Care representative will work with you and your dental plan to schedule an appointment. If a timely appointment with your assigned dental office is not scheduled, Medi-Cal dental members can request to be placed into the fee-for-service (FFS) dental program, also known as Denti-Cal.

Do I qualify for BDE?

You can receive assistance through the BDE process if you are experiencing problems scheduling any of the following appointments:

- An “emergency” (pain, swelling, and/or bleeding) appointment within 24 hours
- An “urgent” appointment within 72 hours
- A “routine” (non-emergency) appointment within four (4) weeks
- A “specialist” appointment within 30 days from authorized request.

What do I need to do?

- If you are having problems scheduling an appointment, please fill out the BDE form attached to this letter and mail, fax or e-mail it to the address listed on the form or call **(BDE) Toll-Free number at (855) 347-3310**.
- If you are not having problems scheduling an appointment, there is no need to fill out the attached BDE form. You may want to hold onto the form for future reference.

What happens next?

- Once a Dental Managed Care representative receives your completed BDE form, the representative will contact you within three (3) business days. Once we contact you, the representative will have five (5) business days to assist you in scheduling your appointment.
- If you are unable to schedule an appointment through the BDE process, your request to be moved to Dent-Cal Fee-for-Service program will be approved.

If you have any questions or concerns, please call **BDE Toll-Free number at (855) 347-3310**.

Form Instructions: Request for Beneficiary Dental Exception (BDE)

If you are having problems scheduling a dental appointment for yourself or a family member in Sacramento County, please follow instructions below and send in the attached BDE form to Dental Managed Care.

Filling out the BDE form:

Parent or Guardian name (first and last) and the relationship to the patient with an e-mail address

Best Contact # with area code: (xxx)-(xxx-xxxx)

Check all boxes that apply, if "other" please explain

Please mail, e-mail, or fax form to Dental Managed Care

State of California Medi-Cal Services Program Department of Health Care Services

Request for Beneficiary Dental Exception (BDE) from Plan Enrollment for EMERGENCY (pain, swelling, and/or bleeding) please call the Dental Managed Care Toll-Free Line at 1-(855)-347-3310 for assistance.

Parent or Guardian Information

> Name (first and last): _____

> Relationship to Patient: _____

> Best Contact Number: _____

> E-mail Address: _____

Patient Information

> Name (first and last): _____

> Date of Birth (mm/dd/yyyy): _____

> Benefits Identification Card Number (BIC): _____

> Best Contact Number: _____

Please Check Any Box(es) that Apply to You

Not able to get an "urgent" appointment within 72 hours (3) days.

Not able to get a "routine" appointment within four (4) weeks.

Not able to get a "specialist appointment within 30 days from authorized request.

Other: _____

Signature and Date (Parent must sign if patient is a minor)

Signature: _____

Date (mm/dd/yyyy): _____

All forms will be initially processed whether or not there is a signature present; however, in order to process a dental plan dis-enrollment, a signature is required.

Please Return this Form to:

Mail: Attn: Dental Managed Care BDE E-mail: dentalmanagedcare@dhcs.ca.gov
 PO box 997413, MS4708 Subject: Dental Managed Care BDE
 Sacramento, CA 95899-7413

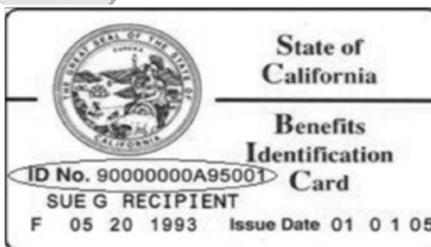
Fax: Attn: Dental Managed Care BDE
 (916) 464-3783

Patient's Name (first and last)

Patient's Date of Birth: (mm/dd/yyyy)

Benefit Identification Card # (see example below)

Signature & Date (Parent must sign if patient is still a minor)



How to turn in the BDE form:

Mail: Attn: Dental Managed Care BDE
 P.O. Box 997413, MS4708
 Sacramento, CA 95899-7413

E-mail: dentalmanagedcare@dhcs.ca.gov
 Subject: Dental Managed Care BDE

Fax: (916)-464-3783
 Attn: Dental Managed Care BDE

Request for Beneficiary Dental Exception (BDE) from Plan Enrollment for **EMERGENCY** (pain, swelling, and/or bleeding) please call the **Dental Managed Care Toll-Free Line at 1-(855)-347-3310** for assistance.

Parent or Guardian Information

- Name (first and last): _____
- Relationship to Patient: _____
- Best Contact Number: _____
- E-mail Address: _____

Patient Information

- Name (first and last): _____
- Date of Birth (mm/dd/yyyy): _____
- Benefits Identification Card Number (BIC): _____
- Best Contact Number: _____

Please Check Any Box(es) that Apply to You

- Not able to get an "urgent" appointment within 72 hours (3) days.
- Not able to get a "routine" appointment within four (4) weeks.
- Not able to get a "specialist appointment within 30 days from authorized request.
- Other: _____

Signature and Date (Parent must sign if patient is a minor)

Signature: _____

Date (mm/dd/yyyy): _____

All forms will be initially processed whether or not there is a signature present; however, in order to process a dental plan dis-enrollment, a signature is required.

Please Return this Form to:

Mail: Attn: Dental Managed Care BDE
PO box 997413, MS4708
Sacramento, CA 95899-7413

E-mail: dentalmanagedcare@dhcs.ca.gov
Subject: Dental Managed Care BDE

Fax: Attn: Dental Managed Care BDE
(916)-464-3783

Medi-Cal Dental Services Division - Dental Managed Care
 Geographic Managed Care - Sacramento County
 April 2013 Data Submission

Table #	Report Title	Reporting Period
1	FQHC Enrollment Tracking	February - 2013
2	Provider and Specialist Enrollment	March - 2013
3	Pay for Performance Summary	February - 2013
4	Annual Dental Visits	Initial
5	Continuity of Care	Initial
6	Use of Preventive Services	Initial
7	Treatment/Prevention of Caries	Initial
8	Use of Sealants	Initial
9	Sealant to Restoration Ratio (Surfaces)	Initial
10	Exams/Oral Health Evaluations	Initial
11	Usual Source of Care	Initial
12	Use of Dental Treatment Services	Initial
13	Preventive Services to Fillings	Initial
14	Overall Utilization of Dental Services	Initial

Dental Plans Reporting

Access Dental Plan
 Health Net Dental Plan
 LIBERTY Dental Plan

Next Reporting Due Date

Please refer to report footnotes for monthly reporting due dates
 Performance Measures & Benchmarks Q1 data due May 20, 2013

Questions about reporting please email:

dentalmanagedcare@dhcs.ca.gov

Table 1 - Federally Qualified Health Centers (FQHCs)

Reporting Period: February 2013	Access		Health Net		Liberty	
	Enrollment Status	FTP	Enrollment Status	FTP	Enrollment Status	FTP
The Effort-Oak Park	Contracted	2	Contracted	7	Contracted	7
The Effort-North Highlands	Contracted	2	Contracted	6	Contracted	6
The Effort - South Valley	Pending	n/a	Contracted	3	Contracted	3
The Effort - Rancho Cordova	Pending	n/a	Contracted	2	Contracted	2
Sacramento Community Clinic - South Gate	Contracted	1	Contracted	1	Contracted	1
Sacramento Community Clinic - Assembly	Pending	n/a	Not contracted	n/a	Not contracted	n/a
Native American Health Clinic	Reached out	2	Not contracted	n/a	Not contracted	n/a

Notes:

LB updated as of 4-23-2013

FTP = # Full Time Providers

March data will be submitted the end of April

Table 2 - Provider & Specialist Enrollment

Plans should create an outreach campaign to increase provider and specialist enrollment into the DMC program. This table reflects the monthly results of that outreach campaign.

Reporting Period: March 2013	Access	HealthNet	LIBERTY
Total # of General Providers Enrolled:	68	67	288
New General Providers Enrolled:	6	3	22
Total General Providers Disenrolled:	0	3	3
Total # of Specialists Enrolled:	25	230	230
New Specialists Enrolled:	3	9	9
Total # of Specialist Disenrolled:	0	10	10

BN updated as of 4-24-2013

April data due to DHCS 5-6-2013

Table 3 - Pay for Performance Summary

Plans are expected to develop an incentive program for provider offices. Performance measures should be defined by the Plan, and based on the percentage of assigned members that actually receive services.

Plans should include in the incentive program a specific measure for preventative services. The program should apply to all enrolled Medi-Cal children (ages 0-21 years) assigned to the plan. Plans are expected to review provider office encounter data to identify beneficiaries that have not been seen in their dental office in a year. Plans are expected to halt all new enrollments for provider offices who does not meet specific threshold of utilization. This table reflects the summary results of the monthly provider offices and the actions.

Reporting Period - February 2013	Access	Health Net	LIBERTY
Total Provider Offices:	29	40	47
# of Provider Offices 4.0% or Above:	15	16	26
% of Total Provider Offices:	51.72%	40.00%	55.32%
# of Providers Offices between 3.33%-4.0%:	5	3	5
% of Total Provider Offices:	17.24%	7.50%	10.64%
# of Provider Offices Below 3.33%:	9	21	16
% of Total Provider Offices:	31.03%	52.50%	34.04%
# of Provider Offices on CAP:	0	0	0
# of Provider Offices Under Review:	3	7	7
# of Provider Offices w/ Closed Enrollment:	0	3	11
# of Provider Offices w/ Reinstated Enrollment:	0	0	0

NOTES:

Percentages (%) are stand alone monthly utilization percentages.

JP updated as of 4-22-2013

March data is due to DHCS 5-20-2013

Updated with 4-23-2013 plan data submissions

Table 4 - Annual Dental Visits

Percentage of members who had at least one (1) dental visit during the measurement period.

Reporting Period - Initial	Benchmark	Access	Health Net	LIBERTY	
Age Groups	0-3	30.3	34.8%	29.2%	35.7%
	4-5	66.6	60.3%	56.0%	60.9%
	6-8	64.1	60.3%	52.7%	59.2%
	9-11	61.4	55.5%	47.5%	52.5%
	12-14	54.9	44.7%	45.4%	48.6%
	15-18	48.6	42.5%	39.6%	45.1%
	19-20	33.7	31.4%	32.6%	35.9%
	2-18	56.5	51.2%	45.9%	51.4%

Calculation

Numerator: Number of members continuously enrolled in the same plan during the measurement year with no more than a one-month gap in eligibility who received any dental procedure (D0100-D9999) during that period.

Denominator: Number of members continuously enrolled in the same plan with no more than a one-month gap in eligibility.

Table 5 - Continuity of Care

Percentage of members continuously enrolled in the same plan for two (2) years with no gap in coverage who received a comprehensive oral evaluation or a prophylaxis in both the year prior to the measurement year and in the measurement year.

Reporting Period - Initial	Benchmark	Access	Health Net	LIBERTY	
Age Groups	0-3	69.6	68.4%	56.0%	69.2%
	4-5	71.4	72.2%	68.0%	74.7%
	6-8	68.1	68.9%	61.0%	64.4%
	9-11	65.9	64.5%	61.0%	66.3%
	12-14	62.3	58.3%	50.0%	60.8%
	15-18	59.6	52.2%	47.0%	53.2%
	19-20	52.8	42.6%	33.0%	45.1%
	2-18	65.2	64.0%	58.0%	63.5%

Calculation

Numerator: number of members in the denominator who also received a comprehensive or periodic oral evaluation (D0120, D0150) or a prophylaxis (D1110, D1120) in the measurement year.

Denominator: number of members continuously enrolled in the same plan for two (2) years with no gap in coverage who received a comprehensive oral evaluation (D0120, D0150) or a prophylaxis (D1110, D1120) in the year prior to the measurement year.

Table 6 - Use of Preventive Services

Percentage of members who received any preventive dental service during the past year.

Reporting Period - Initial	Benchmark	Access	Health Net	LIBERTY	
Age Groups	0-3	22.3	31.9%	18.4%	31.3%
	4-5	55.4	55.8%	47.5%	55.4%
	6-8	55.2	54.3%	44.5%	53.3%
	9-11	52.6	49.1%	40.8%	46.1%
	12-14	47.0	39.0%	38.6%	41.6%
	15-18	38.9	34.8%	30.9%	35.2%
	19-20	24.9	21.4%	22.0%	24.6%
	0-18	43.5	43.8%	34.9%	43.2%

Calculation

Numerator: number of members continuously enrolled in the same plan with no more than a one-month gap in eligibility who received any preventive dental service (D1000-D1999) in the measurement year.

Denominator: number of members continuously enrolled in the same plan during the measurement year with no more than a one-month gap in eligibility.

Table 7 - Treatment/Prevention of Caries

Percentage of members who received either treatment for caries or a caries-preventive procedure during the measurement year.

Reporting Period - Initial	Benchmark	Access	Health Net	LIBERTY	
Age Groups	0-3	10.0	31.9%	17.6%	30.5%
	4-5	33.1	57.6%	47.1%	55.4%
	6-8	40.7	56.3%	45.0%	53.8%
	9-11	36.1	51.3%	39.3%	45.5%
	12-14	34.0	40.9%	36.0%	41.0%
	15-18	27.8	36.2%	27.8%	32.8%
	19-20	17.5	22.0%	18.6%	20.6%
	0-18	28.5	45.3%	33.7%	42.5%

Calculation

Numerator: number of members continuously enrolled in the same plan during the measurement year with no more than a one-month gap in eligibility who received a treatment for caries (D2000-D2999) or a caries-preventive procedure (D1203-D1206, D1310, D1330, D1351) during the past year.

Denominator: number of members continuously enrolled in the same plan during the measurement year with no more than a one-month gap in eligibility.

Table 8 - Use of Sealants

Percentage of members ages 6-9 and 10-14 continuously enrolled in the same plan during the measurement year with no more than a one-month gap in eligibility who received a dental sealant on at least one permanent molar tooth.

Reporting Period - Initial	Benchmark	Access	Health Net	LIBERTY	
Age Groups	6-9	19.2	21.3%	11.9%	17.3%
	10-14	14.2	8.6%	4.7%	4.6%

Calculation

Numerator: 1.) number of members ages 6-9 continuously enrolled in the same plan during the measurement year with no more than a one-month gap in eligibility who received a dental sealant (D1351) on a permanent first molar (tooth number = 3, 14, 19, 30). 2.) number of members ages 10-14 continuously enrolled in the same plan during the measurement year with no more than a one-month gap in eligibility who received a dental sealant (D1351) on a permanent second molar (tooth number = 2, 15, 18, 31).

Denominator: number of members ages 6-9 and 10-14, respectively, continuously enrolled in the same plan with no more than a one-month gap in eligibility.

Table 9 - Sealant to Restoration Ratio (Surfaces)

The ratio of occlusal surfaces of permanent first and second molars receiving dental sealants to those receiving restoration among members ages 6-9 and 10-14 continuously enrolled in the same plan during the measurement year with no more than one-month gap in eligibility.

Reporting Period - Initial	Benchmark	Access	Health Net	LIBERTY	
Age Groups	6-9	3.57	2.67	2.59	3.20
	10-14	1.74	1.81	1.13	1.46

Calculation

Numerator: number of occlusal surfaces of permanent first molars (tooth number = 3, 14, 19, 30) in 6-9 and 10-14 year olds of permanent second molars (tooth number = 2, 15, 18, 31) in 10-14 year olds receiving dental sealant (D1351) among members in those age groups continuously enrolled in the same plan during the measurement year with no more than a one-month gap in eligibility.

Denominator: number of occlusal surfaces of permanent first molars (tooth number - 3, 14, 19, 30) in 6-9 and 10-14 year olds and of permanent second molars (tooth number 2, 15, 18, 31) in 10-14 year olds receiving a restoration (D2000-D2999) among members in those age groups continuously enrolled in the same plan during the measurement year with no more than a one-month gap in eligibility.

Table 10 - Exams/Oral Health Evaluations

The percentage of members who received a comprehensive or periodic oral health evaluation or, for members under 3 years of age, who received an oral evaluation and counseling with the primary care giver, during the past year.

Reporting Period - Initial	Benchmark	Access	Health Net	LIBERTY	
Age Groups	0-3	23.9	33.5%	25.5%	33.6%
	4-5	56.7	55.9%	45.9%	54.2%
	6-8	55.5	53.6%	42.6%	51.9%
	9-11	53.0	48.5%	41.1%	46.4%
	12-14	47.5	38.7%	39.2%	42.0%
	15-18	40.6	35.5%	32.4%	37.0%
	19-20	27.8	22.6%	25.9%	28.5%
	0-18	44.5	44.0%	36.5%	43.7%

Calculation

Numerator: number of members continuously enrolled in the same plan during the measurement year with no more than a one-month gap in eligibility received a comprehensive or period exam (D0120 or D0150) or, for members under three (3) years of age, who received an oral evaluation and counseling with the primary caregiver (D0145, during the past year.

Denominator: number of members continuously enrolled in the same plan during the measurement year with no more than a one-month gap in eligibility.

Table 11- Usual Source of Care

Percentage of members who received any dental service each year for 2 consecutive years.

Reporting Period - Initial	Benchmark	Access	Health Net	LIBERTY	
Age Groups	0-3	11.8	8.9%	6.3%	10.4%
	4-5	38.0	31.3%	30.0%	35.7%
	6-8	45.9	36.9%	33.7%	38.4%
	9-11	42.0	33.2%	30.8%	34.1%
	12-14	36.5	23.7%	26.9%	27.4%
	15-18	31.2	21.9%	22.7%	26.4%
	19-20	22.3	17.1%	11.2%	23.9%
	0-18	34.1	27.1%	24.9%	29.9%

Calculation

Numerator: number of members continuously enrolled in the same plan for 2 consecutive years who received at least 1 dental service in each of those years.

Denominator: number of members continuously enrolled in the same plan for 2 consecutive years.

Table 12 - Use of Dental Treatment Services

Percentage of members who received any dental treatment service during the past year.

Reporting Period - Initial	Benchmark	Access	Health Net	LIBERTY	
Age Groups	0-3	9.0	7.2%	8.8%	9.4%
	4-5	33.1	31.3%	31.5%	31.9%
	6-8	38.4	38.4%	32.5%	36.0%
	9-11	34.3	33.7%	26.2%	29.7%
	12-14	29.3	26.3%	23.8%	24.5%
	15-18	28.1	27.6%	23.2%	27.8%
	19-20	21.3	22.3%	20.9%	22.4%
	0-18	27.3	27.2%	22.9%	26.4%

Calculation

Numerator: number of members continuously enrolled in the same plan during the measurement year with no more than a one-month gap in eligibility who received any dental treatment service (D2000-D9999) in the measurement year.

Denominator: number of members continuously enrolled in the same plan during the measurement year with no more than a one-month gap in eligibility.

Table 13 - Preventive Services to Fillings

Percentage of members who received one (1) or more fillings in the measurement year who also received preventive services (topical fluoride application, sealant, preventive resin restoration, education) in the measurement year.

Reporting Period - Initial	Benchmark	Access	Health Net	LIBERTY	
Age Groups	0-3	71.7	94.8%	78.3%	91.4%
	4-5	66.6	88.9%	76.9%	87.0%
	6-8	72.0	89.0%	73.9%	88.8%
	9-11	71.2	87.1%	80.2%	83.8%
	12-14	62.0	86.7%	74.0%	79.8%
	15-18	41.2	62.9%	63.8%	63.0%
	19-20	25.8	45.5%	35.1%	31.7%
	0-18	62.3	83.8%	74.1%	81.7%

Calculation

Numerator: number of members continuously enrolled in the same plan during the measurement year with no more than a one-month gap in eligibility who received one (1) or more fillings (D200-D2999) in the measurement year and who also received one (1) or more topical fluoride applications (D1203, D1204, or D1206), dental sealants (D1351), preventive resin restorations (D1352) or education to prevent caries (D1310 or D1330) in the measurement year.

Denominator: number of members continuously enrolled in the same plan during the measurement year with no more than a one-month gap in eligibility, who received one (1) or more fillings (D2000-D2999) in the measurement year.

Table 14 - Overall Utilization of Dental Services

Percentage of members continuously enrolled for 1, 2, and 3 years who received any dental service during those periods.

Reporting Period: Initial								
Age Group	0-3	4-5	6-8	9-11	12-14	15-18	19-20	0-18
Year 1								
Benchmark	31.4	66.9	64.7	61.4	55.3	48.1	34.3	53.1
Access	28.3%	50.0%	47.2%	42.2%	35.6%	35.4%	23.0%	38.0%
Health Net	26.9%	55.9%	51.3%	45.7%	43.6%	38.7%	35.5%	40.8%
LIBERTY	34.0%	58.5%	61.1%	55.3%	51.8%	45.5%	28.8%	48.6%
Year 2								
Benchmark	47.6	79.4	79.2	77.4	71.8	64.0	50.1	70.9
Access	40.5%	61.9%	61.2%	56.7%	47.3%	41.0%	31.2%	50.6%
Health Net	33.9%	67.6%	65.5%	64.5%	64.6%	57.0%	47.4%	56.8%
LIBERTY	39.6%	68.1%	74.1%	68.3%	63.0%	60.7%	41.1%	60.8%
Year 3								
Benchmark	62.7	83.5	85.4	85.0	80.5	72.5	59.7	81.2
Access	51.8%	60.3%	61.1%	56.5%	44.9%	43.3%	32.9%	52.7%
Health Net	47.7%	67.0%	76.5%	75.3%	72.1%	63.8%	42.4%	68.7%
LIBERTY	62.6%	73.7%	79.5%	71.4%	67.1%	67.4%	65.0%	71.1%

Calculation

Numerator: number of members continuously enrolled in the same plan for 1, 2, and 3 years with no break in eligibility who received any dental service (D0100-D9999) during those periods.

Denominator: number of members continuously enrolled in the same plan for 1, 2, and 3 years, respectively.

**Medi-Cal Dental All Plan Stakeholder Meeting – Sacramento County
April 25, 2013 - Meeting Summary Notes**

Topics	Discussion	Action Items
Healthy Families Program Transition	Next transition: May 1 (includes beneficiaries enrolled in Health Net)	
Beneficiary Dental Exemption Process	Beneficiary Dental Exemption (BDE) forms are in the process of being updated for ease for beneficiaries to use. DHCS is soliciting recommendations from plans and stakeholders	Plans and stakeholders to send any suggestions to DHCS
Online Reports	Will be posted online (www.denti-cal.ca.gov , Dental Managed Care tab) and an email notification will be sent out when items are posted	
Advisory Committee Council	<p><i>Medi-Cal Dental Advisory Committee (MCDAC) Updates</i></p> <ul style="list-style-type: none"> • Updated coverage charge to help families enroll will be distributed at family resource centers, schools, etc • Medi-Cal “clawback” – the 10% actuarial equivalent will be on a prospective basis for Dental Managed Care; fee-for-service providers will experience a “clawback” back to June 2011 for overpayments • Recommendation for a “group needs assessment” in Sacramento County in order to do strategic planning for allocating resources • Foster Care Cases–Beneficiaries are claiming to being switched unknowingly from fee-for-service to dental managed care • Non-Routine Surveys–would like more clarification and is requesting for findings to be discussed at next MCDAC meeting • AB 2003–Not repealed but justification for services needs to be provided because of the federal requirements for Medicaid program. MCDAC would like a definition of the justifications needed • Transportation concerns–Taxi services do not allow children to ride without a car seat • Healthy Families Program (HFP)/California Children Services (CCS) Orthodontic Cases—Concern about continuity of care issue, providers are contacting CCS about not knowing what to do 	<p>Cynthia Vanzant will provide more info</p> <p>MDSO Dental Consultant to attend MCDAC meeting to explain</p> <p>Dalene Branson (MDSO HFP Lead) to attend MCDAC meeting to explain</p>
Annual Report	The Dental Managed Care Report could be found on the department’s internet website.	Please send questions and comments to dentalmanagedcare@dhcs.ca.gov
	http://www.dhcs.ca.gov/formsandpubs/Documents/Legislative%20Reports/Dental%20Managed%20Care/Medi-Cal_DMC-Mar2013.pdf	