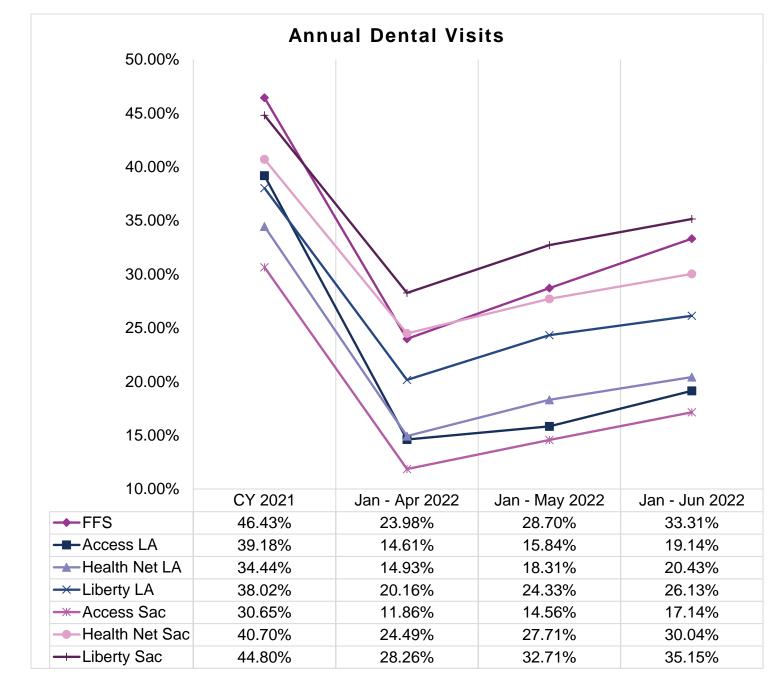
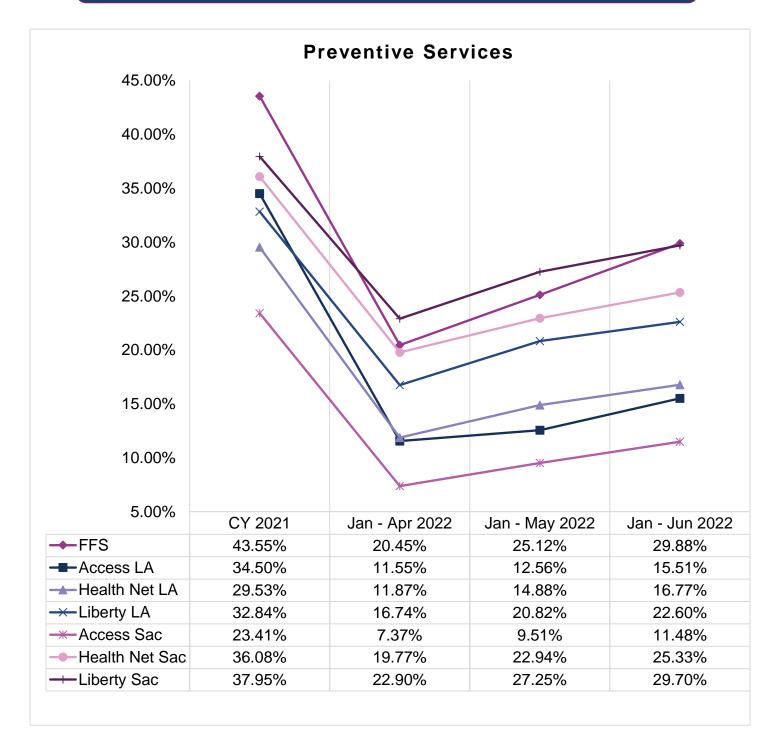


Dental Utilization in Children Ages 0-20



- Numerator: Number of members in the denominator who received any dental service (Current Dental Terminology (CDT) D0100-D9999 or Current Procedural Terminology (CPT) 99188), including dental encounters at safety net clinics (SNCs).
- **Denominator:** Number of members with at least 90 days continuous enrollment in the same plan during the measurement period.

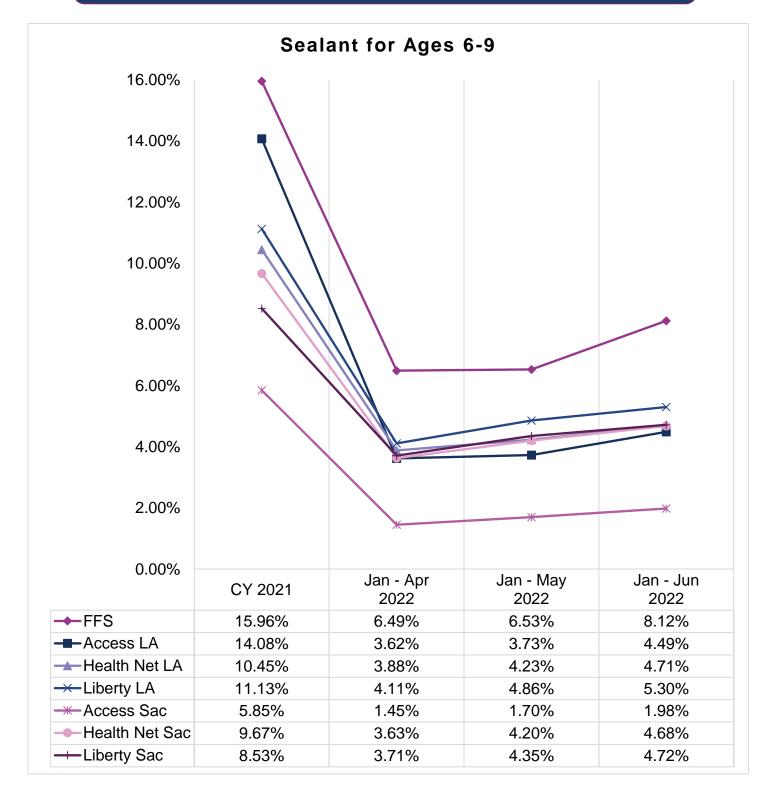




- **Numerator:** Number of members in the denominator who received any preventive dental service (CDT D1000-D1999 or CPT Code 99188), including dental encounters at SNCs.
- **Denominator:** Number of members with at least 90 days continuous enrollment in the same plan during the measurement period.

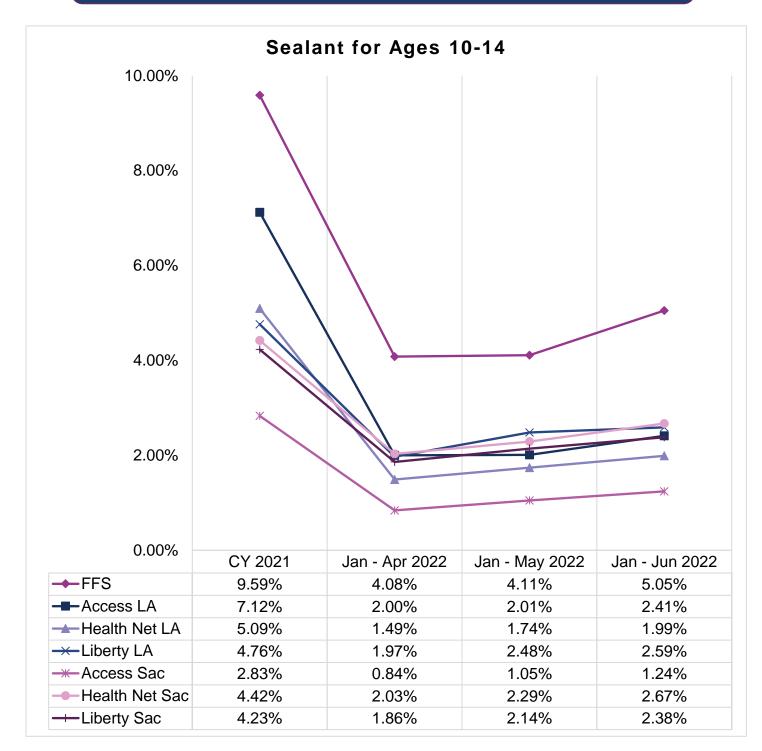


Dental Fee-For-Service (FFS) and Dental Managed Care (DMC) Performance Fact Sheet (August 2022)



- **Numerator:** Number of members in the denominator who received a dental sealant (D1351) on a permanent first molar, including dental encounters at SNCs.
- **Denominator:** Number of members ages 6-9 with at least 90 days continuous enrollment in the same plan during the measurement period.

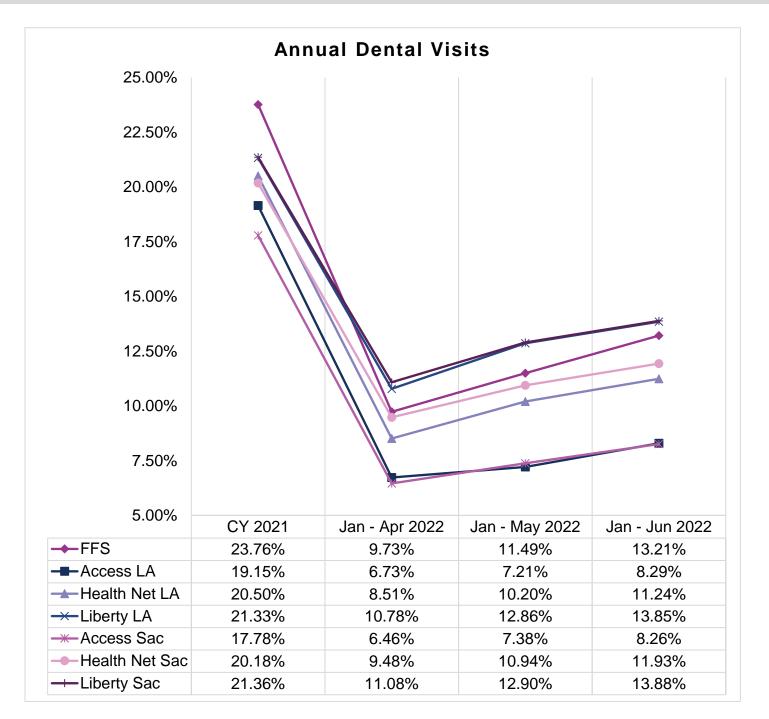




- **Numerator:** Number of members in the denominator who received a dental sealant (D1351) on a permanent second molar, including dental encounters at SNCs.
- **Denominator:** Number of members ages 10-14 with at least 90 days continuous enrollment in the same plan during the measurement period.

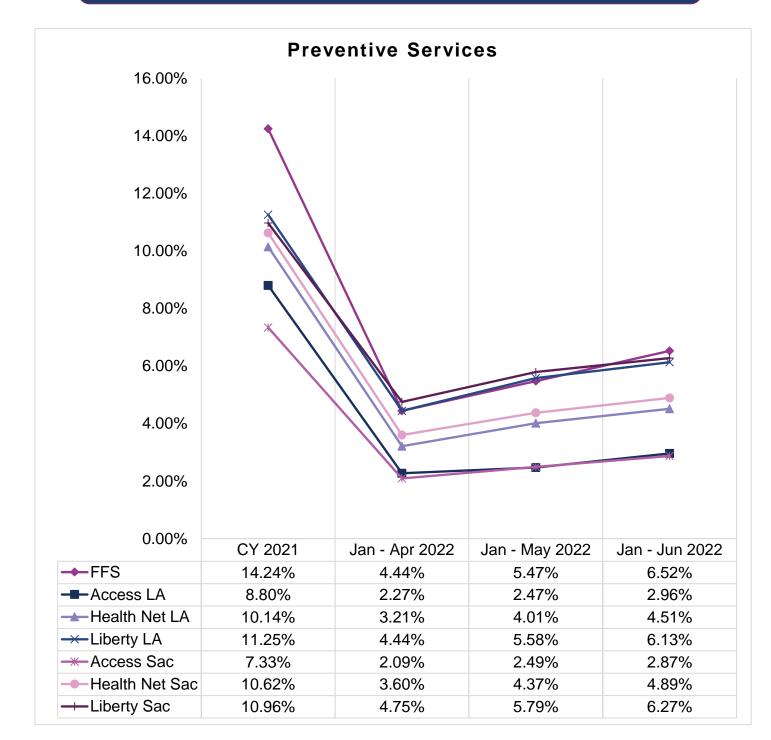


Dental Utilization in Adults Ages 21+



- **Numerator:** Number of members in the denominator who received any dental service (CDT D0100-D9999), including dental encounters at SNCs.
- **Denominator:** Number of members with at least 90 days continuous enrollment in the same plan during the measurement period.





- **Numerator:** Number of members in the denominator who received any preventive dental service (CDT D1000-D1999), including dental encounters at SNCs.
- **Denominator:** Number of members with at least 90 days continuous enrollment in the same plan during the measurement period.



Dental Fee-For-Service (FFS) and Dental Managed Care (DMC) Performance Fact Sheet (August 2022)

Data Source for all the Charts: FFS claims processed through the California Dental Medicaid Management Information System (CD-MMIS); DMC claims received via encounter data submission from the DMC plans; CPT 99188 and SNC claims processed through the California Medicaid Management Information System (CA-MMIS) as of August 9, 2022.

Rendering Provider Data June 2022

| Los Angeles and surrounding counties | | | |
|--------------------------------------|-------|------------|--|
| Category | Count | Percentage | |
| FFS Only | 5,700 | 83% | |
| FFS and DMC | 1,059 | 15% | |
| DMC Only | 132 | 2% | |
| Total Unduplicated Providers | 6,891 | 100% | |

Sacramento and surrounding counties

| Category | Count | Percentage | |
|---------------------------------|-------|------------|--|
| FFS Only | 157 | 33% | |
| FFS and DMC | 221 | 47% | |
| DMC Only | 92 | 20% | |
| Total Unduplicated Providers | 470 | 100% | |

Data Source: Count of providers enrolled in June 2022, who also provided services within the last one year in dental offices or SNCs within Los Angeles, Sacramento, and surrounding counties (Orange, Riverside, San Bernardino, Ventura, Yolo, Placer, and El Dorado). FFS provider counts provided by the Administrative Services Organization and DMC provider counts are provided by the DMC plans. The providers are matched with claims for dates of services between July 1, 2021 and June 30, 2022, as of August 24, 2022, to identify the county the providers served.