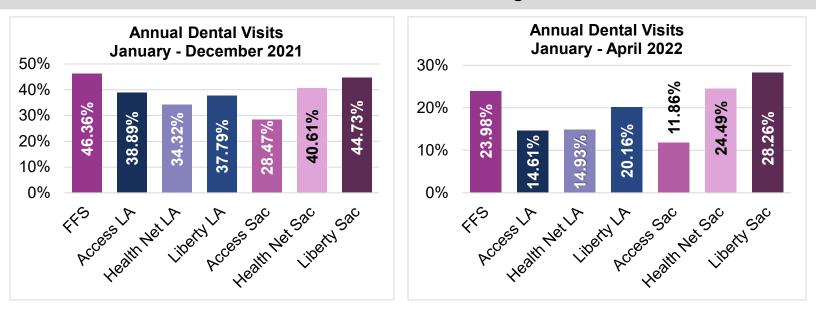


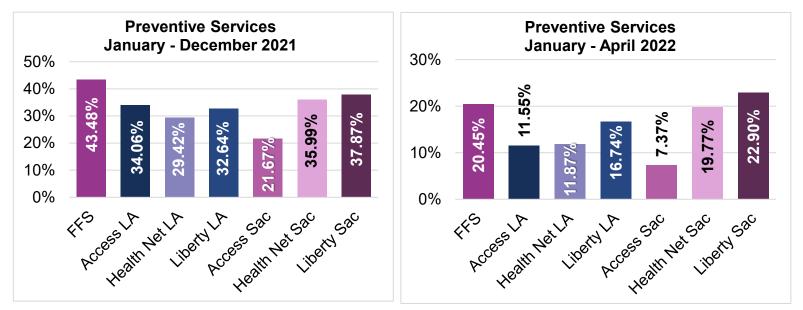
Dental Fee-For-Service (FFS) and Dental Managed Care (DMC) Performance Fact Sheet

Dental Utilization in Children Ages 0-20



Utilization is calculated based on:

- 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.



Utilization is calculated based on:

- 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.

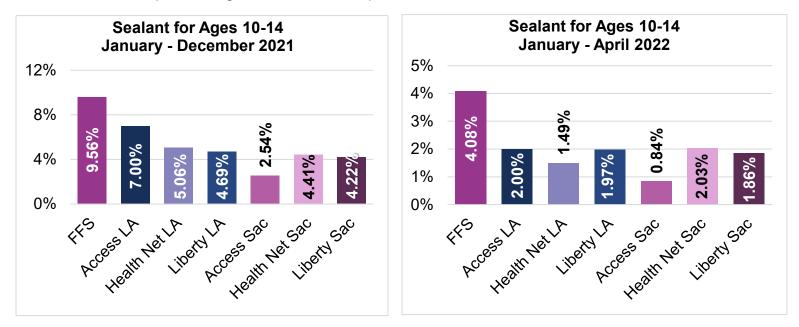


Dental Fee-For-Service (FFS) and Dental Managed Care (DMC) Performance Fact Sheet



Utilization is calculated based on:

- **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.



Utilization is calculated based on:

- **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.



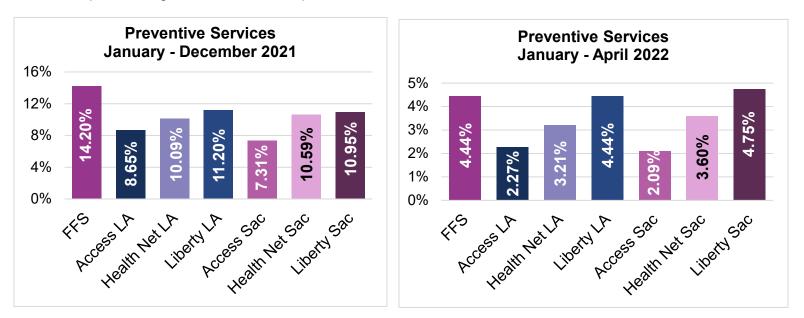
Dental Fee-For-Service (FFS) and Dental Managed Care (DMC) Performance Fact Sheet

Dental Utilization in Adults Ages 21+



Utilization is calculated based on:

- Numerator: Number of members in the denominator who received any dental service (CDT D0100-D9999 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.



Utilization is calculated based on:

- **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.



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 June 23, 2022.

Los Angeles and surrounding counties			
Category	Count	Percentage	
FFS Only	5,772	84%	
FFS and DMC	959	14%	
DMC Only	114	2%	
Total Unduplicated Providers	6,845	100%	

Sacramento and surrounding counties

Category	Count	Percentage	
FFS Only	204	43%	
FFS and DMC	203	42%	
DMC Only	72	15%	
Total Unduplicated Providers	479	100%	

Data Source: Count of providers enrolled in April 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 May 1, 2021 and April 30, 2022, as of June 22, 2022, to identify the county the providers served.