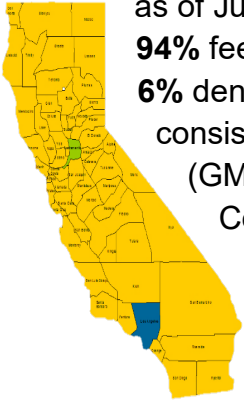




Medi-Cal Dental Services Division Statewide Fact Sheet (August 2022)

Program Overview

The Medi-Cal Dental Program serves about 14.8 million members in two delivery systems as of June 2022:



94% fee-for-service (FFS), and **6%** dental managed care (DMC) consisting of Geographic Managed Care (GMC) plans in Sacramento County and Prepaid Health Plans (PHP) in Los Angeles County.

Statewide dental utilization for calendar year (CY) 2021 is approximately 32.77%.

Source: DHCS Data Warehouse as of June 2022, excluding population in Health Plan of San Mateo (HPSM).

Case Management – 2022 New Cases

Delivery System	Jan-Mar	Apr-Jun
FFS	21	27

Provider Data

Delivery System	SNCs ¹	Offices ²	Rendering ²	Active Rendering ³
FFS	541	6,045	12,609	9,067
GMC	30	139	365	285
PHP	101	1,102	1,924	1,216

Source: DHCS provider data as of May 2022, excluding HPSM. Duplication may exist in rendering providers and safety net clinics (SNC) between the FFS and DMC delivery systems.

1. SNCs in DMC are based on the enrollment reports from plans; SNCs in FFS are based on claims received within the last two years.

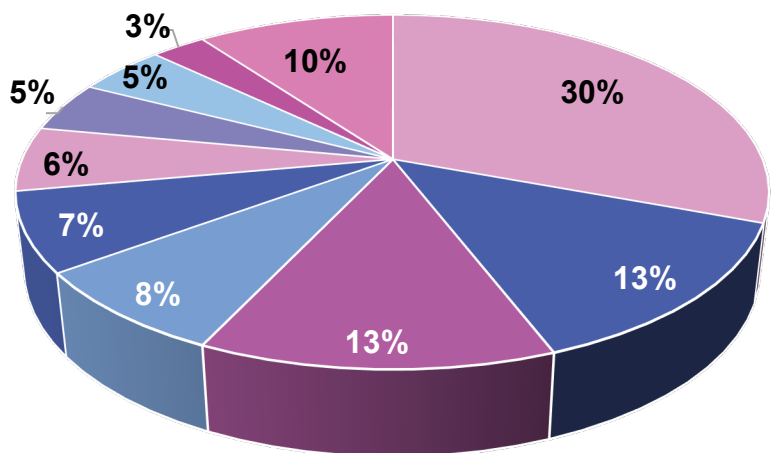
2. Network data based on enrollment reported by the dental Administrative Services Organization (ASO) and DMC plans.

3. Active rendering providers are based on claims with at least one service within the last two years.

Language Line Service (LLS) Call Volume

420,519 - Member calls received from January 2022 to June 2022 in the FFS and DMC delivery systems, excluding HPSM.

- 34,123 Spanish-language calls were handled in house by the ASO in FFS
- 15,542 LLS calls
 - 8,084 (52%) FFS LLS calls
 - 7,458 (48%) DMC LLS calls
 - 78 languages requested
 - 90% of LLS calls are comprised of nine languages as shown in the pie chart.
 - 10% are comprised of various other languages



- Spanish (30%)
- Russian (13%)
- Cantonese (7%)
- Arabic (5%)
- Korean (3%)
- Mandarin (13%)
- Vietnamese (8%)
- Farsi (6%)
- Dari (5%)
- Other Languages (10%)



Medi-Cal Dental Services Division Statewide Fact Sheet (August 2022)

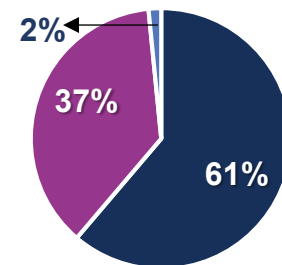
Treatment Authorization Requests (TAR) January 2022 – June 2022

Age	FFS	DMC	Statewide
0-20	236,986	132,984	369,970
21+	752,160	137,157	889,317
Total	989,146	270,141	1,259,287
Average Turnaround Time (in Days)	3.15	2.64	2.89

TAR Determination January 2022 – June 2022

Measure	FFS	DMC	Statewide
Approved	703,934	198,743	902,677
Denied	475,091	73,570	548,661
Deferred	23,121	0	23,121
Total	1,202,146	272,313	1,474,459

Source: Monthly TAR report from ASO and DMC plans, excluding HPSM.



■ Approved ■ Denied ■ Deferred

TAR Denial Reasons January – June 2022

FFS Top Five TAR Denial Reasons in all Age Groups	DMC Top Five TAR Denial Reasons in all Age Groups
Periodontal procedure cannot be justified on the basis of pocket depth, bone loss, and/or degree of deposits as evidenced by submitted radiographs.	Service requested is not medically necessary.
Surgical extraction procedure has been modified to conform with radiographic appearance.	Service exceeds allowed expense for a participating provider. The insured is not responsible for this amount.
Authorization is no longer valid. A new claim/TAR is being processed.	Medical necessity modification based on X-ray review.
Cast and prefabricated posts are benefits in endodontically treated devitalized permanent teeth only when crowns have been authorized and/or paid for by the program.	Requested procedure is not a benefit.
Tooth does not meet criteria for lab-processed crown; reevaluate for alternate treatment.	Prior approval required.

Statewide State Hearing Cases

Age Group	Scope	Orthodontic	Conlan
Age 0-20	70	179	4
Age 21+	788	0	28
Total	858	179	32

Reporting Period: January - June 2022.

Scope: Benefits available under the Medi-Cal Dental Program.

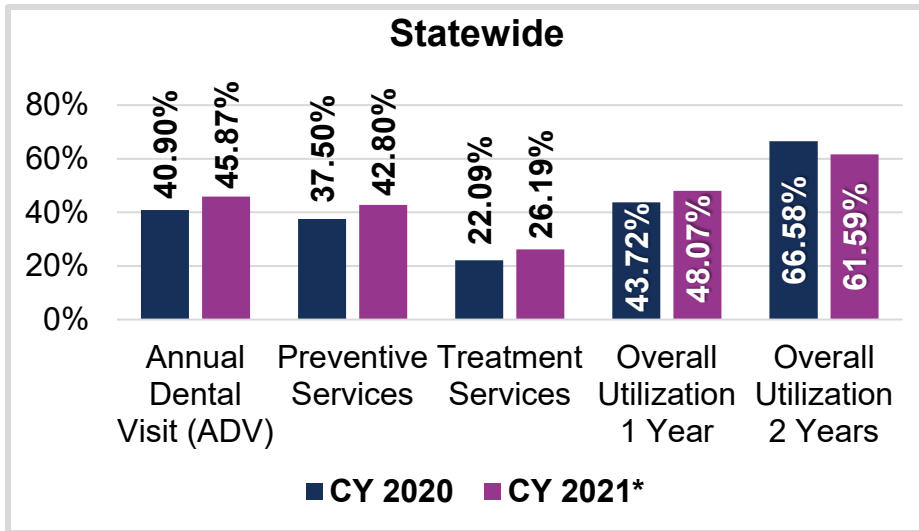
Orthodontic: Treatment that requires braces to align teeth and/or correct occlusion (bite).

Conlan: Reimbursement process for members.



Medi-Cal Dental Services Division Statewide Fact Sheet (August 2022)

Utilization in Ages 0-20



Annual Dental Visit (ADV):

Percentage of members enrolled in the same dental plan for at least three continuous months who received any dental service (Current Dental Terminology (CDT)) D0100-D9999 or Current Procedural Terminology (CPT) 99188), including encounters at SNCs.

Preventive Services:

Percentage of members enrolled in the same dental plan for at least three continuous months who received at least one preventive dental service (CDT D1000-D1999 or CPT 99188), including encounters at SNCs.

Treatment Services: Percentage of members enrolled in the same dental plan for at least three continuous months who received at least one dental treatment (CDT D2000-D9999), including encounters at SNCs.

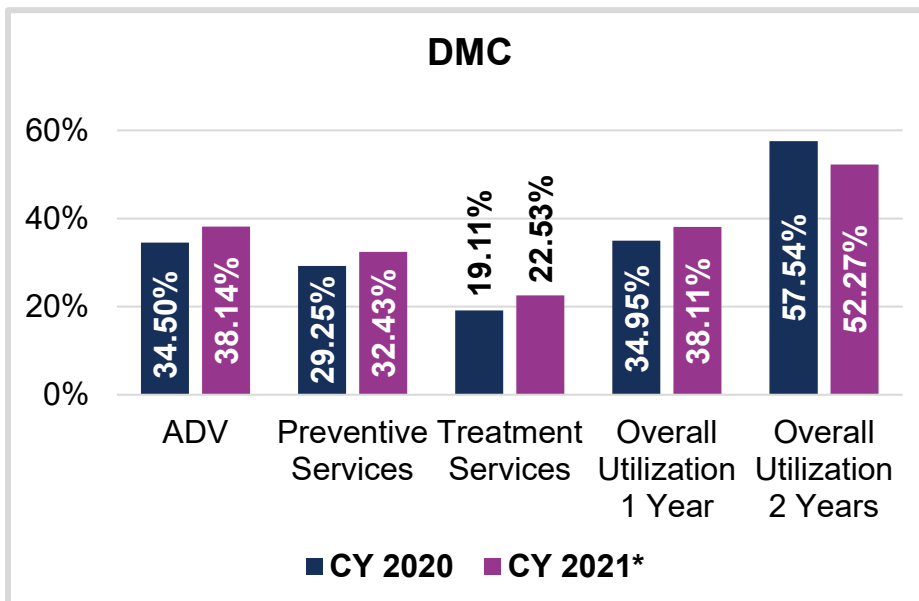
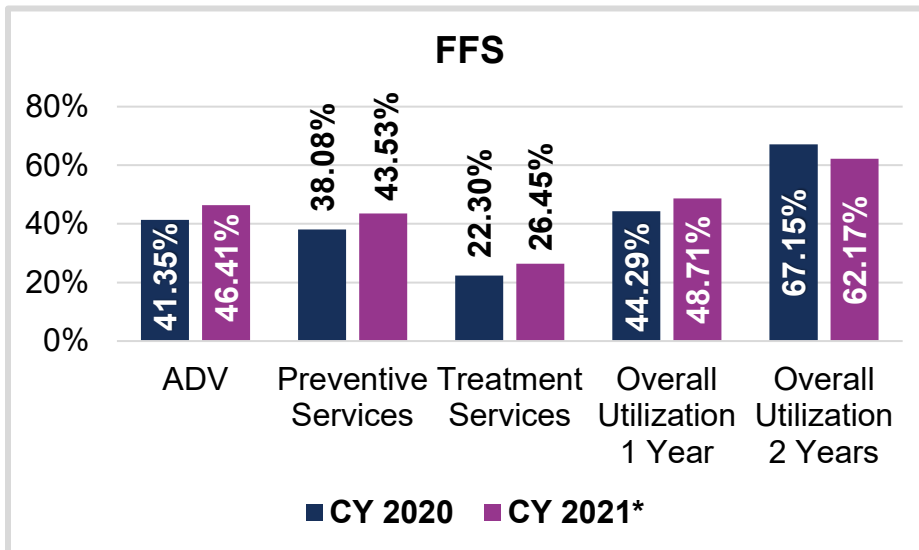
Overall Utilization 1 or 2 year(s):

Percentage of members enrolled in the same dental plan for one or two years with no gaps in coverage who received any dental service (CDT D0100-D9999), including encounters at SNCs.

Reporting Period:

CY 2020: Jan 2020 to Dec 2020
 CY 2021: Jan 2021 to Dec 2021.
 *Preliminary data subject to change. Please refer to the [High Level](#), [FFS](#), and [DMC](#) performance measures on the Medi-Cal Dental webpage for more information.

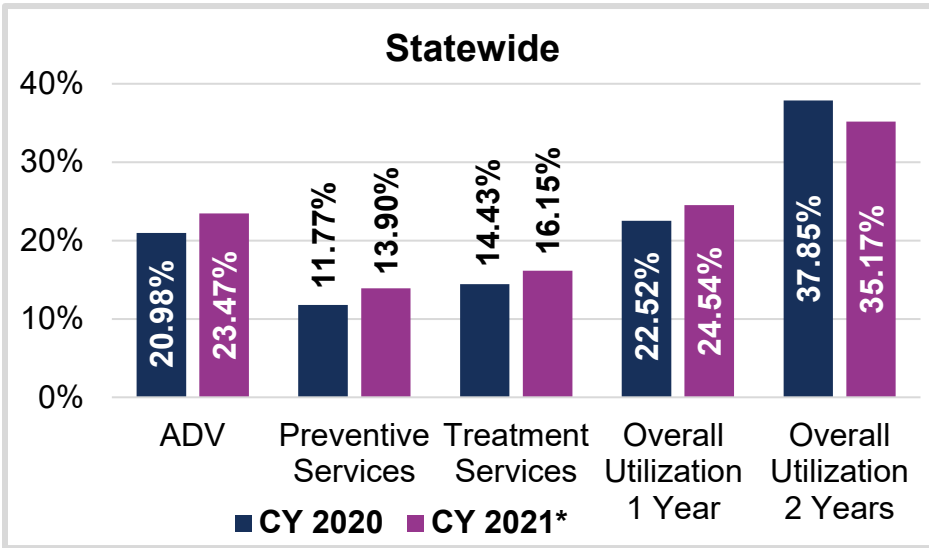
Source: DHCS Data Warehouse, as of June 2022.





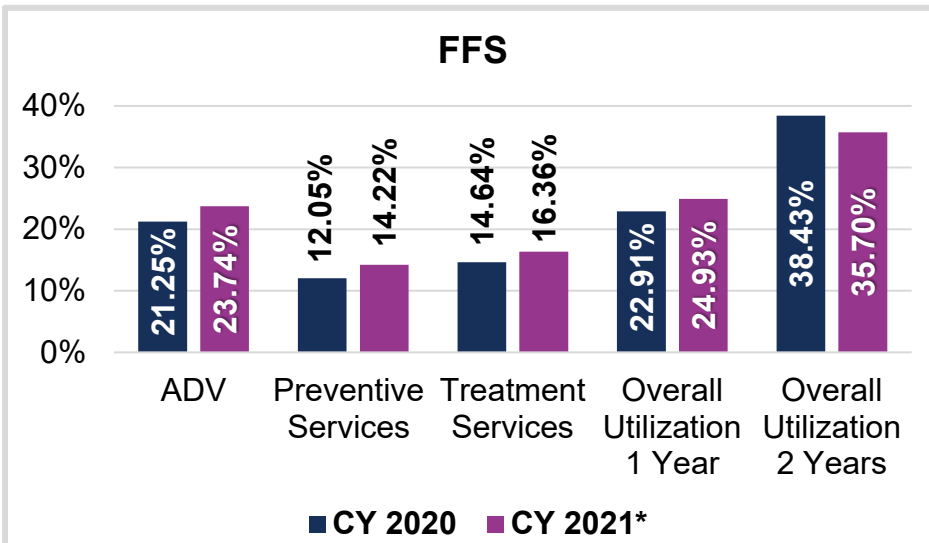
Medi-Cal Dental Services Division Statewide Fact Sheet (August 2022)

Utilization in Ages 21+



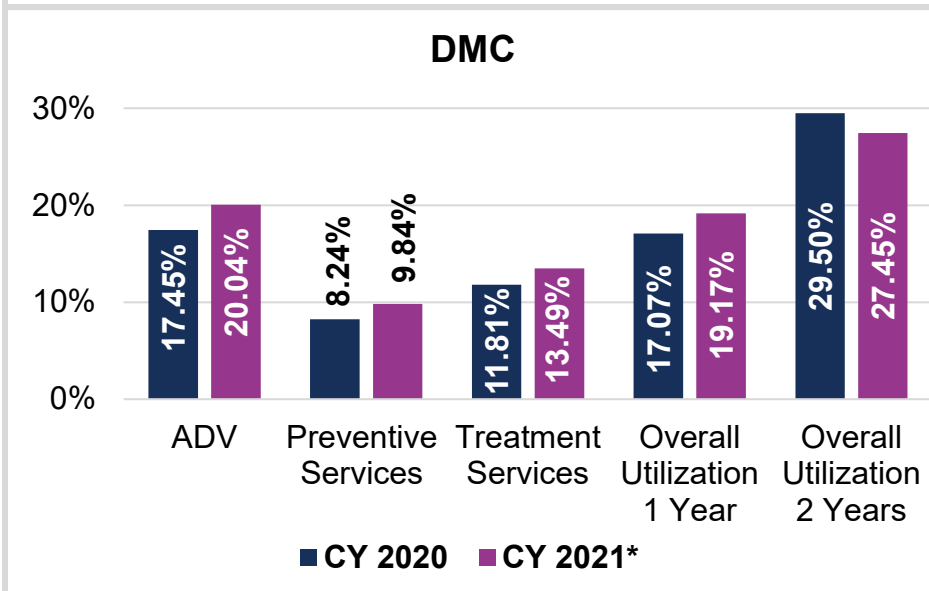
ADV: Percentage of members enrolled in the same dental plan for at least three continuous months who received any dental service (CDT D0100-D9999), including encounters at SNCs.

Preventive Services: Percentage of members enrolled in the same dental plan for at least three continuous months who received at least one preventive dental service (CDT D1000-D1999), including encounters at SNCs.



Treatment Services: Percentage of members enrolled in the same dental plan for at least three continuous months who received at least one dental treatment (CDT D2000-D9999), including encounters at SNCs.

Overall Utilization 1 or 2 year(s): Percentage of members enrolled in the same dental plan for one or two years with no gaps in coverage who received any dental service (CDT D0100-D9999), including encounters at SNCs.



Reporting Period:

CY 2020: Jan 2020 to Dec 2020

CY 2021: Jan 2021 to Dec 2021.

*Preliminary data subject to change. Please refer to the [High Level](#), [FFS](#), and [DMC](#) performance measures on the Medi-Cal Dental webpage for more information.

Source: DHCS Data Warehouse, as of June 2022.



Medi-Cal Dental Services Division Statewide Fact Sheet (August 2022)

Statewide Top Five Procedure Counts*: Ages 0-20, CY 2021

Procedure	CDT	FFS	DMC	Total
Diagnostic	D0230 ^p	8,234,985	236,323	8,471,308
Diagnostic	D0120 ^p	1,924,262	96,234	2,020,496
Diagnostic	D0350 ^p	1,101,462	13,820	1,115,282
Diagnostic	D0272 ^p	1,058,009	29,406	1,087,415
Diagnostic	D0220 ^p	690,677	94,201	784,878
Preventive	D1120 ^d	2,645,576	109,120	2,754,696
Preventive	D1208 ^d	1,818,554	49,286	1,867,840
Preventive	D1351 ^d	1,512,612	80,270	1,592,882
Preventive	D1206 ^d	767,514	69,843	837,357
Preventive	D1310 ^d	669,273	46,272	715,545
Treatment	D9993 ^d	669,332	29,264	698,596
Treatment	D2392 ^p	576,725	37,084	613,809
Treatment	D7140 ^p	541,948	23,010	564,958
Treatment	D2930 ^p	505,777	18,261	524,038
Treatment	D2150 ^p	459,860	8,006	467,866
All Services	D0230 ^p	8,234,985	236,323	8,471,308
All Services	D1120 ^d	2,645,576	109,120	2,754,696
All Services	D0120 ^p	1,924,262	96,234	2,020,496
All Services	D1208 ^d	1,818,554	49,286	1,867,840
All Services	D1351 ^d	1,512,612	80,270	1,592,882

d – Dental Transformation Initiative (DTI):

Within the Medi-Cal 2020 waiver, the DTI represented a critical mechanism to improve dental health for Medi-Cal members ages 0-20.

p – Proposition 56:

Under Proposition 56, a specified portion of tobacco tax revenue is allocated to DHCS to use as the nonfederal share of health care expenditures in accordance with the annual state budget process.

Source: DHCS Data Warehouse queried on July 25, 2022. CY 2021 data are preliminary and may change as more claims are received. Procedure counts from FFS, DMC, and SNCs.

Statewide Top Five Procedure Counts*: Ages 21+, CY 2021

Procedure	CDT	FFS	DMC	Total
Diagnostic	D0230 ^p	2,531,625	90,451	2,622,076
Diagnostic	D0150 ^p	780,004	62,914	842,918
Diagnostic	D0210 ^p	553,941	42,031	595,972
Diagnostic	D0350 ^p	454,251	15,503	469,754
Diagnostic	D0120 ^p	415,174	33,960	449,134
Preventive	D1110 ^p	709,249	40,391	749,640
Preventive	D1208 ^p	373,451	12,121	385,572
Preventive	Z0120	254,304	352	254,656
Preventive	Z0121	156,586	281	156,867
Preventive	K036	62,419	137	62,556
Treatment	D4341 ^a	517,179	47,988	565,167
Treatment	D7210 ^p	479,064	38,714	517,778
Treatment	D9430 ^p	405,118	30,575	435,693
Treatment	D2392 ^p	321,695	24,852	346,547
Treatment	D2391 ^p	301,807	21,452	323,259
All Services	D0230 ^p	2,531,625	90,451	2,622,076
All Services	D0150 ^p	780,004	62,914	842,918
All Services	D1110 ^p	709,249	40,391	749,640
All Services	D0210 ^p	553,941	42,031	595,972
All Services	D4341 ^a	517,179	47,988	565,167

a – Adult Dental Restoration:

Senate Bill 97 (Chapter 52, Statutes of 2017), effective January 1, 2018, fully restored optional dental benefits – for Medi-Cal members age 21 and older – that were not restored in May 2014.

p – Proposition 56:

Under Proposition 56, a specified portion of tobacco tax revenue is allocated to DHCS to use as the nonfederal share of health care expenditures in accordance with the annual state budget process.

Source: DHCS Data Warehouse queried on July 25, 2022. CY 2021 data are preliminary and may change as more claims are received. Procedure counts from FFS, DMC, and SNCs.