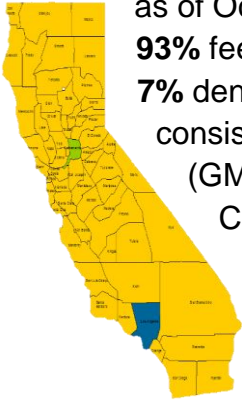




Medi-Cal Dental Services Division Statewide Fact Sheet (February 2022)

Program Overview

The Medi-Cal Dental Program serves about 14.2 million members in two delivery systems as of Oct 2021:



93% fee-for-service (FFS) and **7%** 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 from November 2020 to October 2021 is appx. 32.08%.

Source: DHCS Data Warehouse as of January 2022.

Case Management – 2021 New Cases

Delivery System	Jul-Sep	Oct-Dec
FFS	24	20

Provider Data

Delivery System	Billing Offices Network	Rendering Providers Network	Active Rendering Providers
FFS	5,925	12,238	9,421
GMC	142	334	285
PHP	891	1,440	1,268

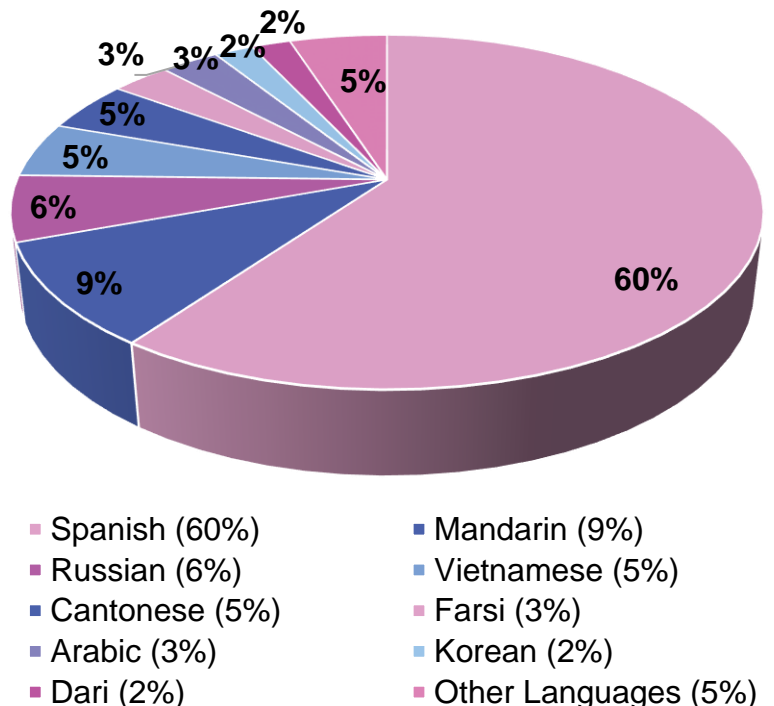
Source: DHCS dental provider data as of November 2021, excluding safety net clinics (SNC).

Network data are based on enrollment reported by the dental Administrative Services Organization (ASO) and DMC plans. Active rendering providers billed at least one approved service within the last two years based on their claims submission.

Statewide Language Line Service (LLS) Call Volume

396,544 - member calls received from July 2021 to December 2021 in both the FFS and DMC delivery systems.

- 26,863 Spanish-language calls were handled in house by the ASO in FFS
- 23,758 LLS calls
 - 17,507 (73.7%) FFS LLS calls
 - 6,251 (26.3%) DMC LLS calls
 - 66 languages requested
 - 95% of LLS calls are comprised of nine languages as shown in the pie chart.
 - 5% are comprised of various other languages





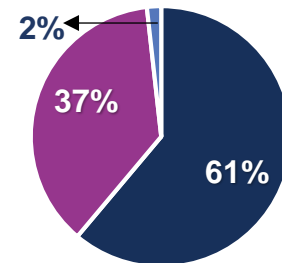
Medi-Cal Dental Services Division Statewide Fact Sheet (February 2022)

Treatment Authorization Requests (TAR) July 2021 – December 2021

Age	FFS	DMC	Statewide
0-20	237,388	131,276	368,664
21+	743,387	129,470	872,857
Total	980,775	260,746	1,241,521
Average Turnaround Time (in Days)	5.70	2.56	4.13

TAR Determination July 2021 – December 2021

Measure	FFS	DMC	Statewide
Approved	708,141	187,112	895,253
Denied	464,041	79,479	543,520
Deferred	25,884	0	25,884
Total	1,198,066	266,591	1,464,657



Source: Monthly TAR report from ASO and DMC plans.

■ Approved ■ Denied ■ Deferred

TAR Denial Reasons July – December 2021

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.	Additional information is required to determine the benefit under EPSDT guidelines
Tooth does not meet criteria for lab-processed crown; reevaluate for alternate treatment.	DEPS (Pre-authorization request missing information)

Statewide State Hearing Cases

Age Group	Scope	Orthodontic	Conlan
Age 0-20	81	171	13
Age 21+	686	9	51
Total	767	180	64

Reporting Period: July – December 2021.

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

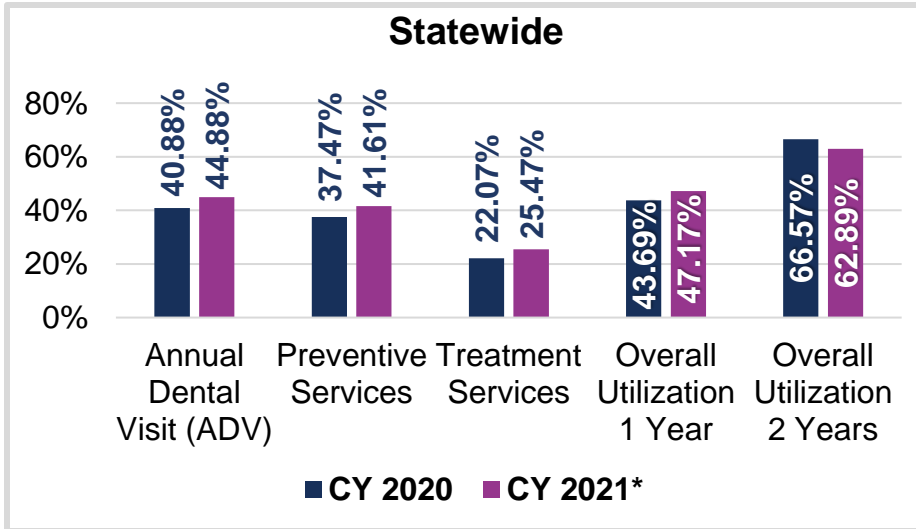
Orthodontic: Treatment that requires braces to align teeth and/or correct occlusion (bite).

Conlan: Reimbursement process for members.



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

Utilization in Ages 0-20



Annual Dental Visit (ADV):

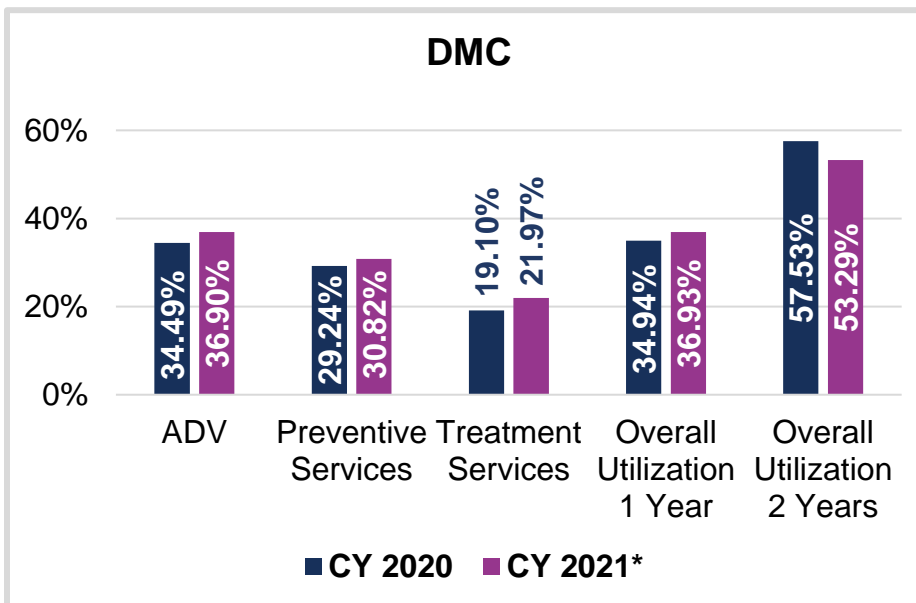
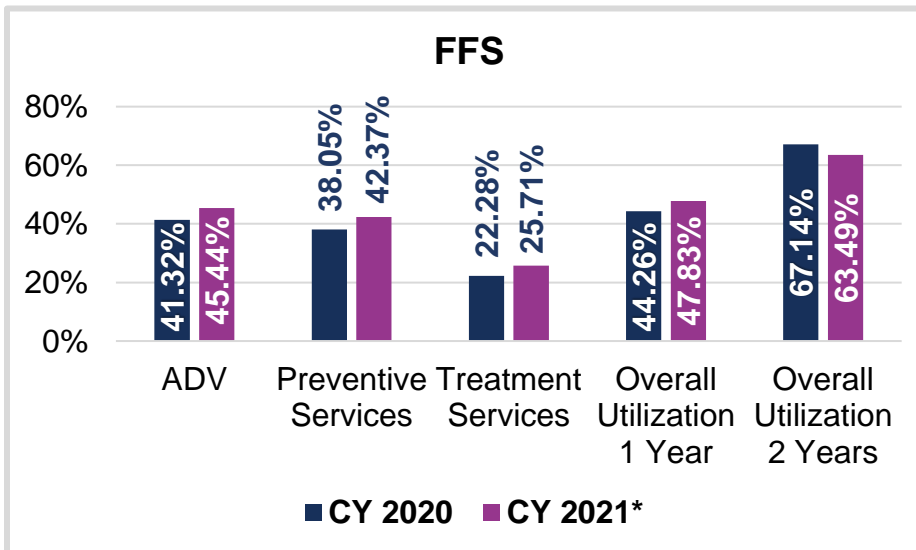
Percentage of beneficiaries enrolled in the same dental plan for at least three continuous months who received any dental service (Current Dental Terminology (CDT)) D0100-D9999 or Current Procedural Terminology (CPT) 99188), including encounters at SNCs.

Preventive Services: Percentage of beneficiaries 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 beneficiaries 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 beneficiaries 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.

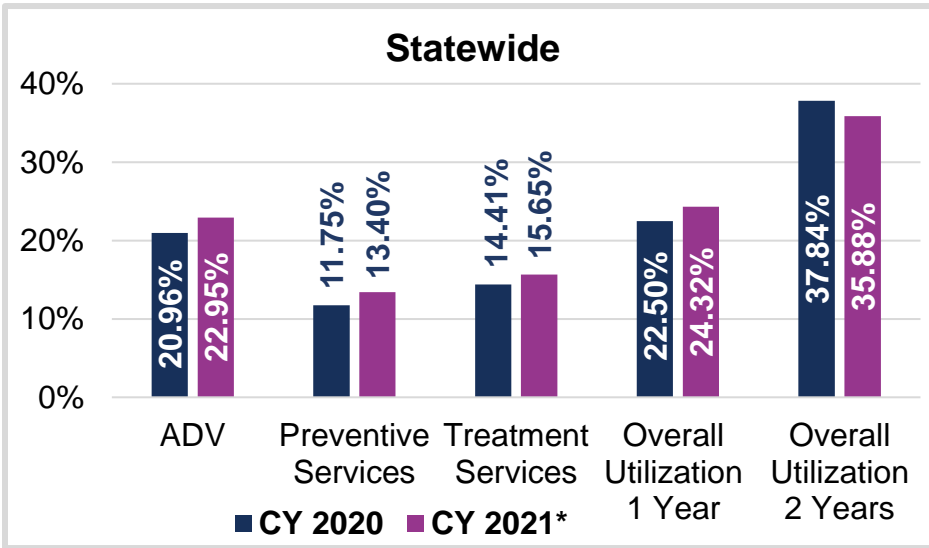
Reporting Period:
 CY 2020: Jan 2020 to Dec 2020
 CY 2021: Nov 2020 to Oct 2021.
 *Preliminary data subject to change. Please refer to the [High Level](#), [FFS](#), and [DMC](#) performance measures on the Medi-Cal Dental webpage for more information.
Source: DHCS Data Warehouse as of January 2022.





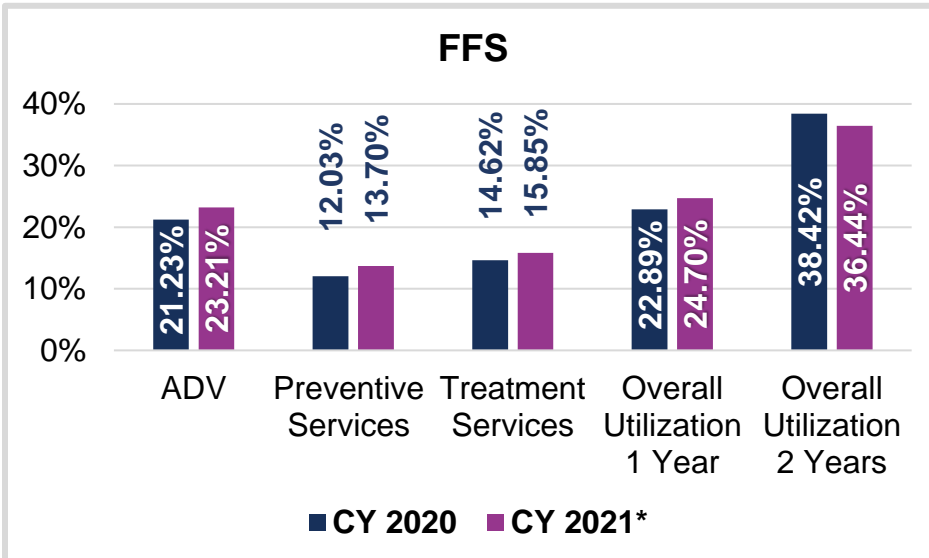
Medi-Cal Dental Services Division Statewide Fact Sheet (February 2022)

Utilization in Ages 21+



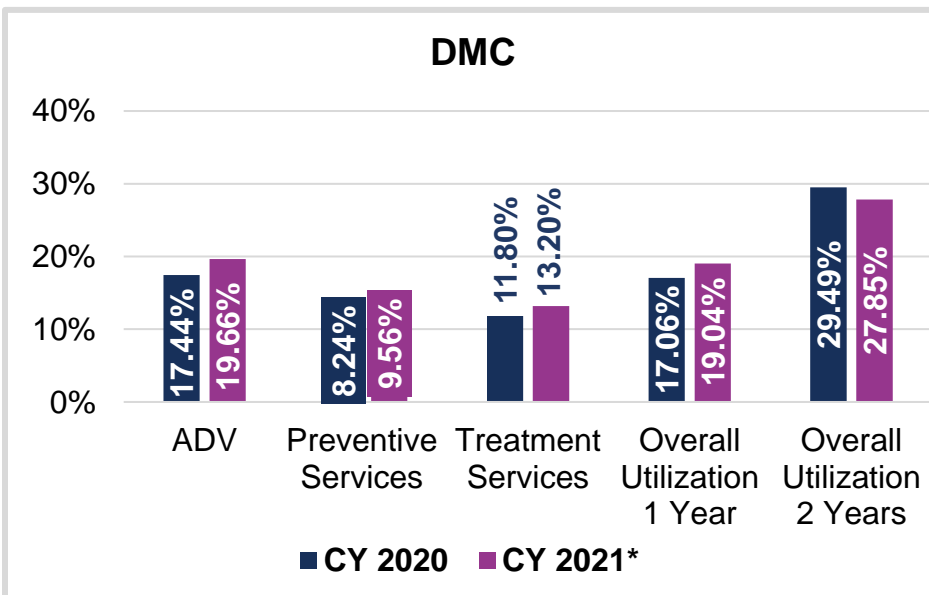
ADV: Percentage of beneficiaries enrolled in the same dental plan for at least three continuous months who received any dental service (CDT D0100-D9999), including encounters at SNCs.

Preventive Services: Percentage of beneficiaries 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 beneficiaries 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 beneficiaries 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: Nov 2020 to Oct 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 January 2022.



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

Statewide Top Five Procedure Counts*: Ages 0-20, November 2020 – October 2021

Procedure	CDT	FFS	DMC	Total
Diagnostic	D0230 ^p	7,660,830	223,123	7,883,953
Diagnostic	D0120 ^p	1,774,368	90,080	1,864,448
Diagnostic	D0350 ^p	1,021,768	13,894	1,035,662
Diagnostic	D0272 ^p	990,103	27,721	1,017,824
Diagnostic	D0220 ^p	644,754	88,634	733,388
Preventive	D1120 ^d	2,461,999	100,048	2,562,047
Preventive	D1208 ^d	1,700,511	47,347	1,747,858
Preventive	D1351 ^d	1,443,732	76,437	1,520,169
Preventive	D1206 ^d	707,133	62,823	769,956
Preventive	D1310 ^d	624,244	44,014	668,258
Treatment	D9993 ^d	624,300	28,484	652,784
Treatment	D2392 ^p	541,948	35,605	577,553
Treatment	D7140 ^p	515,007	22,202	537,209
Treatment	D2930 ^p	483,561	17,460	501,021
Treatment	D2150 ^p	446,527	7,876	454,403
All Services	D0230 ^p	7,660,830	223,123	7,883,953
All Services	D1120 ^d	2,461,999	100,048	2,562,047
All Services	D0120 ^p	1,774,368	90,080	1,864,448
All Services	D1208 ^d	1,700,511	47,347	1,747,858
All Services	D1351 ^d	1,443,732	76,437	1,520,169

d – Dental Transformation Initiative (DTI):

Within the Medi-Cal 2020 waiver, the DTI represents 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 January 25, 2022. 2021 data is preliminary and may change as more claims are received. * FFS and DMC, not including SNC.

Statewide Top Five Procedure Counts*: Ages 21+, November 2020 – October 2021

Procedure	CDT	FFS	DMC	Total
Diagnostic	D0230 ^p	2,368,232	84,082	2,452,314
Diagnostic	D0150 ^p	740,954	59,093	800,047
Diagnostic	D0210 ^p	529,561	40,563	570,124
Diagnostic	D0350 ^p	421,674	13,559	435,233
Diagnostic	D0120 ^p	388,928	31,809	420,737
Preventive	D1110 ^p	669,919	38,266	708,185
Preventive	D1208 ^p	352,027	11,283	363,310
Preventive	D1206 ^p	193,052	15,462	208,514
Preventive	D1999	354	16,951	17,305
Preventive	D1330	**	16,914	16,914
Treatment	D4341 ^a	441,374	44,103	485,477
Treatment	D7210 ^p	446,004	36,978	482,982
Treatment	D9430 ^p	373,424	29,193	402,617
Treatment	D2392 ^p	306,269	23,267	329,536
Treatment	D2391 ^p	284,182	19,640	303,822
All Services	D0230 ^p	2,368,232	84,082	2,452,314
All Services	D0150 ^p	740,954	59,093	800,047
All Services	D1110 ^p	669,919	38,266	708,185
All Services	D0210 ^p	529,561	40,563	570,124
All Services	D4341 ^a	441,374	44,103	485,477

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 January 25, 2022. 2021 data is preliminary and may change as more claims are received. * FFS and DMC, not including SNC. **Not billable.