



# **The Department of Health Care Services Medi-Cal Dental Services Rate Review**

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Institutions Code §14079

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## Introduction

The Department of Health Care Services (DHCS), pursuant to Welfare & Institutions (W&I) Code §14079, must annually review reimbursement levels for Medi-Cal dental services, specifically:

*“The director annually shall review the reimbursement levels for physician and dental services under Medi-Cal, and shall revise periodically the rates of reimbursement to physicians and dentists to ensure the reasonable access of Medi-Cal beneficiaries to physician and dental services. This annual review, as it relates to rates for physician services, shall take into account at least the following factors:*

- (a) Annual cost increases for physicians as reflected by the Consumer Price Index.*
- (b) Physician reimbursement levels of Medicare, Blue Shield, and other third-party payors.*
- (c) Prevailing customary physician charges within the state and in various geographical areas.*
- (d) Procedures reflected by the current Relative Value Studies (RVS).*
- (e) Characteristics of the current population of Medi-Cal beneficiaries and the medical services needed.”*

To undertake this analysis, DHCS compares reimbursement rates of the top 25 most utilized dental Fee-For-Service (FFS) procedures – Current Dental Terminology (CDT), with other comparable states’ Medicaid Programs, in addition to the commercial rates from five different geographic regions around the nation.

## Overall Findings

DHCS compared California’s Medi-Cal dental reimbursements rates against other Medicaid programs from states of comparable size, with a comparable Medicaid population. This rate review examines pertinent data covering SFYs 2015-16 and 2016-17. DHCS included 26 CDT codes to account for the variance in most utilized code across two periods: SFY 2015-2016 and 2016-2017. There is one CDT code that was one of the top 25 in SFY 2015-16 but not in 2016-17. While the overall average of DHCS’ rates for the 25 most utilized FFS procedure codes may be lower, the applicable DHCS reimbursement rate for an individual procedure code varied compared to other payers and in some cases was higher than other payers.

In State Fiscal Year (SFY) 2015-16, Medi-Cal paid an overall average between 62.9 and 105.3 percent of New York, Illinois, Florida, and Texas Medicaid Program’s dental fee schedule. In SFY 2016-17, Medi-Cal paid an overall average between 65.0 and 106.4 percent of New York, Illinois, Florida, and Texas Medicaid Program’s dental fee schedule. Review findings also identified a decrease in providers that render and bill for dental services since 2008.

Please note that some procedures in California and other states have reimbursement rates that vary based on the beneficiary’s age. The 2017 report included the average across all age groups for some, but not all, of the top 25 procedures. The 2018 report reflects the average across all age groups for each procedure included in the top 25 procedures. [Appendix 1 CDT Procedure Code Description](#) provides the top 25 most utilized CDT Procedure Code Description. Specific details of averaging rates across age groups were addressed on the footnotes of Appendices 2 to 5.

## Scope of Rate Review

While W&I Code §14079 requires DHCS to review Medi-Cal reimbursement levels for dental services, and to periodically revise such rates to ensure “reasonable access” for Medi-Cal

beneficiaries, DHCS must work within the state's budgetary process in order to increase reimbursement rates. It is also important to note that several significant developments have occurred in the field of rates and access in the twenty-five years since the statute was last amended.

Most significantly, the courts have recognized that a reimbursement rate's relationship to access is an exceedingly complicated and multi-faceted analysis. In *Managed Pharmacy Care v. Sebelius*<sup>1</sup>, for example, the Ninth Circuit noted that discretion should be afforded to the federal government's review of DHCS rates, in large part, relying on a comprehensive eighty-two page access-monitoring plan. The plan identified twenty-three different measures that DHCS would study on a recurring basis to ensure the State Plan Amendment (SPA) that changed FFS reimbursement rates for a number of Medi-Cal provider categories did not negatively affect beneficiary access. These measures addressed the three key categories of factors that the federal Medicaid and CHIP Payment and Access Commission identified as affecting access: beneficiary data, provider availability data, and service utilization data.

Consistent with this federal regulatory approach, in 2015 the United States Supreme Court confirmed that this complex analysis, which applies to rate setting, means that Medicaid rate challenges do not allow a private right of action – by Medi-Cal providers or beneficiaries – or claim upon which legal relief can be granted.<sup>2</sup> Given these recent legal actions, DHCS must reiterate that a reimbursement rate and its relationship to beneficiary access is neither a strict nor a linear concept. Instead, the federal regulator, the Centers for Medicare and Medicaid Services (CMS) found there are a multitude of factors that must be considered and addressed when ensuring appropriate access to covered services.

On December 30, 2015, CMS approved the Medi-Cal 2020 Waiver, effective January 1, 2016, through December 31, 2020, which included the Dental Transformation Initiative (DTI). The DTI aims to increase, for children, the use of preventive dental services, prevention and treatment of early childhood caries, and continuity of care. The DTI covers four domains, with the first three domains strategically designed to cover different areas/scopes of Medi-Cal dental services: 1) preventive services, 2) caries risk assessment and management, and 3) continuity of care. Domain 4 addresses the aforementioned domains through local dental pilot programs, and each pilot program is reimbursed for administrative expenditures on a quarterly basis. Participating service office locations in the first three domains receive incentive payments for services provided beyond the established benchmark or meet the domain's criteria. DTI incentive payments were not included in the rate review analysis within this report as the rate review is strictly a comparison of Schedule of Maximum Allowances (SMA) rates with other Medicaid state rates as well as ADA charges and therefore does not assess the inclusion of time-limited, accomplishment-based incentive opportunities that could be earned in addition to the SMAs.

On November 8, 2016, California voters approved the California Healthcare, Research and Prevention Tobacco Tax Act (commonly known as Proposition 56) and increased the excise tax rate on cigarettes and tobacco products. Under Prop 56, a specified portion of the tobacco tax revenue was allocated to DHCS for use as the nonfederal share of health care expenditures in accordance with the annual state budget process. Assembly Bill 120 (Chapter 22, §3, Item 4260-101-3305, Statutes of 2017) amended the Budget Act of 2017 to appropriate Prop. 56 funds for

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<sup>1</sup> *Managed Pharmacy Care v. Sebelius*, 716 F.3d 1235, 1249 (9th Cir. 2013).

<sup>2</sup> See *Armstrong v. Exceptional Child Center*, 135 S.Ct. 1378 (March 31, 2015).

specified DHCS health care expenditures during the 2017-18 state fiscal year. This included up to \$140,000,000 allocated for supplemental payments for dental services under the Medi-Cal program for providers who bill under the Dental Fiscal Intermediary or Dental Managed Care plans. On June 30, 2017, DHCS submitted a SPA to CMS and CMS approved the SPA on November 22, 2017, which authorized the time-limited supplemental payment program for certain dental services in effect for SFY 2017-2018. The supplemental payment, effective July 1, 2017 through June 30, 2018 will be at a rate equal to 40 percent of the Medi-Cal Dental SMA for restorative, endodontic, prosthodontic, oral and maxillofacial, adjunctive, and visits and diagnostic services.

## **Methodology**

Medi-Cal dental services are provided through two delivery systems: Dental Managed Care (DMC) and FFS. DMC provides medically necessary dental services through DMC plan enrolled providers, and is a delivery model in two counties within the State - Los Angeles County (optional) and Sacramento County (mandatory). DMC plans receive a monthly per member, per month capitation rate. The capitation rates are actuarially sound based upon data from Medi-Cal Dental FFS and are reviewed and approved by CMS.

Medi-Cal Dental FFS delivers services through FFS providers enrolled by DHCS' Dental Fiscal Intermediary (FI), Delta Dental of California (Delta) during SFY 2016-17. FFS providers are paid according to a SMA, which denotes the maximum dollar amount payable for each dental benefit of Medi-Cal. The SMA is defined in the DHCS dental Manual of Criteria (MOC), in accordance with W&I Code §14105.05. Throughout this review, these payments may also be referenced as reimbursement, expenditure, and/or payment rates. Adjustments to the MOC are established through DHCS' adoption of regulations as specified in the Title 22, California Code of Regulations (CCR), §51501. These payment rates are periodically modified, and in the last 26 years, several adjustments to the payment rates have occurred.

This rate review evaluates the Medi-Cal dental SMA in relation to other comparable states' Medicaid reimbursement rates, in addition to commercial reimbursement rates. In order for providers to bill Medi-Cal for covered dental services, providers use CDT codes, developed by the American Dental Association (ADA) as the standard coding system to document and communicate accurate information about dental treatment procedures and services. Throughout this document, "CDT codes" will be used synonymously with "procedure codes."

This rate review examines pertinent data covering SFYs 2015-16 and 2016-17. These SFYs were chosen to review the current rates of reimbursement to dental professionals and evaluate the reasonable access to services for Medi-Cal beneficiaries, which includes previously transitioned populations into Medi-Cal.

## **Background**

Medi-Cal offers a range of dental services to eligible beneficiaries. The array of services includes: diagnostic, preventive, restorative, and endodontic services; periodontics; removable and fixed prosthodontics; maxillofacial prosthetics; implant services; oral and maxillofacial surgery; and orthodontic and adjunctive services. The appropriateness of many of these dental benefits depends on a beneficiary's eligibility, medical conditions, and age. Eligible children currently receive full scope benefits while eligible adults received a modified benefit package in the fiscal years evaluated in this report, which included preventive, diagnostic, restorative, prosthetic, and other medically necessary services. Full scope services for adults were eliminated on July 1,

2009. However, a modified adult dental benefit was restored in May 2014, administered via the California State Plan, SPA CA 13-018, and the Alternative Benefit Plan, SPA 14-018. SB 97 (Committee on Budget and Fiscal Review, Chapter 52, Statutes of 2017) authorized full restoration of Medi-Cal Dental benefits for beneficiaries ages 21 and over, effective January 1, 2018.

Over the years, Medi-Cal dental FFS rates have fluctuated, sometimes significantly, by way of actions taken by both the courts and the Legislature. Some of the most notable examples are:

- In response to a federal court lawsuit from the 1990's, *Clark v. Kizer/Coye*, Medi-Cal dental FFS rates were increased by 40-55 percent of average billing rates in 1991, and later increased to 80 percent of average billing rates by an additional court order in 1992;
- In 2000, pursuant to state budget action, Medi-Cal implemented a rate increase of 6.8 percent for dental services and added two regular cleanings and two dental exams to the scope of covered benefits for children beneficiaries (May 2000 Estimate; November 2000 Estimate);
- Directives pursuant to Assembly Bill (AB) 1762 (Chapter 230, Statutes of 2003), effective January 1, 2004, reduced all Medi-Cal dental FFS rates by five percent<sup>3</sup>;
- On July 1, 2008, pursuant to ABX 3 5, DHCS implemented a ten percent provider payment reduction, which continued until August 18, 2008, at which time the federal district court issued an injunction to halt the application of the payment reduction to certain providers, including dentists;
- On September 9, 2008, DHCS ceased applying the ten percent provider payment reduction to Medi-Cal dental providers, retroactive to the date of the injunction;<sup>4</sup>
- On August 1, 2013, pursuant to AB 97 (Chapter 3, Statutes of 2011), DHCS announced implementation of a ten percent provider payment reduction, beginning October 1, 2013. The reduction was retroactive for services performed on or after June 1, 2011<sup>5</sup>;
- Since November 5, 2013, pursuant to the Budget Act of 2013, the ten percent provider payment reduction has been modified to be prospective only for dental service providers, thereby eliminating the need for retroactive payment recoupment;
- Effective December 1, 2013, DHCS exempted dental pediatric surgery centers from the provider payment reduction imposed by AB 97;
- Beginning May 1, 2014, DHCS implemented a soft cap for non-exempt, medically necessary services on or after May 1, 2014 that may exceed the \$1,800 threshold;
- Effective July 1, 2015, DHCS received federal approval from CMS and state approval via Senate Bill (SB) 75 (Chapter 18, Statutes of 2015), to exempt dental services and applicable ancillary services from the provider payment reduction imposed by AB 97.
- On November 8, 2016, California voters approved the Prop. 56 to increase the excise tax rate on cigarettes and tobacco products. The Budget Act of 2017, AB 120 (Chapter 22, §3, Item 4260-101-3305, Statutes of 2017) appropriated up to \$140 million Prop. 56 funds for supplemental payments for dental services under the Medi-Cal program for providers who bill under the Dental Fiscal Intermediary or Dental Managed Care plans. The supplemental payment, effective July 1, 2017 through June 30, 2018, will be at a rate equal to 40 percent of

<sup>3</sup> California Medi-Cal Dental. *Denti-Cal Provider Bulletin Volume 19 Number 33. November 2003*. Retrieved from [https://www.denti-cal.ca.gov/Dental\\_Providers/Denti-Cal/Provider\\_Bulletins/Provider\\_Bulletins\\_Archive/](https://www.denti-cal.ca.gov/Dental_Providers/Denti-Cal/Provider_Bulletins/Provider_Bulletins_Archive/)

<sup>4</sup> California Medi-Cal Dental. *Denti-Cal Provider Bulletin Volume 24 Number 38. October 2008*. Retrieved from [https://www.denti-cal.ca.gov/Dental\\_Providers/Denti-Cal/Provider\\_Bulletins/Provider\\_Bulletins\\_Archive/](https://www.denti-cal.ca.gov/Dental_Providers/Denti-Cal/Provider_Bulletins/Provider_Bulletins_Archive/)

<sup>5</sup> California Medi-Cal Dental. *Denti-Cal Provider Bulletin Volume 29 Number 15. August 2013*. Retrieved from [https://www.denti-cal.ca.gov/Dental\\_Providers/Denti-Cal/Provider\\_Bulletins/Provider\\_Bulletins\\_Archive/](https://www.denti-cal.ca.gov/Dental_Providers/Denti-Cal/Provider_Bulletins/Provider_Bulletins_Archive/)



the SMA for restorative, endodontic, prosthodontic, oral and maxillofacial, adjunctive, and visits and diagnostic services.

### **Medi-Cal Dental Reimbursement Rates Compared to Other Medicaid Programs**

DHCS compared the reimbursement rates of Medi-Cal dental FFS' 25 most utilized procedure codes (see [Appendix 1 CDT Procedure Code Description](#)) to the same 25 procedure codes from other comparable states' Medicaid dental fee schedules. These 25 procedures made up approximately 90 percent of billed procedures in SFY 2015-16 and SFY 2016-17.

California's SMA for Medi-Cal dental FFS in SFY 2015-16, paid an average of 105.3, 99.2, 76.5, and 62.9 percent of Illinois, Florida, New York, and Texas Medicaid Program's dental fee schedule, respectively. California's SMA for Medi-Cal dental FFS in SFY 2016-17 paid an average of 106.4, 100.4, 76.9, and 65.0 percent of Illinois, Florida, New York, and Texas Medicaid Program's dental fee schedules, respectively. Please find the comparisons located in [Appendix 2 SFY 2015-16](#) and [Appendix 3 SFY 2016-17](#), respectively.

### **Geographic Comparison of Medi-Cal Reimbursement Rates to Commercial Rates**

Prevailing customary dental charges within California were compared to Medi-Cal dental FFS rates using the ADA's 2016 Survey of Dental Fees for General Practitioners. DHCS compared the average payment rate of the same 25 most utilized procedure codes with five different geographical regions as represented in [Appendix 4 SFY 2015-16](#) and [Appendix 5 SFY 2016-17](#). The Pacific Division, which includes the State of California, was selected to represent the prevailing customary dental charges within California and the Pacific Region.

California's SMA for Medi-Cal dental FFS in SFY 2015-16 paid an average of 29.2, 26.1, 30.0, 30.6, 28.5, and 31.3 percent of National Average, Pacific Division Average (CA), Middle Atlantic Division Average (NY), East North Central Division Average (IL), South Atlantic Division Average (FL), and West South Central Division Average (TX) Regional Commercial Rates, respectively.

California's SMA for Medi-Cal dental FFS in SFY 2016-17, paid an average of 29.9, 26.8, 30.7, 31.3, 29.0, and 32.0 percent of National Average, Pacific Division Average (CA), Middle Atlantic Division Average (NY), East North Central Division Average (IL), South Atlantic Division Average (FL), and West South Central Division Average (TX) Regional Commercial Rates, respectively.

### **Medi-Cal Beneficiary Population Characteristics**

In SFY 2016-17, as shown in [Appendix 6a SFY 2016-17 Total Medi-Cal Dental Population & Service Count](#) and [Appendix 6b SFY 2016-17 Total Medi-Cal Dental Reimbursement](#), Medi-Cal reimbursed dental providers approximately \$1.4 billion, reimbursing roughly 39.8 million procedures across all aid code groups. This total reimbursement amount is a combined total of DMC and FFS providers, and includes reimbursements to Safety Net Clinics (SNCs). These reimbursements were for 14.9 million beneficiaries who were enrolled for at least one month in the measurement year, including both utilizers and non-utilizers. The distribution of services and reimbursement between the adult and child populations of both DMC and FFS is displayed in [Appendix 6a SFY 2016-17 Total Medi-Cal Dental Population & Service Count](#) and [Appendix 6b SFY 2016-17 Total Medi-Cal Dental Reimbursement](#). For both the adult and child populations, the majority of beneficiaries (92 percent), reimbursement (98 percent), and procedures (93.6 percent) fall under FFS.

In addition, in Appendices 8 and 9 DHCS stratified beneficiary enrollment by children (ages 0-20) and adults (ages 21+) and examined the results over the last eight SFYs. Beneficiary enrollment numbers in these two Appendices differ from the figures in Appendix 5 because Appendices 8 and 9 include the number of unduplicated beneficiaries, who had full scope benefits, no share of cost, and three months or more of continuous eligibility in the measurement year. In addition, data was compared by region using California Geographic Rating Areas established by CMS. While CMS split Los Angeles into two regions based on zip codes, DHCS will not be able to split the two regions until the next rate study. A list of the regions and the county(s) included within each region can be located in [Appendix 7 California Geographic Rating Areas](#).

*Children (Ages 0-20)* Data in [Appendix 8a-c Total Children's Enrollment in the Medi-Cal Dental FFS Program](#) illustrates statewide Medi-Cal enrollment for children has increased since SFY 2008-09, particularly between SFY 2011-12 and SFY 2012-13, during the Healthy Families Program (HFP) transition to Medi-Cal<sup>6</sup> of 2013. In SFY 2008-09, 3.7 million children were eligible for at least three continuous months, compared to 5.5 million in SFY 2016-17, demonstrating a 48.6 percent increase in unduplicated children with at least three months of continuous eligibility since SFY 2008-09.

*Adults (21+)* Data in [Appendix 9a-c Total Adults Enrollment in the Medi-Cal Dental FFS Program](#) illustrates statewide Medi-Cal enrollment for adults has increased significantly since SFY 2008-09. Between SFY 2012-13 and SFY 2016-17, the number of enrolled adults more than doubled statewide, due in large part to the Affordable Care Act (ACA). Beginning January 2014, Medi-Cal expanded to cover low-income, childless adults. There were 2.9 million eligible adults in SFY 2008-09, compared to 7.2 million in SFY 2016-17, demonstrating over a 148 percent increase of unduplicated enrolled eligible adults since SFY 2008-09.

Since the ACA expansion, Medi-Cal's total beneficiary population with at least three months of continuous eligibility increased from 7.6 million in SFY 2012-13, to approximately 10 million in SFY 2013-14 and continued to grow to 12.7 million in SFY 14-15 and 13.8 million in SFY 2016-17.

### **Provider Network**

Rendering providers are dental providers who perform or render dental services in dental offices. SNCs also provide dental services to Medi-Cal beneficiaries. As part of its contractual obligation, the FFS vendor updates the dental provider network on a daily basis as providers enroll in and out of the program, or when providers have not had claim activity for 12 months.

The number of both provider types enrolled in the Medi-Cal Dental FFS network with at least one paid claim for calendar year (CY) 2017 were 8,270 and 5,622 for rendering providers and dental offices, respectively. [Appendix 10 Medi-Cal Dental Provider Participation & Referral List](#) illustrates the numbers of both provider types from CY 2008 through CY 2017. In addition, the line graph in [Appendix 10](#) shows the number of providers on the referral list (i.e., the list of providers who are willing to accept additional beneficiaries for services) for the aforementioned years. Data shows a 13.2 percent decrease in rendering providers and 16.7 percent decrease in dental offices since 2008. Additionally, since 2008, the number of providers on the referral list has decreased by 33.6 percent; however, the number of providers in each of the three noted categories increased

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<sup>6</sup> HFP Transition to Medi-Cal pursuant to AB 1494 (Chapter 28, Statutes of 2012), as amended by AB 1468 (Chapter 438, Statutes of 2012)



between CY 2012 and CY 2014. The number of rendering providers has increased for two consecutive years since 2015.

### **Ongoing Program Improvement**

Below are several of the actions DHCS has made during the reporting period in its ongoing effort to continuously improve utilization for beneficiaries, including efforts to expand the network of dental providers:

- Continued monitoring of the DTI, which aims, over a five-year period, to increase the use of preventive dental services for children, prevent and treat early childhood caries, increase continuity of care for children, and support local collaborations that are focused on these goals.
- Continued monitoring of beneficiary utilization for children and adults through Dental Performance Measures by age, county, race and ethnicity, specifically identifying children/adults who have not seen a dentist in the last fiscal year;
- Developed and implemented targeted and focused beneficiary and provider outreach plans with the FI to provide children with greater access to preventive care, and to mitigate administrative concerns for the provider population; and
- Worked on separating current Fiscal Intermediary (FI) Contract into two Contracts – Administrative Support Organization (ASO) and FI. The new ASO contract, effective January 2018, requires the vendor to pursue outreach efforts to beneficiaries and providers statewide.

**Appendix 1 – SFY 2015-16 and SFY 2016-17 Medi-Cal Dental’s 25 Most Utilized CDT Procedure Code Description**

<b>Procedure Code<sup>1</sup></b>	<b>CDT Procedure Code Description</b>
D0120	Periodic oral evaluation – established patient
D0150	Comprehensive oral evaluation – new or established patient
D0210	Intraoral – complete series (including bitewings)
D0220	Intraoral – periapical first film
D0230	Intraoral – periapical each additional film
D0272	Bitewings – two films
D0274	Bitewings – four films
D0330 <sup>2</sup>	Panoramic Radiographic Image
D0350	Oral/facial photographic images
D1110	Prophylaxis – adult
D1120	Prophylaxis – child
D1206	Topical fluoride varnish, therapeutic application for moderate to high caries risk patients
D1208	Topical application of fluoride
D1351	Sealant – per tooth
D2140	Amalgam – one surface, primary or permanent
D2150	Amalgam – two surfaces, primary or permanent
D2160	Amalgam – three surfaces, primary or permanent
D2330	Resin-based composite – one surface, anterior
D2391	Resin-based composite – one surface, posterior
D2392	Resin-based composite – two surfaces, posterior
D2930	Prefabricated stainless steel crown – primary tooth
D3220 <sup>3</sup>	Therapeutic pulpotomy (excluding final restoration) - removal of pulp coronal to the dentinocemental junction and application of medicament
D7140	Extraction, erupted tooth or exposed root (elevation and/or forceps removal)
D7210	Surgical removal of erupted tooth requiring removal of bone and/or sectioning of tooth, and including elevation of mucoperiosteal flap
D9230	Inhalation of nitrous oxide/analgesia, anxiolysis
D9430	Office visit for observation (during regularly scheduled hours) - no other services performed.

<sup>1</sup>DHCS included 26 CDT codes to account for the variance in most utilized code between SFY 2015-2016 and 2016-2017.

<sup>2</sup>D0330 is one of 2015-16’s Top 25 Most Utilized Procedure Codes, but not 2016-17.

<sup>3</sup>D3220 is one of 2016-17’s Top 25 Most Utilized Procedure Codes, but not 2015-16.

[Return to Medi-Cal Dental Reimbursements Rates Compared to Other Medicaid Programs](#)

**Appendix 2 – SFY 2015-16, Percentage of 25 Most Utilized Medi-Cal Dental Procedures Reimbursement Rates in Relation to Other Comparable Medicaid Programs**

Procedure Code <sup>1</sup>	Medi-Cal Dental SMA <sup>2</sup>	New York <sup>3</sup>	Illinois <sup>4</sup>	Florida <sup>5</sup>	Texas <sup>6</sup>
D0120	\$15.00	\$25.00	\$22.11	\$22.29	\$28.85
D0150	\$25.00	\$30.00	\$21.05	\$19.90	\$35.32
D0210	\$40.00	\$50.00	\$30.10	\$39.79	\$70.64
D0220	\$10.00	\$8.00	\$5.60	\$4.98	\$12.56
D0230	\$3.00	\$5.00	\$3.80	\$3.73	\$11.51
D0272	\$10.00	\$14.00	\$9.40	\$13.38	\$23.38
D0274	\$18.00	\$24.00	\$16.90	\$16.35	\$34.61
D0330	\$25.00	\$35.00	\$22.60	\$37.30	\$63.78
D0350	\$6.00	\$12.00	N/A	\$10.40	\$18.38
D1110	\$40.00	\$45.00	N/A	\$26.75	\$54.88
D1120	\$30.00	\$43.00	\$33.20	\$20.81	\$36.75
D1206	\$10.67	\$30.00	\$20.43	\$16.35	\$14.70
D1208	\$10.67	\$14.00	\$20.43	\$16.35	\$14.70
D1351	\$22.00	\$35.00	\$36.00	\$19.32	\$28.24
D2140	\$39.00	\$50.00	\$30.85	\$46.08	\$64.41
D2150	\$48.00	\$67.00	\$48.15	\$60.94	\$85.71
D2160	\$57.00	\$82.00	\$58.05	\$75.80	\$109.19
D2330	\$55.00	\$50.00	\$34.60	\$50.53	\$77.75
D2391	\$39.00	\$50.00	\$30.85	\$46.08	\$82.40
D2392	\$48.00	\$67.00	\$48.15	\$60.94	\$108.00
D2930	\$75.00	\$116.00	\$73.40	\$101.07	\$152.94
D7140	\$41.00	\$50.00	\$39.12	\$33.57	\$65.70
D7210	\$85.00	\$85.00	\$57.40	\$49.73	\$100.75
D9230	\$25.00	N/A	\$26.00	\$34.81	\$27.81
D9430	\$20.00	\$20.00	N/A	N/A	\$14.70
<b>Average Percent<sup>7</sup></b>		<b>76.5%</b>	<b>105.3%</b>	<b>99.2%</b>	<b>62.9%</b>

<sup>1</sup> See Appendix 1 for description of procedure codes.

<sup>2</sup> California Medi-Cal Dental SMA: Dental Program Provider Handbook, Section 5  
[Denti-Cal Provider Handbook](#)

Rates are averaged for D1206 & D1208 (\$18.00 for age 0-5, \$8.00 for age 6-20, \$6.00 for age 21+)

<sup>3</sup> New York State Medicaid Dental Fee Schedule effective 02/2016.

[NY Dental Fee Schedule](#)

D9230 not a benefit

<sup>4</sup> Illinois HFS Dental Program Fee Schedule effective 01/01/2016.

[Illinois Dental Fee Schedule](#)

D0350, D1110 & D9430 not a benefit

Rates are averaged for D0120 (\$28.00 for age 0-18, \$16.20 for age 19-20);

D1120 (\$41.00 for age 0-18, \$25.40 for age 19-20);

D1206 & D1208 (\$26.00 for age 0-18, \$14.85 for age 19-20)

<sup>5</sup>Florida Dental General Fee Schedule effective 01/01/2015.

[Florida Dental Fee Schedule](#)

D9430 not a benefit

Rates are averaged for D0150 (\$23.78 for age 0-20, \$16.00 for age 21+);

D0210 (\$47.56 for age 0-20, \$32.00 for age 21+); D0220 (\$5.95 for age 0-20, \$4.00 for age 21+);

D0230 (\$4.46 for age 0-20, \$3.00 for age 21+); D0330 (\$44.59 for age 0-20, \$30 for age 21+)

D7140 (\$40.13 for age 0-20, \$27.00 for age 21+); D7210 (\$59.45 for age 0-20, \$40.00 for age 21+);

D9230 (\$41.62 for age 0-20, \$28.00 for age 21+)

<sup>6</sup> Texas Medicaid Fee Schedule – Dental Effective 07/13/2015.

[Texas Dental Fee Schedule](#)

<sup>7</sup>Average Percentage Medi-Cal Dental Pays of Other States' Medicaid Rates.

[Return to Medi-Cal Dental Reimbursements Rates Compared to Other Medicaid Programs](#)

**Appendix 3 – SFY 2016-17, Percentage of 25 Most Utilized Medi-Cal Dental Procedures Reimbursement Rates in Relation to Other Comparable Medicaid Programs**

Procedure Code <sup>1</sup>	Medi-Cal Dental SMA <sup>2</sup>	New York <sup>3</sup>	Illinois <sup>4</sup>	Florida <sup>5</sup>	Texas <sup>6</sup>
D0120	\$15.00	\$25.00	\$22.11	\$22.29	\$28.85
D0150	\$25.00	\$30.00	\$21.05	\$19.90	\$35.32
D0210	\$40.00	\$50.00	\$30.10	\$39.79	\$70.64
D0220	\$10.00	\$8.00	\$5.60	\$4.98	\$12.56
D0230	\$3.00	\$5.00	\$3.80	\$3.73	\$11.51
D0272	\$10.00	\$14.00	\$9.40	\$13.38	\$23.38
D0274	\$18.00	\$24.00	\$16.90	\$16.35	\$34.61
D0350	\$6.00	\$12.00	N/A	\$10.40	\$18.38
D1110	\$40.00	\$45.00	N/A	\$26.75	\$54.88
D1120	\$30.00	\$43.00	\$33.20	\$20.81	\$36.75
D1206	\$10.67	\$30.00	\$20.43	\$16.35	\$14.70
D1208	\$10.67	\$14.00	\$20.43	\$16.35	\$14.70
D1351	\$22.00	\$35.00	\$36.00	\$19.32	\$28.24
D2140	\$39.00	\$50.00	\$30.85	\$46.08	\$64.41
D2150	\$48.00	\$67.00	\$48.15	\$60.94	\$85.71
D2160	\$57.00	\$82.00	\$58.05	\$75.80	\$109.19
D2330	\$55.00	\$50.00	\$34.60	\$50.53	\$77.75
D2391	\$39.00	\$50.00	\$30.85	\$46.08	\$82.40
D2392	\$48.00	\$67.00	\$48.15	\$60.94	\$108.00
D2930	\$75.00	\$116.00	\$73.40	\$101.07	\$152.94
D3220	\$71.00	\$87.00	\$52.70	\$74.32	\$86.20
D7140	\$41.00	\$50.00	\$39.12	\$33.57	\$65.70
D7210	\$85.00	\$85.00	\$57.40	\$49.73	\$100.75
D9230	\$25.00	N/A	\$26.00	\$34.81	\$27.81
D9430	\$20.00	\$20.00	N/A	N/A	\$14.70
<b>Average Percent<sup>7</sup></b>		<b>76.9%</b>	<b>106.4%</b>	<b>100.4%</b>	<b>65.0%</b>

<sup>1</sup> See Appendix 1 for description of procedure codes.

<sup>2</sup> California Medi-Cal Dental SMA: Dental Program Provider Handbook, Section 5  
[Denti-Cal Provider Handbook](#)

Rates are averaged for D1206 & D1208 (\$18.00 for age 0-5, \$8.00 for age 6-20, \$6.00 for age 21+)

<sup>3</sup> New York State Medicaid Dental Fee Schedule effective 01/2017.

[NY Dental Fee Schedule](#)  
D9230 not a benefit

<sup>4</sup> Illinois HFS Dental Program Fee Schedule effective 07/01/2017.

[Illinois Dental Fee Schedule](#)

D0350 & D1110 not a benefit

Rates are averaged for D0120 (\$28.00 for age 0-18, \$16.20 for age 19-20);

D1120 (\$41.00 for age 0-18, \$25.40 for age 19-20);

D1206 & D1208 (\$26.00 for age 0-18, \$14.85 for age 19-20)

<sup>5</sup>Florida Dental General Fee Schedule effective 01/01/2017.

[Florida Dental Fee Schedule](#)

D9430 not a benefit

Rates are averaged for D0150 (\$23.78 for age 0-20, \$16.00 for age 21+);

D0210 (\$47.56 for age 0-20, \$32.00 for age 21+); D0220 (\$5.95 for age 0-20, \$4.00 for age 21+);

D0230 (\$4.46 for age 0-20, \$3.00 for age 21+); D7140 (\$40.13 for age 0-20, \$27.00 for age 21+);

D7210 (\$59.45 for age 0-20, \$40.00 for age 21+); D9230 (\$41.62 for age 0-20, \$28.00 for age 21+)

<sup>6</sup> Texas Medicaid Fee Schedule – Dental Effective 01/13/2017.

[Texas Dental Fee Schedule](#)

<sup>7</sup>Average Percentage Medi-Cal Dental Pays of Other States' Medicaid Rates.

[Return to Medi-Cal Dental Reimbursements Rates Compared to Other Medicaid Programs](#)



**Appendix 4 – SFY 2015-16, Average Percentage Medi-Cal Dental Pays of Regional Commercial Charges based on 2016 ADA Survey of Dental Fees<sup>1</sup>**

Procedure Code <sup>2</sup>	Medi-Cal Dental SMA <sup>3</sup>	National Average	Pacific Division Average (CA)	Middle Atlantic Division Average (NY)	East North Central Division Average (IL)	South Atlantic Division Average (FL)	West South Central Division Average (TX)
D0120	\$15.00	\$49.94	\$59.24	\$49.67	\$47.69	\$48.95	\$46.98
D0150	\$25.00	\$79.89	\$87.29	\$76.35	\$78.30	\$85.67	\$76.20
D0210	\$40.00	\$133.12	\$140.87	\$132.59	\$130.21	\$134.63	\$126.86
D0220	\$10.00	\$28.39	\$33.15	\$25.18	\$27.96	\$29.10	\$25.46
D0230	\$3.00	\$22.72	\$23.30	\$20.19	\$23.01	\$24.50	\$20.79
D0272	\$10.00	\$45.20	\$50.82	\$42.72	\$43.65	\$45.73	\$41.79
D0274	\$18.00	\$63.59	\$71.03	\$61.54	\$61.45	\$64.10	\$60.14
D0330	\$25.00	\$112.91	\$123.28	\$112.60	\$113.41	\$112.83	\$107.23
D0350	\$6.00	\$50.77	\$59.46	\$41.70	\$51.13	\$52.04	\$51.12
D1110	\$40.00	\$91.09	\$106.05	\$94.63	\$85.16	\$89.77	\$83.40
D1120	\$30.00	\$67.90	\$80.57	\$70.33	\$62.71	\$67.23	\$62.76
D1206	\$10.67	\$39.23	\$44.13	\$41.70	\$37.35	\$38.00	\$35.44
D1208	\$10.67	\$36.48	\$41.17	\$39.24	\$35.20	\$35.34	\$32.43
D1351	\$22.00	\$52.72	\$59.35	\$50.68	\$51.46	\$53.71	\$49.02
D2140	\$39.00	\$136.49	\$148.86	\$133.47	\$130.16	\$143.57	\$130.04
D2150	\$48.00	\$169.09	\$182.47	\$168.03	\$161.87	\$176.36	\$163.18
D2160	\$57.00	\$201.70	\$215.60	\$199.36	\$193.64	\$211.00	\$198.35
D2330	\$55.00	\$160.07	\$179.99	\$151.85	\$151.71	\$166.53	\$155.01
D2391	\$39.00	\$174.83	\$195.79	\$167.77	\$168.16	\$181.45	\$167.34
D2392	\$48.00	\$223.97	\$252.29	\$219.35	\$213.85	\$226.68	\$216.31
D2930	\$75.00	\$262.67	\$263.62	\$266.96	\$272.68	\$278.21	\$248.38
D7140	\$41.00	\$169.65	\$181.05	\$183.51	\$162.90	\$175.23	\$160.25
D7210	\$85.00	\$271.01	\$291.65	\$282.98	\$264.04	\$275.27	\$258.31
D9230	\$25.00	\$62.28	\$71.96	\$57.91	\$58.38	\$75.23	\$52.29
D9430	\$20.00	\$60.40	\$78.62	\$48.98	\$48.38	\$62.97	\$58.15
<b>Average Percent<sup>4</sup></b>		<b>29.2%</b>	<b>26.1%</b>	<b>30.0%</b>	<b>30.6%</b>	<b>28.5%</b>	<b>31.3%</b>

<sup>1</sup> ADA's 2016 Survey of Dental Fees Charged by General Practitioners  
[ADA Survey of Dental Fees 2016](#)

<sup>2</sup> See Appendix 1 for description of procedure codes.

<sup>3</sup> California Medi-Cal Dental SMA: Dental Program Provider Handbook, Section 5

[Denti-Cal Provider Handbook](#)

Rates are averaged for D1206 & D1208 (\$18.00 for age 0-5, \$8.00 for age 6-20, \$6.00 for age 21+)

<sup>4</sup> Average Percentage Medi-Cal Dental Pays of Other Region's Rates.

Percentages in the original 2018 report contained a calculation error and have been corrected.

[Return to Geographical Comparison of Medi-Cal Reimbursement Rates to Commercial Rates](#)

**Appendix 5 – SFY 2016-17, Average Percentage Medi-Cal Dental Pays of Regional Commercial Charges based on 2016 ADA Survey of Dental Fees<sup>1</sup>**

Procedure Code <sup>2</sup>	Medi-Cal Dental SMA <sup>3</sup>	National Average	Pacific Division Average (CA)	Middle Atlantic Division Average (NY)	East North Central Division Average (IL)	South Atlantic Division Average (FL)	West South Central Division Average (TX)
D0120	\$15.00	\$49.94	\$59.24	\$49.67	\$47.69	\$48.95	\$46.98
D0150	\$25.00	\$79.89	\$87.29	\$76.35	\$78.30	\$85.67	\$76.20
D0210	\$40.00	\$133.12	\$140.87	\$132.59	\$130.21	\$134.63	\$126.86
D0220	\$10.00	\$28.39	\$33.15	\$25.18	\$27.96	\$29.10	\$25.46
D0230	\$3.00	\$22.72	\$23.30	\$20.19	\$23.01	\$24.50	\$20.79
D0272	\$10.00	\$45.20	\$50.82	\$42.72	\$43.65	\$45.73	\$41.79
D0274	\$18.00	\$63.59	\$71.03	\$61.54	\$61.45	\$64.10	\$60.14
D0350	\$6.00	\$50.77	\$59.46	\$41.70	\$51.13	\$52.04	\$51.12
D1110	\$40.00	\$91.09	\$106.05	\$94.63	\$85.16	\$89.77	\$83.40
D1120	\$30.00	\$67.90	\$80.57	\$70.33	\$62.71	\$67.23	\$62.76
D1206	\$10.67	\$39.23	\$44.13	\$41.70	\$37.35	\$38.00	\$35.44
D1208	\$10.67	\$36.48	\$41.17	\$39.24	\$35.20	\$35.34	\$32.43
D1351	\$22.00	\$52.72	\$59.35	\$50.68	\$51.46	\$53.71	\$49.02
D2140	\$39.00	\$136.49	\$148.86	\$133.47	\$130.16	\$143.57	\$130.04
D2150	\$48.00	\$169.09	\$182.47	\$168.03	\$161.87	\$176.36	\$163.18
D2160	\$57.00	\$201.70	\$215.60	\$199.36	\$193.64	\$211.00	\$198.35
D2330	\$55.00	\$160.07	\$179.99	\$151.85	\$151.71	\$166.53	\$155.01
D2391	\$39.00	\$174.83	\$195.79	\$167.77	\$168.16	\$181.45	\$167.34
D2392	\$48.00	\$223.97	\$252.29	\$219.35	\$213.85	\$226.68	\$216.31
D2930	\$75.00	\$262.67	\$263.62	\$266.96	\$272.68	\$278.21	\$248.38
D3220	\$71.00	\$181.50	\$185.32	\$176.91	\$185.10	\$199.48	\$174.10
D7140	\$41.00	\$169.65	\$181.05	\$183.51	\$162.90	\$175.23	\$160.25
D7210	\$85.00	\$271.01	\$291.65	\$282.98	\$264.04	\$275.27	\$258.31
D9230	\$25.00	\$62.28	\$71.96	\$57.91	\$58.38	\$75.23	\$52.29
D9430	\$20.00	\$60.40	\$78.62	\$48.98	\$48.38	\$62.97	\$58.15
<b>Average Percent<sup>4</sup></b>		<b>29.9%</b>	<b>26.8%</b>	<b>30.7%</b>	<b>31.3%</b>	<b>29.0%</b>	<b>32.0%</b>

<sup>1</sup> ADA's 2016 Survey of Dental Fees Charged by General Practitioners  
[ADA Survey of Dental Fees 2016](#)

<sup>2</sup> See Appendix 1 for description of procedure codes.

<sup>3</sup> California Medi-Cal Dental SMA: Dental Program Provider Handbook, Section 5

[Denti-Cal Provider Handbook](#)

Rates are averaged for D1206 & D1208 (\$18.00 for age 0-5, \$8.00 for age 6-20, \$6.00 for age 21+)

<sup>4</sup> Average Percentage Medi-Cal Dental Pays of Other Region's Rates.

Percentages in the original 2018 report contained a calculation error and have been corrected.

[Return to Geographical Comparison of Medi-Cal Reimbursement Rates to Commercial Rates](#)

## Appendix 6a – SFY 2016-17 Total Medi-Cal Dental Population & Service Count

Delivery System & Age Group	Total Enrolled <sup>1</sup>	Service Count Dental Office <sup>2</sup>	Service Count SNC <sup>3</sup>	Total Service Count
FFS Children Age 0-20	6,094,226	26,730,303	1,298,806	28,029,109
FFS Adults Age 21+	7,630,685	7,730,295	1,556,130	9,286,425
<b>FFS Total</b>	<b>13,724,911</b>	<b>34,460,598</b>	<b>2,854,936</b>	<b>37,315,534</b>
DMC Children Age 0-20	524,948	1,847,214	2,001	1,849,215
DMC Adults Age 21+	674,360	688,322	2,654	690,976
<b>DMC Total</b>	<b>1,199,308</b>	<b>2,535,536</b>	<b>4,655</b>	<b>2,540,191</b>
<b>Grand Total</b>	<b>14,924,219</b>	<b>36,996,134</b>	<b>2,859,591</b>	<b>39,855,725</b>

Data Source: DHCS Data Warehouse MIS/DSS as of April 2018

<sup>1</sup>Beneficiaries enrolled in Medi-Cal for at least one month during the measurement period

Some beneficiaries were counted for both DMC and FFS if they switched delivery systems

<sup>2</sup>Count of services in a dental office for CDT Codes D0100-D9999

<sup>3</sup>Count of dental encounters in a Safety Net Clinic (SNC)

## Appendix 6b – SFY 2016-17 Total Medi-Cal Dental Reimbursement

Delivery System & Age Group	Reimbursement Dental Office <sup>1</sup>	Reimbursement SNC <sup>2</sup>	Total Reimbursement
FFS Children Age 0-20	\$574,640,872	\$276,162,638	\$850,803,510
FFS Adults Age 21+	\$266,144,027	\$334,140,108	\$600,284,135
<b>FFS Total</b>	<b>\$840,784,899</b>	<b>\$610,302,746</b>	<b>\$1,451,087,645</b>
DMC Children Age 0-20	\$1,847,214	\$402,283	\$2,249,497
DMC Adults Age 21+	\$9,191,128	\$596,714	\$9,787,842
<b>DMC Total</b>	<b>\$11,038,342</b>	<b>\$998,997</b>	<b>\$12,037,339</b>
<b>Grand Total</b>	<b>\$851,823,241</b>	<b>\$611,301,743</b>	<b>\$1,463,124,984</b>

Data Source: DHCS Data Warehouse MIS/DSS as of April 2018

<sup>1</sup>Reimbursement to dental offices

DMC reimbursements are incomplete as not all DMC Plans submit provider payment information.

<sup>2</sup>Reimbursement to SNCs

DMC reimbursements are incomplete as not all DMC Plans submit provider payment information.

[Return to Medi-Cal Beneficiary Population Characteristics](#)

## Appendix 7 – California Geographic Rating Areas

<b>Region</b>	<b>Counties Included in Region</b>
<b>Alameda</b>	Alameda
<b>Central Coast</b>	Monterey, San Benito, Santa Cruz
<b>Central Valley</b>	Mariposa, Merced, San Joaquin, Stanislaus, Tulare
<b>Contra Costa</b>	Contra Costa
<b>Greater Fresno</b>	Fresno, Kings, Madera
<b>Greater Sacramento</b>	El Dorado, Placer, Sacramento, Yolo
<b>Inland Desert</b>	Imperial, Inyo, Mono
<b>Inland Empire</b>	Riverside, San Bernardino
<b>Kern</b>	Kern
<b>Los Angeles</b>	Los Angeles
<b>North Bay</b>	Marin, Napa, Solano, Sonoma
<b>Northern</b>	Alpine, Amador, Butte, Calaveras, Colusa, Del Norte, Glenn, Humboldt, Lake, Lassen, Mendocino, Modoc, Nevada, Plumas, Shasta, Sierra, Siskiyou, Sutter, Tehama, Trinity, Tuolumne, Yuba
<b>Orange</b>	Orange
<b>San Diego</b>	San Diego
<b>San Francisco</b>	San Francisco
<b>San Mateo</b>	San Mateo
<b>Santa Clara</b>	Santa Clara
<b>South Coast</b>	San Luis Obispo, Santa Barbara, Ventura

[Return to Medi-Cal Beneficiary Population Characteristics](#)



## Appendix 8a – Total Children’s Enrollment in the Medi-Cal Dental FFS Program

Region	SFY 08/09	SFY 09/10	SFY 10/11	SFY 11/12	SFY 12/13
Alameda	118,442	122,371	126,858	129,420	150,633
Central Coast	74,921	80,302	85,574	87,128	111,473
Central Valley	311,291	327,393	340,052	347,638	387,747
Contra Costa	68,564	73,723	76,969	79,234	93,275
Greater Fresno	222,473	230,815	238,449	242,388	266,815
Greater Sacramento	111,836	110,741	113,411	114,157	123,634
Inland Desert	32,329	33,961	35,404	35,608	37,204
Inland Empire	503,702	540,642	571,202	585,299	704,344
Kern	139,587	148,079	151,427	153,863	171,612
Los Angeles	1,099,694	1,121,600	1,130,322	1,131,880	1,204,692
North Bay	82,302	88,571	93,800	95,514	111,319
Northern	148,213	154,446	161,355	161,453	166,504
Orange	226,067	243,508	256,911	263,979	334,139
San Diego	223,796	226,000	240,039	245,069	301,721
San Francisco	42,817	44,448	46,390	47,462	56,716
San Mateo	34,177	36,677	37,978	39,672	47,907
Santa Clara	120,325	127,752	131,695	131,711	163,441
South Coast	126,567	134,717	140,244	142,667	160,725
<b>Statewide Total</b>	<b>3,687,103</b>	<b>3,845,746</b>	<b>3,978,080</b>	<b>4,034,142</b>	<b>4,593,901</b>

Data Source: DHCS Data Warehouse MIS/DSS. SFY 16/17 data as of April 2018

<sup>1</sup>Number of enrolled children with full scope benefits, no share of cost, and at least three months of continuous eligibility in FFS

[Return to Medi-Cal Beneficiary Population Characteristics](#)

## Appendix 8b – Total Children’s Enrollment in the Medi-Cal Dental FFS Program

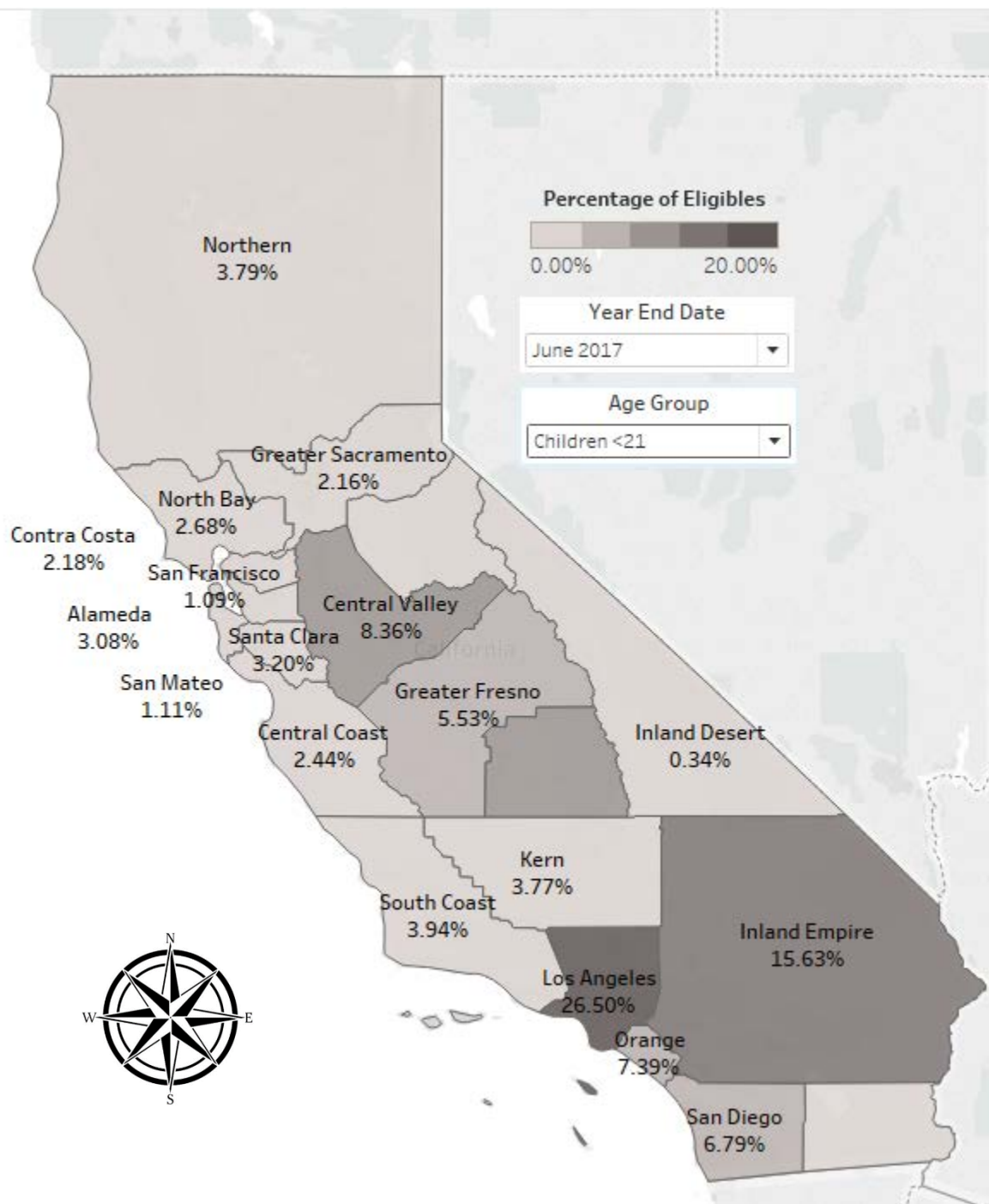
Region	SFY 13/14	SFY 14/15	SFY 15/16	SFY 16/17
Alameda	162,032	168,739	169,994	170,964
Central Coast	124,546	128,091	133,771	135,049
Central Valley	426,356	448,134	457,391	463,663
Contra Costa	106,260	116,409	119,692	120,808
Greater Fresno	284,315	296,753	303,470	306,576
Greater Sacramento	148,541	131,443	104,345	119,852
Inland Desert	42,665	23,046	19,901	19,022
Inland Empire	784,853	839,706	863,659	866,941
Kern	187,202	197,941	205,500	209,282
Los Angeles	1,335,214	1,407,859	1,415,453	1,469,453
North Bay	133,317	143,650	146,745	148,737
Northern	198,920	208,909	209,774	210,332
Orange	383,655	401,563	411,165	409,981
San Diego	340,913	361,012	376,267	376,438
San Francisco	60,645	61,260	61,440	60,521
San Mateo	57,420	60,948	62,207	61,622
Santa Clara	176,420	178,708	178,939	177,301
South Coast	196,976	207,883	216,506	218,627
<b>Statewide Total</b>	<b>5,150,250</b>	<b>5,382,054</b>	<b>5,456,219</b>	<b>5,545,169</b>

*Data Source: DHCS Data Warehouse MIS/DSS. SFY 16/17 data as of April 2018*

*<sup>1</sup>Number of enrolled children with full scope benefits, no share of cost, and at least three months of continuous eligibility in FFS*

[Return to Medi-Cal Beneficiary Population Characteristics](#)

## Appendix 8c – SFY 2016-17 Percentage by Region Children’s Enrollment in the Medi-Cal Dental FFS Program



[Return to Medi-Cal Beneficiary Population Characteristics](#)

## Appendix 9a – Total Adults Enrollment in the Medi-Cal Dental FFS Program

Region	SFY 08/09	SFY 09/10	SFY 10/11	SFY 11/12	SFY 12/13
Alameda	121,575	126,172	131,053	134,487	136,066
Central Coast	49,333	51,888	54,039	55,138	56,030
Central Valley	217,277	227,306	237,301	244,368	249,252
Contra Costa	59,550	63,004	66,279	69,462	70,854
Greater Fresno	145,006	150,552	155,044	159,379	161,471
Greater Sacramento	133,417	135,737	139,114	140,786	140,000
Inland Desert	31,781	32,731	34,127	34,547	34,997
Inland Empire	313,249	333,265	355,983	372,211	381,022
Kern	88,166	92,987	93,680	96,088	96,912
Los Angeles	887,565	903,279	925,108	938,976	940,537
North Bay	73,182	77,314	80,376	82,524	84,195
Northern	153,523	159,152	167,108	168,149	167,393
Orange	160,547	170,797	180,852	188,260	193,662
San Diego	179,212	184,555	195,179	200,098	203,167
San Francisco	86,849	88,463	90,698	92,125	92,244
San Mateo	32,174	33,676	34,545	36,113	36,808
Santa Clara	115,260	119,550	122,737	123,096	125,159
South Coast	88,196	91,850	93,570	94,923	95,410
<b>Statewide Total</b>	<b>2,935,862</b>	<b>3,042,278</b>	<b>3,156,793</b>	<b>3,230,730</b>	<b>3,265,179</b>

Data Source: DHCS Data Warehouse MIS/DSS. SFY 16/17 data as of April 2018

<sup>1</sup>Number of enrolled adults with full scope benefits, no share of cost, and at least three months of continuous eligibility in FFS

[Return to Medi-Cal Beneficiary Population Characteristics](#)

## Appendix 9b – Total Adults Enrollment in the Medi-Cal Dental FFS Program

Region	SFY 13/14	SFY 14/15	SFY 15/16	SFY 16/17
Alameda	216,301	265,169	276,988	282,342
Central Coast	85,285	113,508	124,095	130,665
Central Valley	352,781	451,156	480,805	500,254
Contra Costa	113,671	148,808	160,445	167,939
Greater Fresno	226,640	288,447	318,118	334,244
Greater Sacramento	231,268	242,807	192,377	219,577
Inland Desert	45,098	41,106	36,933	36,075
Inland Empire	614,673	818,797	902,621	943,202
Kern	137,495	179,053	199,956	212,741
Los Angeles	1,564,748	1,912,295	1,908,273	2,056,485
North Bay	135,784	175,834	184,785	192,255
Northern	243,588	304,487	314,926	326,987
Orange	338,597	442,664	489,655	514,165
San Diego	337,185	453,531	499,847	518,076
San Francisco	142,844	170,106	173,119	171,933
San Mateo	64,060	80,102	83,846	84,175
Santa Clara	193,370	244,514	257,361	261,662
South Coast	152,623	204,295	220,609	232,089
<b>Statewide Total</b>	<b>5,196,011</b>	<b>6,536,679</b>	<b>6,824,759</b>	<b>7,184,866</b>

Data Source: DHCS Data Warehouse MIS/DSS. SFY 16/17 data as of April 2018

<sup>1</sup>Number of enrolled adults with full scope benefits, no share of cost, and at least three months of continuous eligibility in FFS

[Return to Medi-Cal Beneficiary Population Characteristics](#)

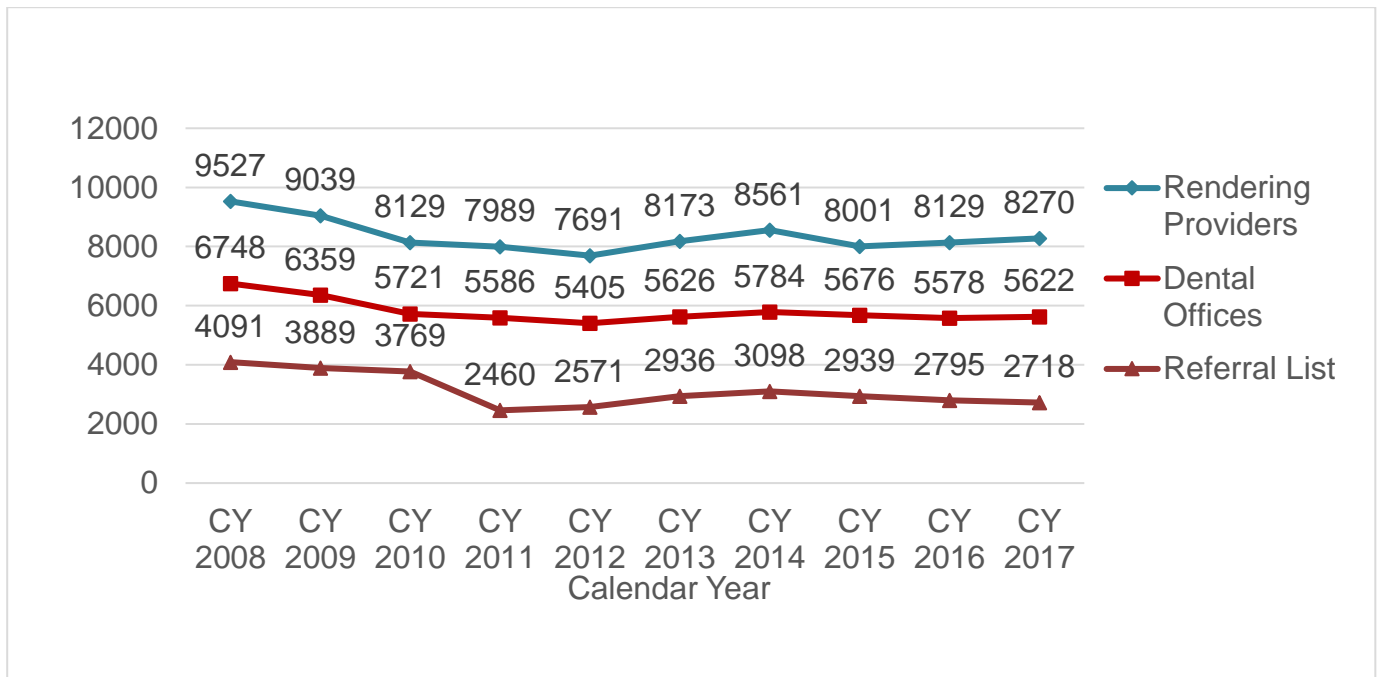
**Appendix 9c – SFY 2016-17 Percentage by Region Adult Enrollment in the Medi-Cal Dental FFS Program**



[Return to Medi-Cal Beneficiary Population Characteristics](#)



## Appendix 10 – Medi-Cal Dental Provider Participation & Referral List



### Data Sources:

Rendering Providers: Dental FFS FI Decision Support System for rendering providers who provided at least one service in the measure period.

Dental Offices: PS-O-008A (3-15-17) count including offices closed between January 1, 2017 and January 1, 2018.

Referral List: RS-O-010E - Average monthly for 2017.

[Return to Provider Network](#)