

## **Program Overview**

The Medi-Cal Dental Program serves about **13 million** members in two delivery systems:

93% Fee-For-Services (FFS)
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 for calendar year (CY) 2019 was approximately 35.7%.

Source: DHCS Data Warehouse as of June 2020.

## **Case Management – New Cases**

Delivery System	Jan-Mar	Apr-Jun
FFS	30	15

Reporting Period: January 2020 to June 2020

#### **Provider Enrollment**

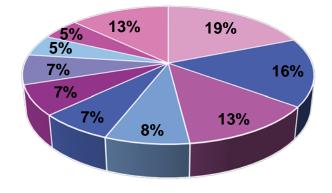
Delivery System/Plan	*Billing Dental Offices	**Rendering Providers
FFS	5,985	11,534
GMC	152	273
PHP	923	1,470

**Source:** DHCS provider network as of June 2020. Data based on enrollment and not claims submission. Please find data on provider utilization on the California Health and Human Services <u>Open Data Portal – Dental Utilization by Provider.</u>

## Statewide Language Line Service (LLS) Call Volume

# **689,033** Member Calls received from January 2020 to June 2020 in both FFS and DMC delivery systems

- 22,751 Spanish calls were handled in-house by the dental ASO in FFS
- > 5.529 LLS calls
  - 1,369 (24.8%) FFS LLS calls
  - 4,160 (75.2%) DMC LLS calls
  - 58 languages requested
  - 87% of LLS are comprised of 9 languages as shown in the pie chart.
  - 13% are comprised of various other languages



- Russian (19%)
- Mandarin (13%)
- Farsi (7%)
- Arabic (7%)
- Korean (5%)
- Spanish (16%)
- Vietnamèse (8%)
- Cantonese (7%)
- Dari (5%)
- Others (13%)

<sup>\*</sup> Active providers enrolled in the Medi-Cal Dental program, excluding safety net clinics (SNC).

<sup>\*\*</sup> Active rendering providers that have an associated address. A rendering provider can render services at multiple locations/counties. Data based on enrollment and not claims.



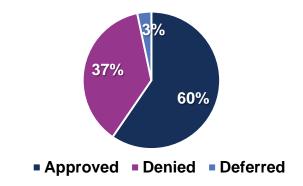
## **Treatment Authorization Requests (TAR) January 2020 – June 2020**

Age	FFS	DMC	Statewide
0-20	171,470	93,686	265,156
21+	423,912	82,064	505,976
Total	595,382	175,750	771,132
Average Turnaround Time (in Days)	3.75	3.23	3.49

## **TAR Determination January 2020 – June 2020**

Measure	FFS	DMC	Statewide
Approved	415,939	128,668	544,607
Denied	290,675	48,775	339,450
Deferred	30,360	6	30,366

**Source:** Monthly TAR report from Administrative Services Organization (ASO) and DMC plans.



### TAR Denials Jan 2020 - Jun 2020

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.	Based on documentation submitted by the dentist, the procedure code has been revised for processing purposes.
Surgical extraction procedure has been modified to confirm with radiographic appearance.	The service requested is not medically necessary; service was approved under a different code.
Authorization of this line is no longer valid: A new claim/TAR is being processed.	Service is denied; x-rays do not show that there are changes or loss in bone.
Cast and prefabricated posts are benefits in endodontically treated devitalized permanent teeth only when crowns have been authorized and/or paid by the program.	Service is denied for a duplicate submission.
Tooth does not meet criteria for lab processed crown. Reevaluate for alternate treatment.	The service requested is not a benefit of the Medi-Cal Dental program.

## **Statewide State Hearing Cases**

Age Group	Scope	Orthodontic	Conlan
Age 0-20	50	135	10
Age 21+	423	0	39
Total	473	135	49

Reporting Period: January 2020 – June 2020

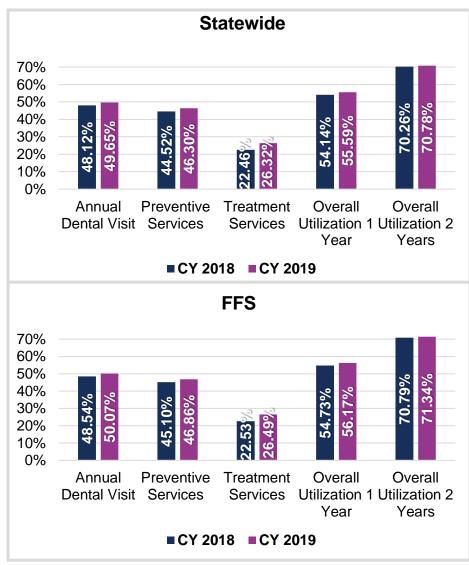
**Scope:** Benefits available under Medi-Cal Dental program.

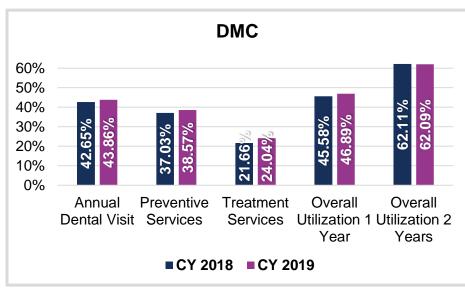
**Orthodontic:** Treatment that requires "braces" to align teeth and/or correct occlusion (bite).

**Conlan:** Reimbursement process to members. Members are able to request reimbursement for services that were paid and covered by the program if they meet the requirements.



### **Utilization in Ages 0-20**





#### Annual Dental Visit (ADV):

Percentage of beneficiaries who were enrolled in the same dental plan for at least three continuous months during the measurement period and received any dental service (CDT D0100-D9999 or CPT 99188), including encounters at SNCs (e.g., Federally Qualified Health Centers, Rural Health Clinics, and Indian Health Clinic).

Preventive Services: Percentage of beneficiaries who were enrolled in the same dental plan for at least three continuous months during the measurement period and received at least one preventive dental service (CDT D1000-D1999 or CPT 99188), including encounters at SNCs.

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

#### Overall Utilization 1 or 2 year(s):

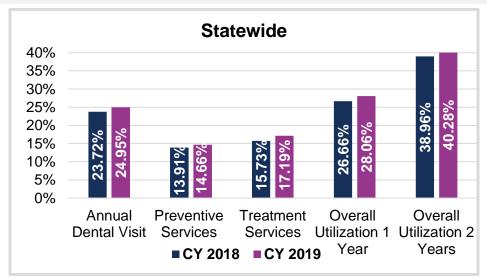
Percentage of beneficiaries who were enrolled in the same dental plan during the entire measurement period (1 or 2 years) with no gap of coverage who received any dental service (CDT D0100-D9999), including encounters at SNCs.

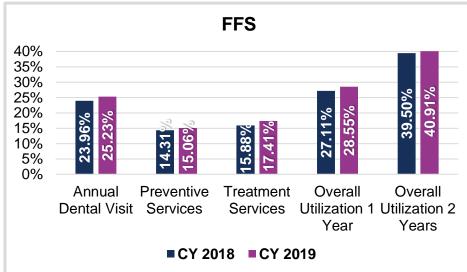
**Source**: DHCS Data Warehouse as of June 2020.

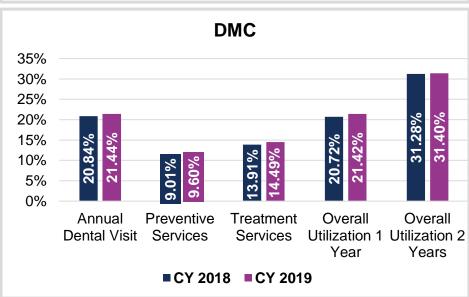
CY 2019 data is preliminary and may change as more claims are received. Please refer to the <u>High Level</u>, <u>FFS</u> and <u>DMC</u> performance measures on the Medi-Cal Dental website for CY 2018 and CY 2019 denominators.



## **Utilization in Ages 21+**







Annual Dental Visit: Percentage of beneficiaries who were enrolled in the same dental plan for at least three continuous months during the measurement period and received any dental service (CDT D0100-D9999) including encounters at SNCs (e.g., Federally Qualified Health Centers, Rural Health Clinics, and Indian Health Clinic).

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

Treatment Services: Percentage of beneficiaries who were enrolled in the same dental plan for at least three continuous months during the measurement period and received at least one dental treatment (CDT D2000-D9999) including encounters at SNCs.

### Overall Utilization 1 or 2 year(s):

Percentage of beneficiaries who were enrolled in the same dental plan during the entire measurement period (1 or 2 years) with no gap of coverage who received any dental service (CDT D0100-D9999), including encounters at SNCs.

**Source**: DHCS Data Warehouse as of June 2020.

CY 2019 data is preliminary and may change as more claims are received. Please refer to the <u>High Level</u>, <u>FFS</u> and <u>DMC</u> performance measures on the Medi-Cal Dental website for CY 2018 and CY 2019 denominators.



## Statewide Top Five Procedure Counts\*: Ages 0-20 in CY 2019

Procedure	CDT	FFS	DMC	Total
Diagnostic	D0230 <sup>p</sup>	8,110,832	305,496	8,416,328
Diagnostic	D0120 <sup>p</sup>	1,946,425	128,688	2,075,113
Diagnostic	D0272 <sup>p</sup>	1,194,781	49,822	1,244,603
Diagnostic	D0350 <sup>p</sup>	876,340	28,690	905,030
Diagnostic	D0220 <sup>p</sup>	690,711	114,093	804,804
Preventive	D1120 <sup>d</sup>	2,689,300	153,339	2,842,639
Preventive	D1208 <sup>d</sup>	1,967,034	88,440	2,055,474
Preventive	D1351 <sup>d</sup>	1,579,358	105,591	1,684,949
Preventive	D1206 <sup>d</sup>	638,100	71,231	709,331
Preventive	D1310 <sup>d</sup>	366,363	58,470	424,833
Treatment	D2150 <sup>p</sup>	593,002	17,049	610,051
Treatment	D7140 <sup>p</sup>	533,878	26,896	560,774
Treatment	D2930 <sup>p</sup>	486,011	21,220	507,231
Treatment	D2392 <sup>p</sup>	450,186	43,902	494,088
Treatment	D9230 <sup>p</sup>	408,009	13,533	421,542
All Services	D0230 <sup>p</sup>	8,110,832	305,496	8,416,328
All Services	D1120 <sup>d</sup>	2,689,300	153,339	2,842,639
All Services	D0120 <sup>p</sup>	1,967,034	88,440	2,055,474
All Services	D1208 <sup>d</sup>	1,946,425	128,688	2,075,113
All Services	D1351 <sup>d</sup>	1,579,358	105,591	1,684,949

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 by focusing on high-value dental care, improved access, and utilization of performance measures to drive delivery system reform.

p – Proposition 56: The California
Healthcare, Research and Prevention
Tobacco Tax Act (Proposition 56) increased
the excise tax rate on cigarettes and
electronic cigarettes, effective April 1, 2017,
and other tobacco products, effective July 1,
2017. 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.

## Statewide Top Five Procedure Counts: Ages 21+ CY 2019

Procedure	CDT	FFS	DMC	Total
Diagnostic	D0230 <sup>p</sup>	2,150,448	93,427	2,243,875
Diagnostic	D0150 <sup>p</sup>	676,308	61,002	737,310
Diagnostic	D0210 <sup>p</sup>	473,875	46,234	520,109
Diagnostic	D0220 <sup>p</sup>	333,833	53,767	387,600
Diagnostic	D0120 <sup>p</sup>	350,648	35,618	386,266
Preventive	D1110 <sup>p</sup>	617,471	41,751	659,222
Preventive	D1208 <sup>p</sup>	319,547	15,312	334,859
Preventive	D1206 <sup>p</sup>	147,037	5,840	152,877
Preventive	D1330	0**	18,694	18,694
Preventive	D1310	0**	4,160	4,160
Treatment	D4341 <sup>a</sup>	534,216	50,098	584,314
Treatment	D7210 <sup>p</sup>	457,060	39,788	496,848
Treatment	D7140 <sup>p</sup>	297,798	21,558	319,356
Treatment	D9430 <sup>p</sup>	257,106	32,279	289,385
Treatment	D2391 <sup>p</sup>	222,112	21,175	243,287
All Services	D0230 <sup>p</sup>	2,150,448	93,427	2,243,875
All Services	D0150 <sup>p</sup>	676,308	61,002	737,310
All Services	D1110 <sup>p</sup>	617,471	41,751	659,222
All Services	D4341 <sup>a</sup>	534,216	50,098	584,314
All Services	D0210 <sup>p</sup>	473,875	46,234	520,109

**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 over that were not restored in May 2014.

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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 August 5, 2020; CY 2019 data is preliminary and may change as more claims are received.

<sup>\*</sup> FFS and DMC; not including SNC.

<sup>\*\*</sup> Not billable.