

Medi-Cal Dental Plan/Stakeholder Meeting – Sacramento County

Meeting Agenda
Thursday, July 25, 2013
1:00 PM – 3:00 PM
Toll Free Call-In Number 1-877-952-6960
Participant Passcode 8035226

Welcome **Jon Chin, Acting Chief, Medi-Cal Dental Services Division**

Introductions **All**

Discussion

- *Reporting – Abby Aban*
 - Geographic Managed Care (GMC) Deliverables
 - *Beneficiary Dental Exemption (BDE) Process – Leo Martin*
 - Report
 - Forms
 - Feedback
 - *Healthy Families Program Transition – Jon Chin & Abby Aban*
 - Updates
 - Orthodontic Cases
 - *Advisory Committee Council – Debra Payne & Dr. Terry Jones*
 - Updates
-

Conclusion

- Additional Items
- Recap
- Next steps

Next Meeting: Thursday, October 24, 2013 (1:00 PM – 3:00 PM)
Location: TBD

**Medi-Cal Dental All Plan Stakeholder Meeting – Sacramento County
April 25, 2013 - Meeting Summary Notes**

Topics	Discussion	Action Items
Healthy Families Program Transition	Next transition: May 1 (includes beneficiaries enrolled in Health Net)	
Beneficiary Dental Exemption Process	Beneficiary Dental Exemption (BDE) forms are in the process of being updated for ease for beneficiaries to use. DHCS is soliciting recommendations from plans and stakeholders	Plans and stakeholders to send any suggestions to DHCS
Online Reports	Will be posted online (www.denti-cal.ca.gov , Dental Managed Care tab) and an email notification will be sent out when items are posted	
Advisory Committee Council	<p><i>Medi-Cal Dental Advisory Committee (MCDAC) Updates</i></p> <ul style="list-style-type: none"> • Updated coverage charge to help families enroll will be distributed at family resource centers, schools, etc • Medi-Cal “clawback” – the 10% actuarial equivalent will be on a prospective basis for Dental Managed Care; fee-for-service providers will experience a “clawback” back to June 2011 for overpayments • Recommendation for a “group needs assessment” in Sacramento County in order to do strategic planning for allocating resources • Foster Care Cases–Beneficiaries are claiming to being switched unknowingly from fee-for-service to dental managed care • Requesting for DHCS’ presence at all MCDAC meetings and will talk to Senator Darrell Steinberg about this request • Non-Routine Surveys–would like more clarification and is requesting for findings to be discussed at next MCDAC meeting • AB 2003–Not repealed but justification for services needs to be provided because of the federal requirements for Medicaid program. MCDAC would like a definition of the justifications needed • Transportation concerns–Taxi services do not allow children to ride without a car seat • Healthy Families Program (HFP)/California Children Services (CCS) Orthodontic Cases—Concern about continuity of care issue, providers are contacting CCS about not knowing what to do 	<p>Cynthia Vanzant will provide more info</p> <p>MDSO Dental Consultant to attend MCDAC meeting to explain</p> <p>Dalene Branson (MDSO HFP Lead) to attend MCDAC meeting to explain</p>
Annual Report	The Dental Managed Care Report could be found on the department’s internet website. http://www.dhcs.ca.gov/formsandpubs/Documents/Legislative%20Reports/Dental%20Managed%20Care/Medi-Cal_DMC-Mar2013.pdf	Please send questions and comments to dentalmanagedcare@dhcs.ca.gov

Contract Deliverable Reporting
Geographic Managed Care - Sacramento
July 2013 Stakeholder Meeting Report

Table #	Report Title	Reporting Period
1	Pay for Performance	May-13
2	Changes to Provider Network	June-13
3	FQHC Enrollment Tracking	June-13
4	Member Phone Call	June-13
5	Grievances	Q1 (Jan-Mar)
6	Timely Access	Q1 (Jan-Mar)
7	Provider Education	Q1 (Jan-Mar)
8	Performance Measures & Benchmarks	Q1 (Jan-Mar)

Dental Plans Reporting

Access Dental Plan
Health Net Dental Plan
LIBERTY Dental Plan

Next Reporting Due Date

Please refer to report footnotes

Questions about reporting please email:

dentalmanagedcare@dhcs.ca.gov

Pay for Performance Summary

Plans are expected to develop an incentive program for provider offices. Performance measures should be defined by the Plan, and based on the percentage of assigned members that actually receive services. Plans should include in the incentive program a specific measure for preventative services. The program should apply to all enrolled Medi-Cal children (ages 0-20 years) assigned to the plan. Plans are expected to review provider office encounter data to identify beneficiaries that have not been seen in their dental office in a year. Plans are expected to halt all new enrollments for provider offices that do not meet specific thresholds of utilization. This table reflects the summary results of the monthly provider offices and the actions.

Reporting Period - May 2013	Access	Health Net	LIBERTY
Total Provider Offices:	30	42	56
Total Provider Offices below 25 Member Minimum Threshold:	0	1	2
Total Provider Offices w/ 25 Member Minimum & Above:	30	41	54
# of Provider Offices 4.0% or Above:	17	13	19
% of Total Provider Offices:	56.67%	31.71%	35.19%
# of Providers Offices between 3.33%-4.0%:	8	6	7
% of Total Provider Offices:	26.67%	14.63%	12.96%
# of Provider Offices Below 3.33%:	5	22	28
% of Total Provider Offices:	16.67%	53.66%	51.85%
# of Provider Offices on CAP:	0	0	0
# of Provider Offices Under Review:	3	9	6
# of Provider Offices w/ Closed Enrollment*:	0	5	14
# of Provider Offices w/ Reinstated Enrollment:	0	0	0

NOTES:

Percentages (%) are stand alone monthly utilization percentages from provider offices with 25 member minimum and above.

*Closed enrollment includes provider offices not accepting new patients and provider offices that do not meet specific thresholds of utilization

JP updated as of 7-23-2013

June data is due to DHCS 8-20-2013

Updated with 7-22-2013 plan data submissions

Changes to Provider Network

Plans should create an outreach campaign to increase provider and specialist enrollment into the DMC program. This table reflects the monthly results of that outreach campaign.

Reporting Period - June 2013	Access	HealthNet	LIBERTY
Total # of General Providers Enrolled:	68	77	341
New General Providers Enrolled:	1	3	8
Total General Providers Disenrolled:	1	6	6
Total # of Specialists Enrolled:	32	242	242
New Specialists Enrolled:	1	9	9
Total # of Specialist Disenrolled:	0	3	3

BN updated as of 7-23-2013

July data is due to DHCS 8-5-2013

Updated with 7-5-2013 plan data submissions.

Federally Qualified Health Centers (FQHCs)

Reporting Period - June 2013	Access		Health Net		Liberty	
	Enrollment Status	FTP	Enrollment Status	FTP	Enrollment Status	FTP
The Effort-Oak Park	Contracted	2	Contracted	7	Contracted	7
The Effort-North Highlands	Contracted	2	Contracted	6	Contracted	6
The Effort - South Valley	Pending	N/A	Contracted	3	Contracted	3
The Effort - Rancho Cordova	Pending	N/A	Contracted	2	Contracted	2
Sacramento Community Clinic - South Gate	Contracted	1	Contracted	1	Contracted	1
Sacramento Community Clinic - Assembly	Contracted	2	Contracted	2	Contracted	2
Native American Health Clinic	Contracted	2	Not Contracted	N/A	Contracted	4

NOTES:

FTP = # Full Time Providers

N/A - data is not available

LB updated as of 7-8-2013

July data is due to DHCS 8-5-2013

Updated with 7-5-2013 plan data submissions

Member Phone Call Report

Exhibit A, Attachment 14-B.5: Contractor shall conduct phone calls to Members who have not seen their Primary Care Dentist in the last 12 months. Contractor shall ensure that Members are set up with an appointment, if requested, and Members understand their rights to access to care and services. Contractor shall report the results to DHCS no later than thirty (30) calendar days following the end of the reporting month.

Reporting Period - June 2013	Access		Health Net		LIBERTY	
# of Eligible (0-20) for month reporting	55,145		43,201		69,550	
# of Calls Made	22,267		2,055		1,301	
Wrong # and/or Phone # Out of Service	2487	11.17%	442	21.51%	250	19.22%
Appointment Scheduled	1956	8.78%	13	0.63%	12	0.92%
Left Message	8130	36.51%	766	37.27%	531	40.81%
Member Declined*	0	0.00%	108	5.26%	40	3.07%
Member Hung Up	9694	43.54%				
No Answer	0	0.00%	338	16.45%	208	15.99%

NOTES:

All calls made were to beneficiaries under 21 who had not had an appointment within the last 12 months.

*Health Net and LIBERTY consider the member hanging up as the member declining.

AA updated as of 7-22-2013

July data is due to DHCS 8-5-2013

Updated with 7-5-2013 plan data submissions

Grievance Summary

Dental Managed Care contractors shall resolve each grievance and provide notice to the member as quickly as member's dental condition requires, or no later than thirty (30) calendar days from the date the Contractor receives the grievance. Contractors shall submit reports resulting from its quarterly review and analysis of all recorded grievances in the required Department of Managed Health Care (DMHC) format. Upon request Contractor shall submit the additional information on a grievance to DHCS within five (5) calendar days.

Reporting Period: 2013 Quarter 1	Access	Health Net	LIBERTY
Number of Unresolved Grievances Over 30 Days:	0	0	0
Average Number of Days to Resolve Grievances:	26	9	30
Number of Access to Care Grievances:	4	1	4
Number of Quality of Care grievances:	6	2	6
Number of Denial of Services grievances:	0	0	0
Other:	2	3	1
Total Number of Grievances Reported:	12	6	11

NOTES:

Other can include, but is not limited to: untimely assignments to a Primary Care Dentist; issues related to cultural sensitivity and linguistic access; and difficulty with accessing specialists.

DV updated as of 7-22-2013

Quarter 2 data is due to DHCS 7-30-2013

Updated with 4-1-2013 plan data submissions

Timely Access Report Summary

All Dental Plans are expected to submit quarterly timely access reports to monitor the access and availability of services for beneficiaries with each contracted dental office. Quarterly reports are required to ensure all contracted dental providers meets or exceeds the access standards. This table reflects the summary of data for timeliness of care of all dental plans for the first quarter of 2013.

Reporting Period - 2013 Quarter 1		Access	HealthNet	LIBERTY
Quarter Total Enrollee Count:		77,373	57,583	102,235
Quarter Total Under 21 Enrollee Count:		52,212	35,653	67,922
Quarter Total Over 21 Enrollee Count:		25,161	21,930	34,313
Average # of Days to Schedule	Initial Appt:	10	10	6
	Routine Appt:	10	10	6
	Preventive Appt:	10	10	6
	Emergency Appt:	1	1	1
% of No Show Appt:		40%	N/A	40%
Are Interpreter Services Available:		Yes	Yes	Yes
Answering Services Available:		Yes	Yes	Yes
Avg. Ratio of Member to Primary Care Dentist for under 21 ONLY:		841	544	199
Total # of Members who are assigned to a PCD who is more than 30 min. or more than 10 miles from their residence:		281	255	431
# of Routine Authorizations Received (under 21)		241	1225	1251
% of Routine Authorizations Approved	Within 5 business days	99%	100%	100%
	Within 10 business days	99%	100%	100%
	Outside of 10 business days	1%	0%	0%

LEGEND:

N/A means the plan did not capture this information during the reporting period

NOTES:

Specialty Report and Linguistic Report will be captured in Quarter 2 reporting.

LM updated as of 7-22-2013

Quarter 2 data is due to DHCS 7-30-2013

Updated with 4-30-2013 plan data submissions.

Provider Education Report

Reporting Period: 2013 Quarter 1	ACCESS	HEALTH NET	LIBERTY
# of Providers Educated:	31	66	66
Provider Concerns:	Providers are still having a hard time with the utilization thresholds set for the program stating that they amount of patients that are missing appointments still remains high for the program.	<ul style="list-style-type: none"> • Providers expressed concern about potential fee reductions, • No show ratio of GMC Members. 	<ul style="list-style-type: none"> • Providers expressed concern about potential fee reductions, • No show ratio of GMC Members.
Educational Materials:	<p>The following areas were reviewed:</p> <ul style="list-style-type: none"> • Appointment accessibility • Wait time in the office and operatory • Importance of Encounter submission • Importance of follow up on broken appointments and encouraging members to keep appointments not only for initial visits but for follow treatment as well • Facility structural reviews to ensure that offices are in compliance with sterilization and office cross contamination prevention requirements. • Language Assistance Program policy to ensure that providers know that our members have interpreter services available. • Healthy Families Transition 	<ul style="list-style-type: none"> • Sent Provider Alert letter reminding offices about our Language assistance program. • Specialty Care Referral Forms • Informed Consent for Alternative Treatment Form • Denti-Cal Provider Guidelines 	<ul style="list-style-type: none"> • Sent Provider Alert letter reminding offices about our Language assistance program. • Specialty Care Referral Forms • Informed Consent for Alternative Treatment Form • Denti-Cal Provider Guidelines
Education Strategy:	Onsite Visits	Site visits and conference calls	Site visits and conference calls

LB updated as of 7-22-2013

2nd Quarter data is due to DHCS 7-30-2013
Updated with 4-30-2013 plan data submissions

Performance Measures & Benchmarks Reporting
Geographic Managed Care - Sacramento
July 2013 Stakeholder Meeting Report

Reporting Period: 2013 Quarter 1 (January - March)	
Table #	Report Title
1	Annual Dental Visits
2	Use of Preventive Services
3	Use of Sealants
4	Sealant to Restoration Ratio (surfaces)
5	Treatment/Prevention of Caries
6	Exams/Oral Health Evaluations
7	Overall Utilization of Dental Services
8	Use of Dental Treatment Services
9	Preventive Services to Fillings

Dental Plans Reporting

Access Dental Plan
Health Net Dental Plan
LIBERTY Dental Plan

Next Reporting Due Date

Quarter 2 Reporting due August 20, 2013

Questions about reporting please email:

dentalmanagedcare@dhcs.ca.gov

Annual Dental Visits

Percentage of eligible members who had at least one (1) dental visit during the reporting period.

Reporting Period - Quarter 1	Access	Health Net	LIBERTY	
Age Groups	0-3	7.6	5.8	7.2
	4-5	20.9	19.3	18.7
	6-8	19.2	18.8	18.4
	9-11	16.2	16.5	17.4
	12-14	13.7	12.6	16.3
	15-18	13.1	14.6	16.3
	19-20	9.7	8.7	10.8
	2-18	15.9	15.1	16.3

Calculation

Numerator: Number of eligible members continuously enrolled in the same plan who received any dental procedure (D0100-D9999) during the reporting period.

Denominator: Number of eligible members continuously enrolled in the same plan during the reporting period.

Use of Preventive Services

Percentage of eligible members who received any preventive dental service during the reporting period.

Reporting Period - Quarter 1		Access	Health Net	LIBERTY
Age Groups	0-3	5.7	3.7	5
	4-5	14.1	13.0	13.8
	6-8	12.3	12.5	13.1
	9-11	10.8	10.8	12.1
	12-14	9.4	8.5	10.2
	15-18	7.5	8.4	8.4
	19-20	4.7	4.1	4.6
	0-18	9.6	9.1	10.2

Calculation

Numerator: number of eligible members continuously enrolled in the same plan who received any preventive dental service (D1000-D1999) in the reporting period.

Denominator: number of eligible members continuously enrolled in the same plan during the reporting period.

Use of Sealants

Percentage of eligible members ages 6-9 and 10-14 continuously enrolled in the same plan during the reporting period who received a dental sealant on at least one permanent molar tooth.

Reporting Period - Quarter 1		Access	Health Net	LIBERTY
Age Groups	6-9	3.6	3.2	4.3
	10-14	1.6	0.9	1.9

Calculation

Numerator: 1.) number of eligible members ages 6-9 continuously enrolled in the same plan during the reporting period who received a dental sealant (D1351) on a permanent first molar (tooth number = 3, 14, 19, 30). 2.) number of eligible members ages 10-14 continuously enrolled in the same plan during the reporting period who received a dental sealant (D1351) on a permanent second molar (tooth number = 2, 15, 18, 31).

Denominator: number of eligible members ages 6-9 and 10-14, respectively, continuously enrolled in the same plan the reporting period.

Sealant to Restoration Ratio (Surfaces)

The ratio of occlusal surfaces of permanent first and second molars receiving dental sealants to those receiving restoration among eligible members ages 6-9 and 10-14 continuously enrolled in the same plan during the reporting period.

Reporting Period - Quarter 1		Access	Health Net	LIBERTY
Age Groups	6-9	1.46	3.06	3.50
	10-14	0.57	0.93	1.08

Calculation

Numerator: number of occlusal surfaces of permanent first molars (tooth number = 3, 14, 19, 30) in 6-9 and 10-14 year olds of permanent second molars (tooth number = 2, 15, 18, 31) in 10-14 year olds receiving dental sealant (D1351) among eligible members in those age groups continuously enrolled in the same plan during the reporting period.

Denominator: number of occlusal surfaces of permanent first molars (tooth number - 3, 14, 19, 30) in 6-9 and 10-14 year olds and of permanent second molars (tooth number 2, 15, 18, 31) in 10-14 year olds receiving a restoration (D2000-D2999) among eligible members in those age groups continuously enrolled in the same plan during the reporting period.

Treatment/Prevention of Caries

Percentage of eligible members who received either treatment for caries or a caries-preventive procedure during the reporting period.

Reporting Period - Quarter 1	Access	Health Net	LIBERTY	
Age Groups	0-3	6.2	3.4	3.7
	4-5	17.2	13.3	11.2
	6-8	15.5	13.7	12.9
	9-11	12.9	11.9	12.4
	12-14	10.6	8.5	11
	15-18	9.1	8.1	8.7
	19-20	4.8	3.8	4.5
	0-18	11.4	9.4	9.8

Calculation

Numerator: number of eligible members continuously enrolled in the same plan during the reporting period who received a treatment for caries (D2000-D2999) or a caries-preventive procedure (D1203-D1206, D1310, D1330, D1351) during the reporting period.

Denominator: number of eligible members continuously enrolled in the same plan during the reporting period.

Exams/Oral Health Evaluations

The percentage of eligible members who received a comprehensive or periodic oral health evaluation or, for members under 3 years of age, who received an oral evaluation and counseling with the primary care giver, during the reporting period.

Reporting Period - Quarter 1		Access	Health Net	LIBERTY
Age Groups	0-3	6.2	4.8	6
	4-5	14.8	12.7	14.4
	6-8	11.8	11.8	12.9
	9-11	10.5	11	11.7
	12-14	9.1	8.3	10.3
	15-18	7.6	8.7	8.8
	19-20	5.3	4.8	5.5
	0-18	9.6	9.2	10.5

Calculation

Numerator: number of eligible members continuously enrolled in the same plan during the reporting period who received a comprehensive or period exam (D0120 or D0150) or, for members under three (3) years of age, who received an oral evaluation and counseling with the primary caregiver (D0145, during the reporting period.

Denominator: number of eligible members continuously enrolled in the same plan during the reporting period.

Overall Utilization of Dental Services

Percentage of eligible members continuously enrolled for the reporting period who received any dental service (D0100-D9999) during that period.

Reporting Period - Quarter 1								
Age Group	0-3	4-5	6-8	9-11	12-14	15-18	19-20	0-18
Access	5.2	17.4	16.8	13.3	11.7	11.5	8.4	11.3
Health Net	4.7	18.7	17.2	15.7	11.5	13.4	7.7	12.6
LIBERTY	6.4	17.6	17.6	16.6	15.8	16	10.5	14.6

Calculation

Numerator: number of members continuously enrolled in the same plan for the reporting period with no break in eligibility who received any dental service (D0100-D9999) during that period.

Denominator: number of members continuously enrolled in the same plan for the reporting period, respectively.

Use of Dental Treatment Services

Percentage of eligible members who received any dental treatment service (D2000-D9999) during the reporting period.

Reporting Period - Quarter 1	Access	Health Net	LIBERTY	
Age Groups	0-3	1.9	1.5	1.8
	4-5	9	9.4	7.7
	6-8	9.8	9.5	9.3
	9-11	7.9	7.9	9.2
	12-14	6.1	5.6	9.4
	15-18	7.2	7.3	10.8
	19-20	5.9	4.8	7.5
	0-18	6.6	6.5	8

Calculation

Numerator: number of eligible members continuously enrolled in the same plan during the reporting period who received any dental treatment service (D2000-D9999) in the reporting period.

Denominator: number of eligible members continuously enrolled in the same plan during the reporting period.

Preventive Services to Fillings

Percentage of eligible members who received one (1) or more fillings in the reporting period who also received preventive services (topical fluoride application, sealant, preventive resin restoration, education) in the reporting period.

Reporting Period - Quarter 1		Access	Health Net	LIBERTY
Age Groups	0-3	30.8	26.3	42.4
	4-5	31.7	40.6	30.9
	6-8	30.3	40	39
	9-11	36.7	40.8	36.1
	12-14	41.3	43.3	32.5
	15-18	25.8	23.6	21.9
	19-20	25	17	13.3
	0-18	32.3	37.2	32.6

Calculation

Numerator: number of eligible members continuously enrolled in the same plan during the reporting period who received one (1) or more fillings (D200-D2999) in the reporting period and who also received one (1) or more topical fluoride applications (D1203, D1204, or D1206), dental sealants (D1351), preventive resin restorations (D1352) or education to prevent caries (D1310 or D1330) in the reporting period.

Denominator: number of eligible members continuously enrolled in the same plan during the reporting period, who received one (1) or more fillings (D2000-D2999) in the reporting period.

**Medi-Cal Dental All Plan Stakeholder Meeting – Sacramento County
July 25, 2013 - Meeting Summary Notes**

Topics	Discussion	Action Items
Healthy Families Program Transition	<ul style="list-style-type: none"> • MDSD gave an update on the HFP transition including information about the upcoming phases. • Phase 4 will be split into 4a and 4b to reflect the medical side's modification to ensure the readiness of the contracted health plans and to minimize any disruption in services to beneficiaries. • Phase 4a will transition on September 1. Phase 4b will transition on November 1. • An update regarding the orthodontia cases was also given. • DMC to FFS ortho letters sent were mailed out July 18, 2013. • All ortho cases in Sacramento and LA with transition date beginning March 1, 2013 were transferred to FFS. • All disenrollments from DMC regarding ortho cases were completed. 	
Beneficiary Dental Exemption Process	<ul style="list-style-type: none"> • MDSD presented the BDE report, forms, etc. • Mr. Monasky brought up the GA authorizations issue as discussed in both the MCDAC and GA meetings. Specifically noted was the issue experienced by Dr. Musser that there is a disconnect between the Dental and Medical sides. • Ms. Murillo from DMHC addressed Mr. Monasky's issue concerning GA authorizations. She provided a diagram and explained that it is the dental plan's responsibility to follow up with entities such as EHS if there are problems. All grievance issues should be submitted to the dental plans and the plans will assist in remedying the issues. DMHC would also be happy to assist beneficiaries with any grievances as well. 	The issue presented by Mr. Monasky will be further addressed in a more applicable stakeholder meeting, such as the MCDAC monthly meeting and/or the General Anesthesia meeting.
Advisory Committee Council	<p><i>Medi-Cal Dental Advisory Committee (MCDAC) Updates</i></p> <ul style="list-style-type: none"> • Ms. Payne gave an update involving an explanation of a response letter that was sent on behalf of the MCDAC committee in response to a Covered CA article. • The MCDAC committee recently assisted in arranging for access to car seats so that families who take advantage of the taxi transportation method that Medi-Cal offers would be able to attain car seats for their young children. • A flowchart was shared on the process of "How to successfully make a dental appointment with a Medi-Cal Dental Geographic Managed Care (GMC) dentist." Email Ms. Payne on any input or edits to the chart. 	MDSD will review the flowchart and send comments to Ms. Payne.

<p>Online Reports</p>	<ul style="list-style-type: none"> • MDSO gave an overview of the GMC reporting. • The group requested that page numbers to be added. • The group requested that MDSO add a total column and that age range 0-20 show on the annual dental visits chart. • The group requested that a benchmark be given for reference on the Sealant to Restoration Ratio (Surfaces) chart. • MDSO was asked if any of the data values seemed to stand out comparatively to prior data or if there were any red flags, etc. MDSO reported that there was nothing unusual or particularly notable, but not all data section experts were present at the meeting so we couldn't speak with complete certainty. • Reports will be posted online (www.denti-cal.ca.gov, Dental Managed Care tab) and an email notification will be sent out when items are posted. <p>The Dental Managed Care report can be found on the department's internet website. http://www.dhcs.ca.gov/formsandpubs/Documents/Legislative%20Reports/Dental%20Managed%20Care/Medi-Cal_DMC-Mar2013.pdf</p>	<p>MDSO will add page numbers in the next report.</p> <p>MDSO will look into adding a total column for ages 0-20 for all reports as well as a benchmark for the Sealant to Restoration Ratio (surfaces) Chart.</p> <p>Please send questions and comments to dentalmanagedcare@dhcs.ca.gov</p>
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