

Dental Managed Care Performance Measures for 2013

Assembly Bill (AB) 1467 was enacted July 1, 2012 to improve access to oral health and dental care services provided to Medi-Cal beneficiaries enrolled in dental managed care plans in Sacramento County. Specifically, section 114 of AB 1467 added section 14459.6 to the Welfare and Institutions code, which requires the Department of Health Care Services to report on specific performance measures as listed in AB 1467. The following are the performance measures that have been established and will be reported on a quarterly basis:

- Provider network adequacy,
- Overall utilization of dental services (under 21),
- Annual dental visits (under 21),
- Use of preventive dental services (under 21),
- Use of dental treatment services (under 21),
- Use of examinations and oral health evaluations (under 21),
- Sealant to restoration ratio (6-9 and 10-14),
- Preventive services to filling ratio (under 21),
- Treatment to caries prevention ratio (under 21),
- Use of dental sealants (6-9 and 10-14), and
- Survey of member satisfaction with plans and providers.

New Dental Managed Care Contracts will be executed in 2013. Geographic Managed Care (GMC) Contracts for Sacramento County will begin January 1, 2013 and Prepaid Health Plan (PHP) Contracts for Los Angeles County will begin July 1, 2013.

GMC Dental Plans (Beginning January 1, 2013)	PHP Dental Plans (Current)
Access Dental Plan	Access Dental Plan
Health Net of California, Inc.	Health Net of California, Inc.
LIBERTY Dental Plan of California, Inc.	LIBERTY Dental Plan of California, Inc.
	SafeGuard Health Plans, Inc.
	Western Dental

PHP Dental Plans (Beginning July 1, 2013)
Access Dental Plan
Health Net of California, Inc.
LIBERTY Dental Plan of California, Inc.

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1. Annual Dental Visits – percentage of Medi-Cal beneficiaries under the age of 21 who had at least one (1) dental visit during the measurement year.

Calculation

Numerator: Number of Medi-Cal beneficiaries under the age of 21 continuously enrolled in the same plan during the measurement year with no more than a one-month gap in eligibility who received any dental procedure (D0100-D9999) during that period.

Denominator: Number of Medi-Cal beneficiaries under the age of 21 continuously enrolled in the same plan with no more than a one-month gap in eligibility.

2. Use of Preventive Services – percentage of Medi-Cal beneficiaries under the age of 21 who received any preventive dental service during the past year.

Calculation

Numerator: Number of Medi-Cal under the age of 21 beneficiaries continuously enrolled in the same plan with no more than a one-month gap in eligibility who received any preventive dental service (D1000-D1999) in the measurement year.

Denominator: Number of Medi-Cal beneficiaries under the age of 21 continuously enrolled in the same plan during the measurement year with no more than a one-month gap in eligibility.

3. Use of Sealants – percentage of Medi-Cal beneficiaries ages 6-9 and 10-14 continuously enrolled in the same plan during the measurement year with no more than a one-month gap in eligibility who received a dental sealant on at least one permanent molar tooth.

Calculation

Numerator: 1) Number of Medi-Cal beneficiaries ages 6-9 continuously enrolled in the same plan during the measurement year with no more than a one-month gap in eligibility who received a dental sealant (D1351) on a permanent first molar (Tooth Number = 3, 14, 19, 30). 2) Number of Medi-Cal beneficiaries ages 10-14 continuously enrolled in the same plan during the measurement year with no more than a one-month gap in eligibility who received a dental sealant (D1351) on a permanent second molar (Tooth Number = 2, 15, 18, 31).

Denominator: Number of Medi-Cal beneficiaries ages 6-9 and 10-14, respectively, continuously enrolled in the same plan with no more than a one-month gap in eligibility.

4. Sealant to Restoration Ratio (Surfaces) – The ratio of occlusal surfaces of permanent first and second molars receiving dental sealant to those receiving restoration among Medi-Cal beneficiaries ages 6-9 and 10-14 continuously enrolled in the same plan during the measurement year with no more than a one-month gap in eligibility.

Calculation

Numerator: 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 dental sealant (D1351) among Medi-Cal beneficiaries in those age groups continuously enrolled in the same plan during the measurement year with no more than a one-month gap in eligibility.

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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 Medi-Cal beneficiaries in those age groups continuously enrolled in the same plan during the measurement year with no more than a one-month gap in eligibility.

5. Treatment/Prevention of Caries – percentage of Medi-Cal beneficiaries under the age of 21 who received either treatment for caries or a caries-preventive procedure during the past year.

Calculation

Numerator: Number of Medi-Cal beneficiaries under the age of 21 continuously enrolled in the same plan during the measurement year with no more than a one-month gap in eligibility who received a treatment for caries (D2000-D2999) or a caries-preventive procedure (D1203-D1206, D1310, D1330, D1351) during the past year.

Denominator: Number of Medi-Cal under the age of 21 beneficiaries continuously enrolled in the same plan during the measurement year with no more than a one-month gap in eligibility.

6. Exams/Oral Health Evaluations - The percentage of Medi-Cal beneficiaries under the age of 21 who received a comprehensive or periodic oral health evaluation or, for Medi-Cal beneficiaries under 3 years of age, who received an oral evaluation and counseling with the primary care giver, during the past year.

Calculation

Numerator: Number of Medi-Cal beneficiaries under the age of 21 continuously enrolled in the same plan during the measurement year with no more than a one-month gap in eligibility received a comprehensive or periodic exam (D0120 or D0150) or, for Medi-Cal beneficiaries under three (3) years of age, who received an oral evaluation and counseling with the primary caregiver (D0145), during the past year.

Denominator: Number of Medi-Cal beneficiaries continuously enrolled in the same plan during the measurement year with no more than a one-month gap in eligibility.

7. Overall Utilization of Dental Services – percentage of Medi-Cal beneficiaries under the age of 21 continuously enrolled for 1, 2, and 3 years who received any dental service during those periods

Calculation

Numerator: Number of Medi-Cal beneficiaries under the age of 21 continuously enrolled in the same plan for 1, 2, and 3 years with no break in eligibility who received any dental service (D0100-D9999) during those periods.

Denominator: Number of Medi-Cal beneficiaries continuously enrolled in the same plan for 1, 2, and 3 years, respectively.

Note: For plans enrolling new Medi-Cal beneficiaries beginning in 2012, this measure will not come into play for those Medi-Cal beneficiaries until the end of the first full year,

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although it can still be applied for existing Medi-Cal beneficiaries who have remained in a plan for the requisite number of years.

8. Use of Dental Treatment Services – Percentage of Medi-Cal beneficiaries under the age of 21 who received any dental treatment service during the past year.

Calculation

Numerator: Number of Medi-Cal under the age of 21 beneficiaries continuously enrolled in the same plan during the measurement year with no more than a one-month gap in eligibility who received any dental treatment service (D2000-D9999) in the measurement year.

Denominator: Number of Medi-Cal beneficiaries continuously enrolled in the same plan during the measurement year with no more than a one-month gap in eligibility.

9. Preventive Services to Fillings – Percentage of Medi-Cal beneficiaries under the age of 21 who received one (1) or more fillings in the measurement year who also received preventive services (topical fluoride application, sealant, preventive resin restoration, education) in the measurement year.

Calculation

Numerator: Number of Medi-Cal beneficiaries under the age of 21 continuously enrolled in the same plan during the measurement year with no more than a one-month gap in eligibility who received one (1) or more fillings (D200-D2999) in the measurement year 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 measurement year.

Denominator: Number of Medi-Cal beneficiaries under the age of 21 continuously enrolled in the same plan during the measurement year with no more than a one-month gap in eligibility, who received one (1) or more fillings (D2000-D2999) in the measurement year.

10. Provider Network Adequacy – The ratio of primary care providers and Medi-Cal beneficiaries enrolled in each plan.

Calculation

Numerator: Number of primary care providers currently contracting with the plan.

Denominator: Average number of Medi-Cal beneficiaries enrolled in the particular plan during the measurement year.

11. Member and Provider Satisfaction Survey – The results of a satisfaction survey of each plans' enrolled members and provider network conducted their respective External Quality Review Organization (EQRO) will be published annually.