

# Department of Health Care Services Medi-Cal Dental Services Division

## Beneficiary Utilization Measurements Round 2: April 21<sup>st</sup> Meeting Dental Stakeholder Feedback

**1) Performance Measurements to be Used in Criteria for Assessing Beneficiary Utilization:**

- Annual Dental Visit
- Use of Preventive Services
- Use of Sealants
- Exams/Oral Health Evaluations
- Usual Source of Care

Stakeholder	Feedback
<b>California Dental Association</b>	<ul style="list-style-type: none"> <li>• All of the beneficiary utilization measures should be stratified by age (0 to 3, 4 to 5, 6 to 8, 9-11, 12-14, 15-18, 19-20, 0-20, 21 and above), aid code and/or identified as a special needs population.</li> <li>• All measures should be applicable to adults as well as children.</li> <li>• <u>Utilization Benchmark</u>: To ensure compliance with federal Medicaid requirements, the Beneficiary Utilization measures should include a utilization benchmark. As noted in CDA's previous comments, per the Clark v. Kizer lawsuit and federal law, the state should increase utilization of its Medi-Cal dental services to the national average of utilization in the commercial market, which is 58.10% (American Dental Association, Health Policy Institute).</li> <li>• <u>Use of Treatment Services</u>: Based on review of the top 10 dental procedures authorized for payment (CY2013 dental claims data), claim expenditures for diagnostic and restorative services exceeded expenditures for preventive treatment. In an effort to demonstrate improvement in the provision of preventive dental treatment, CDA recommends that the department include the Use of Treatment Services measure.</li> <li>• <u>Usual Source of Care</u>: The proposed performance measure as currently written does not capture the source of dental services. We encourage the department to modify this measure to reflect the dentist, dental practice and/or other clinical entity (FQHC, safety net providers, hygienists, etc.) that provided the service into the measure. A link to the applicable DQA measure can be found here.</li> <li>• <u>Topical Fluoride Intensity</u>: Including the percentage of enrolled children aged 1-21 years who received at least 2 topical fluoride applications within the reporting year is an excellent preventive measure the department should reconsider including.</li> <li>• <u>Sealants</u>: While the department referenced the inclusion of a sealant measurement, this is another area CDA recommends aligning with DQA performance measurements. This would include reporting on the percentage of children in the age category of 6-9 who received a sealant on a permanent first molar tooth within the reporting year; as well as reporting on the percentage of children in the age category of 10-14 years who received a sealant on a permanent second molar tooth within the reporting year.</li> <li>• <u>Hospital dentistry</u>: CDA encourages the department to consider integrating a measure of children and adults treated in a hospital or surgery center setting.</li> <li>• <u>General anesthesia</u>: Include a measure of the number of beneficiaries who received general anesthesia in either a hospital or office setting.</li> </ul>

	<ul style="list-style-type: none"> <li>• <u>Ambulatory Care</u>: CDA encourages the department to include a beneficiary utilization measure that addresses the number of emergency department (ED) visits for caries-related reasons per 100,000 member months for all beneficiaries.</li> </ul>
<b>Children Now</b>	<ul style="list-style-type: none"> <li>• Regarding the annual dental visit and use of preventive dental services, Children Now has supported the budget change proposal to enroll hygienists in public health programs into Denti-Cal and I believe this was included in the recently submitted state plan amendment. Could DHCS clarify whether these types of hygienists would count towards these performance measures – specifically those who may be independent?</li> <li>• Also for preventive services, we recommend using the DQA measure that includes risk assessment. Not all children are at the same risk of developing caries. Regarding risk assessment, has California filed a state plan amendment to start using D0601-D0603 and under what tool (e.g. CAMBRA)? I would recommend collecting data on how these codes are used by age to help determine whether those beneficiaries, by risk assessment, received proper restorative treatment as needed.</li> <li>• The sealant measure should be revised to be more risk-based, as suggested by the Dental Quality Alliance measures. We recommend replacing the proposed DHCS measure with the DQA measures.</li> <li>• Additionally, regarding the number of beneficiaries served, we do not agree to count safety net clinics as providers as proposed. Clinics typically employ more than one provider, so we would suggest revising to the number of providers that serve 25+ beneficiaries.</li> <li>• Thank you for the webinar earlier this week. For the DQF measures that identify children who are at risk, I understand that currently CA doesn't reimburse for CDT codes 0601-0603 to conduct oral health risk assessments. Is that right?</li> <li>• Would it be possible to receive the proposed measures as they relate to the Denti-Cal program manual? For example, which measures line up (or not) with the appropriate CDT. And if there are any medical coded that could apply (like a PCP applying fluoride varnish).</li> </ul>

<p><b>2) Parameters to Attain the 5 Revised Performance Measure Categories:</b></p> <ul style="list-style-type: none"> <li>• 90 continuous days of enrollment</li> <li>• Full scope aid codes</li> <li>• Age group stratification, when appropriate</li> </ul> <p><i>Current</i> parameters utilized to attain the current 11 performance measure categories:</p> <ul style="list-style-type: none"> <li>• HEDIS-like (11 of 12 months continuous eligibility)</li> <li>• Full scope aid codes</li> <li>• Age group stratification, when appropriate</li> </ul>	
<b>Stakeholder</b>	<b>Feedback</b>
<b>First 5 Sacramento</b>	<ul style="list-style-type: none"> <li>• Quarterly Reporting of information – It is a good improvement to have quarterly reports of data rather than less frequent reporting. However, as much as a 6-month lag time in reporting is too long. The quarterly reports will be routine reports. Routine reports should be able to be posted in a more timely manner. The Department should give consideration to streamlining review and approval processing of these reports so that the information can be available more timely. Once prepared and approved (which would be helpful in 30 days or less), then adequate resources should be available on the Information Technology/Web Management side to have these reports posted immediately, not in an additional 90 days. Other State departments post materials within hours of receiving it. Our County IT department handles our requests promptly and</li> </ul>

	posts in several hours or the next day. In the spirit of transparency and cooperation, please direct adequate resources to the task of receiving, processing, and posting this and other data as quickly as possible. Data is a valuable resource to stakeholders and we need your help to receive it in a timely manner.
<b>California Dental Association</b>	<u>Webinar:</u> <ul style="list-style-type: none"> <li>• Can you share how these performance measures will fit in with the measures outlined in Welfare and Institutions Code 14132.915 included in budget trailer bill last year?</li> </ul>

<b>Additional Comments for Beneficiary Utilization Measurements</b>	
<b>Stakeholder</b>	<b>Feedback</b>
<b>First 5 Sacramento</b>	<ul style="list-style-type: none"> <li>• Additional information about providers should be available to potential beneficiaries such as: Accepting new patients or not, and how many they will accept; Indicating the age of patients served; and, If the provider will see patients who with developmental disabilities or other special health care needs.</li> <li>• When reporting information on providers, report the number of providers who are enrolled but not currently accepting new patients.</li> </ul>
<b>Maternal and Child Health Access</b>	<ul style="list-style-type: none"> <li>• Maternal and Child Health Access, MCHA, would like to make the following comment(s) to the Stakeholder Presentation:</li> <li>• Reiterating our initial comment, please include pregnant* beneficiaries in the proposed measures where applicable (i.e. use of preventive services).</li> <li>• Given the limitations of the obtaining the pregnancy data, can a place holder be added for when pregnancy data becomes available?</li> </ul> <u>Webinar:</u> <ul style="list-style-type: none"> <li>• Once pregnancy data becomes available can metrics on utilization of pregnant women be included in age group stratification?</li> </ul>