

Department of Health Care Services (DHCS)

Medi-Cal Dental Services Division

Dental Measures

April 21, 2015



Welcome

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Beneficiary Utilization Performance Measure Descriptions

Original Proposal	CMS Performance Measure	DQA Performance Measure	Proposed Performance Measure
<p>Annual Dental Visit: Percentage of enrolled beneficiaries who received at least one dental service by or under the supervision of a dentist.</p> <p>- 90 days continuous eligibility</p>	<p>Total Eligibles Receiving Any Dental Services: Percentage of enrolled children who received at least one dental service by or under the supervision of a dentist.</p> <p>- 90 days continuous eligibility</p>	<p>Utilization of Services: Percentage of enrolled children who received at least one dental service within the reporting year.</p> <p>- enrollment/eligibility period not specified</p>	<p>Annual Dental Visit: Percentage of enrolled beneficiaries, who had at least one dental visit during the measurement period.</p> <p>- 90 days continuous eligibility</p>
<p>Use of Preventive Services: Percentage of enrolled beneficiaries who received at least one preventive service by or under the supervision of a dentist.</p> <p>- 90 days continuous eligibility</p>	<p>Total Eligibles Receiving Preventive Dental Services: Percentage of enrolled children who received at least one preventive service by or under the supervision of a dentist.</p> <p>- 90 days continuous eligibility</p>	<p>Preventive Services: Percentage of enrolled children who received at least one [dental/oral health] service who are at “elevated” risk (e.g. “moderate” or “high”) who received topical fluoride application and/or sealants within the reporting year.</p> <p>- enrollment/eligibility period not specified</p>	<p>Use of Preventive Services: Percentage of enrolled beneficiaries who received any preventive dental service during the measurement period.</p> <p>- 90 days continuous eligibility</p>
<p>Use of Treatment Services: Percentage of enrolled beneficiaries who received at least one treatment service by or under the supervision of a dentist.</p> <p>- 90 days continuous eligibility</p>	<p>Total Eligibles Receiving Dental Treatment Services: Percentage of eligible children who received at least one dental treatment service by or under the supervision of a dentist.</p> <p>- 90 days continuous eligibility</p>	<p>Treatment Services: Percentage of enrolled children who received at least one dental service who received treatment service within the reporting year.</p> <p>- enrollment/eligibility period not specified</p>	<p>N/A</p>

Beneficiary Utilization Performance Measure Descriptions (Cont.)

Original Proposal	CMS Performance Measure	DQA Performance Measure	Proposed Performance Measure
<p>Use of Sealants: Percentage of enrolled beneficiaries age 6-9 and 10-14 who received a sealant on a permanent molar tooth.</p> <p>- 90 days continuous eligibility</p>	<p>Total Eligibles Receiving a Sealant on a Permanent Molar Tooth: Percentage of enrolled children age 6-9 and 10-14 who received a sealant on a permanent molar tooth.</p> <p>- 90 days continuous eligibility</p>	<p>Sealants in 6 – 9/10-14 years: Percentage of enrolled children who accessed a dental service (received at least one service) in the age category of 6-9 years at “elevated” risk (i.e., “moderate” or “high”) who received a sealant on a permanent first molar tooth within the reporting year and in age category 10-14 at “elevated risk” who received a sealant on a permanent second molar within the reporting year.</p> <p>- enrollment/eligibility period not specified</p>	<p>Use of Sealants: Percentage of enrolled beneficiaries ages 6-9 and 10-14 continuously enrolled in fee-for-service during the measurement period with no more than a one-month gap in eligibility, who received a dental sealant on at least one permanent molar.</p> <p>- 90 days continuous eligibility</p>
<p>Exams/Oral Health Evaluations: Percentage of enrolled children and adults who received a comprehensive or periodic oral health evaluation or, for beneficiaries under the age of three, who received an oral evaluation and counseling with the primary care giver, during the measurement period.</p> <p>- 90 days continuous eligibility</p>	<p>Total Eligibles Receiving Diagnostic Dental Services: Percentage of enrolled children who received at least one diagnostic dental service by or under the supervision of a dentist.</p> <p>- 90 days continuous eligibility</p>	<p>Oral Evaluation: Percentage of enrolled children who received at least one dental service who received a comprehensive or periodic oral evaluation within the reporting year.</p> <p>- enrollment/eligibility period not specified</p>	<p>Exams/Oral Health Evaluations: Percentage of enrolled beneficiaries who received a comprehensive or periodic oral health evaluation or, for Medi-Cal beneficiaries under three years of age, who received an oral evaluation and counseling with the primary care giver, during the measurement period.</p> <p>- 90 days continuous eligibility</p>

Beneficiary Utilization Performance Measure Descriptions (Cont.)

Original Proposal	CMS Performance Measure	DQA Performance Measure	Proposed Performance Measure
N/A	N/A	<p>Usual Source of Services: Percentage of enrolled children enrolled two consecutive years who received at least one [dental/oral health] service in both years who visited the same practice or clinical entity in both years.</p> <p>- two years continuous eligibility</p>	<p>Usual Source of Care: Percentage of enrolled beneficiaries enrolled in the fee-for-service program for at least two consecutive years, and who received at least one dental service in both years.</p> <p>- two years continuous eligibility</p>
N/A	N/A	<p>Topical Fluoride Intensity: Percentage of enrolled children who received at least one dental service who are at "elevated" risk (i.e. "moderate" or "high") who received (1, 2, 3, >4) topical fluoride applications within the reporting year.</p> <p>- enrollment/eligibility period not specified</p>	N/A

Beneficiary Utilization Performance Measure Descriptions (Cont.)

Original Proposal	CMS Performance Measure	DQA Performance Measure	Proposed Performance Measure
N/A	N/A	<p>Care Continuity: Percentage of enrolled children who received at least one [dental/oral health] service in both years who received a comprehensive or periodic oral evaluation in both years.</p> <p>- two years continuous eligibility</p>	N/A

If you have any recommended changes/additions to the proposed measures to be used as criteria for assessing beneficiary utilization, please provide your input via e-mail to MDSDProvider@dhcs.ca.gov by Friday, April 24, 2015 by 5:00PM PST.

Beneficiary Utilization

Discussion

Provider Participation Measurement General Population as Standard

DHCS Presented Proposal (April 2)	DHCS Revised Proposed Provider Participation Measurement (April 21)
<p>County-Specific Dentist-to-General Population Ratio as By County Standard</p> <p>DHCS will identify counties with provider participation ratios that fall below the dentist-to-general population ratio standard as counties that lack active providers</p>	<p>DHCS will move forward with using the county-specific licensed dentist-to-general population ratio standard as benchmarks to compare provider participation ratios to.</p> <p><u>Inclusion of Age Stratification in Measurement</u></p> <p>DHCS will also look at the number of adults and children in the general population by county and compare these numbers to the number of licensed dentists in the county.</p>

Phase I: Establish Provider Participation Measurement: 25+ Beneficiaries (Revised)

DHCS Presented Proposal (April 2)	DHCS Revised Proposed Provider Participation Measurement (April 21)
<p>Option 2: 25+ Beneficiaries</p> <p>Provider Participation Measure methodology: <u>Numerator 1</u> – Number of rendering providers who serviced 25 or more unduplicated beneficiaries in a 12-month period in the county <u>Numerator 2</u> – Number of rendering providers AND Safety Net clinics who serviced 25 or more unduplicated beneficiaries in a 12-month period in the county <u>Denominator</u> – Total Medi-Cal Eligibles in the county</p>	<p><u>Revised Measurement Methodology: 25+ Beneficiaries</u></p> <p>Numerator: Number of rendering providers and number of safety net clinics who serviced 25, 50, 75, and 100 or more unduplicated beneficiaries in a 12-month period Denominator: Total Medi-Cal eligibles in the county</p> <p><u>Inclusion of Age Stratification in Measurement</u> DHCS will also look at the number of Medi-Cal eligible adults and children by county and compare these numbers to the number of participating providers in the county.</p>
<p>Option 1: 1+ Services</p> <p>Provider Participation Measure methodology: <u>Numerator 1</u> – Number of rendering providers who provided 1 or more dental services in a 12-month period in the county <u>Numerator 2</u> – Number of rendering providers AND Safety Net clinics who provided 1 or more dental services in a 12-month period in the county <u>Denominator</u> – Total Medi-Cal Eligibles in the county</p>	<p>Consistent with stakeholder feedback, DHCS has decided against this approach reflecting the general consensus that providing a minimum of 1 service is too small of a threshold to consider a provider as actively participating.</p>

Additional Information to Consider

Additional Information to Consider Regarding Provider Participation Measurements

Referral List Information – Secondary

DHCS collects referral list information voluntarily provided by the dental provider office. The following data elements are readily available to track and inform provider participation:

- County
- Dental provider specialist information
- Languages offered

Information captured but not readily available via aggregated reporting:

- General anesthesia/sedation availability
- Type of special needs accommodated
- Age groupings seen, if limited
- Any limitation on availability to Medi-Cal patients

Additional Information to Consider

Additional Information to Consider Regarding Provider Participation Measurements

Provider Network Capacity Information – Tertiary

DHCS will conduct bi-annual surveys to determine the capacity of providers and safety net clinics to see Medi-Cal beneficiaries.

Provider surveys will request the following information:

- Proportion of the provider's practice that serves Medi-Cal beneficiaries, stratified by children and adults
- Number of new Medi-Cal beneficiaries that can be accommodated each week, stratified by children and adults
- Provider office hours and days of operation
- Provider office wait time averages for appointments consistent with the generally accepted timely access to care standards (e.g. urgent appointments must be scheduled within 72 hours).
- Whether any limitations apply for Medi-Cal patients in obtaining an appointment
- Feedback on what the program can do to increase its provider participation

Considerations for the Future

- Spatial analysis for time and distance traveled study
- Increase frequency of reporting from annual to quarterly once the measures are institutionalized
- Increase frequency of provider network capacity survey from bi-annual to quarterly

Provider Participation Discussion

Next Steps

Use feedback received through this discussion to finalize criteria for assessing beneficiary utilization and provider participation

- Second round of stakeholder input due **April 24, 2015**

Comments?

Please send comments to:

MDSDProvider@dhcs.ca.gov