

Department of Health Care Services (DHCS)

Medi-Cal Dental Services Division

Dental Measures
April 2, 2015



Welcome

- Introductions
- Presentation Overview
 - Beneficiary Utilization Measurement
 - Provider Participation Measurement
- Question and Answer Session

Beneficiary Utilization Measurement

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Beneficiary Utilization Measurement

- Background
 - California State Auditor recommendation
 - DHCS requirement to conduct a dental outreach and education program for Medi-Cal beneficiaries
 - Fiscal Intermediary (FI) contract:
 - Annual Outreach Plan
 - Targeted outreach to underserved areas
- Today's goal
 - Share proposal and solicit stakeholder input

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Purpose

Criteria for assessing beneficiary utilization established through this process will be used for:

- Identifying underserved areas in terms of beneficiary utilization and, therein, guiding targeted outreach strategies within the dental fee-for-service (FFS) delivery system
- Informing outreach activities for beneficiaries served in the dental FFS delivery system
- Assisting DHCS in the early identification of negative trends/issues impacting beneficiary utilization

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Current Requirements

Pursuant to W&I Code § 14132.915, DHCS established Quality and Access Criteria to ensure the dental FFS program achieves certain utilization goals across the performance measure categories.

These include:

- 11 measures for children
- 3 measures for adults

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Current Utilization Measures

<p><u>Children's Measures</u></p> <ol style="list-style-type: none"> 1. Annual Dental Visit 2. Use of Preventive Services 3. Use of Sealants (ages 6-9 and ages 10-14) 4. Sealant to Restoration Ratio (Surfaces) (ages 6-9 and ages 10-14) 5. Treatment/Prevention of Caries 6. Exams/Oral Health Evaluations 7. Use of Dental Treatment Services 8. Fillings to Preventive Services 9. Overall Utilization of Dental Services (Year 1 and Years 1 & 2) 10. Continuity of Care 11. Usual Source of Care 	<p><u>Adult Measures</u></p> <ol style="list-style-type: none"> 1. Annual Dental Visit 2. Use of Preventive Services 3. Treatment/Prevention of Caries
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Revised Criteria for Utilization Measures

Proposed performance measurements - will identify counties falling below the statewide average and guide targeted outreach strategies:

- Annual Dental Visit
- Use of Preventive Services
- Use of Sealants
- Exams/Oral Health Evaluations
- Use of Dental Treatment Services

Utilization in these areas will be reported quarterly and will inform the FI 2015/16 Outreach Plan

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Utilization Measure Parameters

Current

HEDIS-like
11 performance measures

Proposed

90 days of continuous enrollment
5 performance measures

Age stratification

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Check Point: Utilization Measures

- Are these the appropriate measurements?
- What changes are suggested?
- What additions are suggested?

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Comments?

Please send comments to:

MDSDProvider@dhcs.ca.gov

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Provider Participation Measurement

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Provider Participation Measurement

- Background
 - Historically, DHCS has used managed care Knox Keene 1:2,000 ratio as proxy during the Healthy Families Transition of 2013
- No requirement established in law for medical or dental fee-for-service delivery system
- Goal today:
 - Share research thus far and solicit stakeholder input

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Provider Participation Measurement

- The measure established through this process will be used for the purposes of:
 - Identification of underserved areas and sub-populations
 - Identifying areas where the program can provide mobile dental services, services at safety net clinics, and offer dental services in other modalities
- Establishing the criteria for future provider outreach plans

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Paradigm Shift

- Historically used claims experience versus enrollment data
- Looking to develop provider network criteria, by county, using a ratio of the general population to providers, as the standard.
 - Licensed Dentist (CA Dental Board): General Population (U.S. Census Bureau)
 - Assumes 70 percent of licensed dentists actively practicing
 - Accounts for all dental consumers and payors

County-Specific Dentist-to-General Population Ratio Standard

- DHCS will identify counties with provider participation ratios that fall below the dentist-to-general population ratio standard as counties that lack active providers
 - Targeted provider outreach will be needed in these counties

Provider Participation Criteria

- Use actual enrollment figures (including newly eligible population) to determine a ratio for each county
- Use participating provider information
 - Would like consensus building around the definition of “participating provider”
 - CSA used the one or more services provided in a year as their threshold
 - Dental managed care has informally used a minimum of 25 beneficiaries served to determine whether a provider is participating

Role of Safety Net Clinics

- Approximately 15% of dental services are provided by Federally Qualified Health Centers, Rural Health Clinics, Tribal Health Centers, and other safety net clinics
- The options shared today will provide information on both the Denti-Cal provider network alone and clinic contributions to coverage.

Considerations for Provider Participation Measurements

- **Option 1:** Provider renders at least one service in a 12-month period (1+ services)
- **Option 2:** Provider has treated at least 25 beneficiaries in a 12- month period (25+ beneficiaries)

Option 1: 1+ Services

Provider Participation Measure methodology:

- Numerator 1 – Number of rendering providers who provided 1 or more dental services in a 12-month period in the county
- Numerator 2 – Number of rendering providers AND Safety Net clinics who provided 1 or more dental services in a 12-month period in the county
- Denominator – Total Medi-Cal Eligibles in the county

Option 2: 25+ Beneficiaries

Provider Participation Measure methodology:

- Numerator 1 – Number of rendering providers who serviced 25 or more unduplicated beneficiaries in a 12-month period in the county
- Numerator 2 – Number of rendering providers AND Safety Net clinics who serviced 25 or more unduplicated beneficiaries in a 12-month period in the county
- Denominator – Total Medi-Cal Eligibles in the county

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Data Availability for Provider Participation Measurement

- Data can be extrapolated using:
 - Denti-Cal Claims Data
 - Line of Service
 - Date of Service
 - Billing Provider Identification Number
 - Rendering Provider Identification Number
 - Unduplicated beneficiary count
 - Procedure Code
 - Office Location of Service
 - Safety net clinic encounter data

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Check Point: Provider Participation Measurements

- Are there other configurations that should be considered?
 - Should a hybrid approach of the two proposed options be considered?
 - Are there other criteria that should be considered for measuring provider participation?
- What additional refinements should be considered for measuring provider participation?
- Are there other data elements to be considered for the measurement?

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Next Steps

- Use feedback received through this discussion to revise and finalize criteria for assessing beneficiary utilization and provider participation
 - First round of stakeholder input due **April 9, 2015**
 - DHCS to revise and issue updated measurements for second round of stakeholder review/input by **April 17, 2015**
 - Second round of stakeholder input due **April 24, 2015**

References

- FFS 2013 performance measures:
http://www.denti-cal.ca.gov/provsrvcs/managed_care/FFS_perf_meas_2013.pdf
- FFS Performance Measure W&I Code § 14132.915:
<http://www.leginfo.ca.gov/cgi-bin/displaycode?section=wic&group=14001-15000&file=14131-141>
- Beneficiary Outreach W&I Code §14132.91:
<http://www.oclaw.org/research/code/ca/WIC/14132.91./content.html#.VRxXsrITFaQ>

Comments?

Please send comments to:

MDSProvider@dhcs.ca.gov
