

**Department of Health Care Services  
Beneficiary Utilization Performance Measures Report  
Fee-For-Service**

In April 2015, the Department of Health Care Services (DHCS) worked collaboratively with stakeholders to establish measures for assessing beneficiary utilization, as recommended by the California State Auditor (CSA). The final measures are described in this report and assist DHCS, partners and stakeholders to evaluate Medi-Cal Dental Program performance within the fee-for-service (FFS) delivery system. These measures shall be reported by the department and made publicly available through the Denti-Cal website on a quarterly basis. Measures shall be stratified by county, age and ethnicity to provide insight into utilization across regions and demographics. Measures are based on 90 day continuous eligibility within the FFS delivery system, with the exception of the Usual Source of Care measure which requires two years of continuous enrollment. In reviewing the following report, it is important to note that effective May 1, 2014, certain adult dental benefits were restored in accordance with Assembly Bill 82 (Statutes of 2013). As such, calendar year 2014 adult utilization figures reflect a partial year of availability for most dental services.

<b>Terms and Definitions</b>	
<b>Eligibles</b>	Number of members with 90 days continuous eligibility in the FFS delivery system during the measurement period.
<b>Annual Dental Visit (ADV) Numerator</b>	Number of members with 90 days continuous eligibility in the FFS delivery system who received any dental procedure (D0100-D999) during the measurement period.
<b>Annual Dental Visit (ADV) Denominator</b>	See Eligibles within this Terms and Definitions table.
<b>Exams/Oral Health Evaluations Numerator</b>	Number of members with 90 days continuous eligibility in the FFS delivery system who received a comprehensive or periodic 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 measurement period.
<b>Exams/Oral Health Evaluations Denominator</b>	See Eligibles within this Terms and Definitions table.
<b>Use of Preventive Numerator</b>	Number of members with 90 days continuous eligibility in the FFS delivery system who received any preventive dental service (D1000-D1999).
<b>Use of Preventive Denominator</b>	See Eligibles within this Terms and Definitions table.

<b>Terms and Definitions</b>	
<b>Sealant Numerator</b>	1.) Number of members ages 6-9 with 90 days continuous eligibility in the FFS delivery system who received a dental sealant (D1351) on a permanent first molar (tooth number = 3, 14, 19, 30) during the measurement period. 2) Number of members ages 10-14 with 90 days continuous eligibility in the FFS delivery system who received a dental sealant (D1351) on a permanent second molar (tooth number = 2,15,18,31) during the measurement period.
<b>Sealant Denominator</b>	Number of members ages 6-9 and 10-14, respectively, with 90 days continuous eligibility in the FFS delivery system.
<b>Usual Source of Care Numerator</b>	Number of members continuously enrolled in the FFS delivery system for two (2) consecutive years who received at least one (1) dental service in each of those years and visited the same practice or clinical entity in both years.
<b>Usual Source of Care Denominator</b>	Number of Medi-Cal eligible beneficiaries continuously enrolled for two (2) consecutive years with no gap in coverage.