

Volume 1 of 2
Medi-Cal Dental Managed Care
External Quality Review
Technical Report
Contract Year 2024–25

Main Report

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

April 2026

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Table of Contents

Volume 1: Main Report

- Medi-Cal Dental Managed Care Plan Name Abbreviations v**
- Commonly Used Abbreviations and Acronyms vi**
 - Commonly Used Abbreviations and Acronyms..... vi
- 1. Executive Summary 1**
 - Purpose 1
 - Medi-Cal Dental Managed Care Program Overview 1
 - External Quality Review Highlights 2
- 2. Introduction 4**
 - External Quality Review 4
 - Purpose of Report 6
 - Quality, Timeliness, and Access 7
 - Summary of Report Content 8
 - Medi-Cal Dental Managed Care Overview 9
- 3. DHCS Comprehensive Quality Strategy 11**
 - Comprehensive Quality Strategy Development 12
 - Vision, Goals, and Guiding Principles 12
 - Clinical Focus Areas and Bold Goals 13
 - Managed Care Performance Monitoring and Accountability 13
 - Conclusions 14
 - Recommendations 15
- 4. Validation of Performance Improvement Projects 16**
 - Objectives 16
 - Technical Methods of Data Collection and Analysis 17
 - Description of Data Obtained 19
 - Requirements 19
 - Results 20
 - Conclusions 20
- 5. Validation of Performance Measures 21**
 - Objective 21
 - Technical Methods of Data Collection and Analysis 21
 - Description of Data Obtained 22
 - Results 22
 - Conclusions 23
- 6. Performance Measures 24**
 - Objective 24
 - Technical Methods of Data Collection and Analysis 24

Description of Data Obtained.....	24
Results	24
Comparison Across All Dental Managed Care Plans	27
Conclusions	31
7. Review of Compliance with Managed Care Regulations.....	33
Objectives.....	33
Technical Methods of Data Collection and Analysis	34
Results	34
Conclusions	35
8. Validation of Network Adequacy	36
Objectives.....	36
Technical Methods of Data Collection and Analysis	36
Description of Data Obtained.....	37
Validation of Network Adequacy Summary	37
9. Technical Assistance	38
MCEs’ Quality Improvement.....	38
10. Follow-Up on Prior Year’s Recommendations	41
External Quality Review Recommendations for DHCS	41
External Quality Review Recommendations for Dental MC Plans.....	41
Appendix A. Comparative Dental MC Plan-Specific Performance Improvement	
Project Information	A-1
PIP Validation Criteria	A-1
Confidence Level Definitions	A-3
Performance Improvement Project Validation Findings.....	A-5
Performance Improvement Project Interventions.....	A-7
Appendix B. Dental MC Plan-Specific Performance Measure Results	B-1
Access Dental Plan, Inc.....	B-1
Health Net of California, Inc.....	B-6
LIBERTY Dental Plan of California, Inc.	B-11
Appendix C. Comparative Dental MC Plan-Specific Compliance Review	
Scoring Results	C-1
Appendix D. Dental MC Plan-Specific External Quality Review Assessments	
and Recommendations	D-1
Description of the Manner in Which Dental MC Plan Data Were Aggregated and Analyzed and Conclusions Drawn Related to Quality, Timeliness, and Access	D-1
Access Dental Plan, Inc.....	D-2
Health Net of California, Inc.....	D-4
LIBERTY Dental Plan of California, Inc.	D-10

Volume 2: Validation of Network Adequacy

Table of Tables

Table 2.1—Dental Managed Care Plan Names, Counties, and Enrollment as of June 2025 10

Table 6.1—Measurement Years 2022, 2023, and 2024 Dental Managed Care Weighted Average Performance Measure Results 25

Table 6.2—Measurement Year 2024 Dental Managed Care Plan Comparative Performance Measure Results—Los Angeles County 28

Table 6.3—Measurement Year 2024 Dental Managed Care Plan Comparative Performance Measure Results—Sacramento County 29

Table A.1—Performance Improvement Project Validation Review Steps and Evaluation Elements A-1

Table A.2—Performance Improvement Project Confidence Level Definitions..... A-4

Table A.3—August 2025 Performance Improvement Project Submission Evaluation Element Met Scores, Critical Element Met Scores, and Confidence Levels for Adherence to an Acceptable Methodology and Achievement of Significant Improvement A-6

Table A.4—2023–26 Performance Improvement Project Intervention Descriptions and Status..... A-7

Table A.5—2023–26 Performance Improvement Project Performance Indicator Descriptions, Baseline Rates, and Remeasurement 1 Rates A-8

Table B.1—Measurement Years 2022, 2023, and 2024 Dental Managed Care Plan Performance Measure Results Access Dental Plan, Inc.—Los Angeles County B-1

Table B.2—Measurement Years 2022, 2023, and 2024 Dental Managed Care Plan Performance Measure Results Access Dental Plan, Inc.—Sacramento County B-4

Table B.3—Measurement Years 2022, 2023, and 2024 Dental Managed Care Plan Performance Measure Results Health Net of California, Inc.—Los Angeles County B-6

Table B.4—Measurement Years 2022, 2023, and 2024 Dental Managed Care Plan Performance Measure Results Health Net of California, Inc.—Sacramento County B-9

Table B.5—Measurement Years 2022, 2023, and 2024 Dental Managed Care Plan Performance Measure Results LIBERTY Dental Plan of California, Inc.—Los Angeles County B-11

Table B.6—Measurement Years 2022, 2023, and 2024 Dental Managed Care Plan Performance Measure Results LIBERTY Dental Plan of California, Inc.—Sacramento County B-14

Table C.1—Audit Year 2024 Dental MC Plan Compliance Review Scores C-1

Table D.1—Health Net of California, Inc.’s Self-Reported Follow-Up on the
2023–24 External Quality Review RecommendationsD-4

Table D.2—LIBERTY Dental Plan of California, Inc.’s Self-Reported Follow-Up
on the 2023–24 External Quality Review RecommendationsD-10

Medi-Cal Dental Managed Care Plan Name Abbreviations

HSAG uses the following abbreviated Medi-Cal Dental Managed Care plan names in this report.

- ◆ **Access Dental**—Access Dental Plan, Inc.
- ◆ **CDN**—California Dental Network, Inc.
- ◆ **Health Net**—Health Net of California, Inc.
- ◆ **LIBERTY Dental**—LIBERTY Dental Plan of California, Inc.

Commonly Used Abbreviations and Acronyms

Commonly Used Abbreviations and Acronyms

- ◆ §—section
- ◆ **BHAS**—Behavioral Health Accountability Set
- ◆ **BH-CONNECT**—Behavioral Health Community-Based Organized Networks of Equitable Care and Treatment
- ◆ **CalAIM**—California Advancing and Innovating Medi-Cal
- ◆ **CalPERS**—California Public Employees Retirement System
- ◆ **CAP**—corrective action plan
- ◆ **CFR**—Code of Federal Regulations
- ◆ **CMS**—Centers for Medicare & Medicaid Services
- ◆ **CQS**—Comprehensive Quality Strategy
- ◆ **Dental MC**—Dental Managed Care
- ◆ **Dental MC plan**—Dental Managed Care plan
- ◆ **DHCS**—California Department of Health Care Services
- ◆ **EQR**—external quality review
- ◆ **EQRO**—external quality review organization
- ◆ **FFS**—fee-for-service
- ◆ **GMC**—Geographic Managed Care
- ◆ **HEDIS**[®]—Healthcare Effectiveness Data and Information Set¹
- ◆ **HHS**—Department of Health and Human Services
- ◆ **HSAG**—Health Services Advisory Group, Inc.
- ◆ **HSP**—Health Solutions Plus
- ◆ **LLP**—Limited Liability Partnership
- ◆ **MCAS**—Managed Care Accountability Set
- ◆ **MCE**—managed care entity
- ◆ **MCO**—managed care organization
- ◆ **MPL**—minimum performance level
- ◆ **NAV**—network adequacy validation
- ◆ **NCQA**—National Committee for Quality Assurance
- ◆ **OHRA**—Oral Health Risk Assessment
- ◆ **P4P**—pay-for-performance
- ◆ **PAHP**—prepaid ambulatory health plan

¹ HEDIS[®] is a registered trademark of the National Committee for Quality Assurance (NCQA).

- ◆ **PHM**—population health management
- ◆ **PHP**—prepaid health plan
- ◆ **PIHP**—prepaid inpatient health plan
- ◆ **PIP**—performance improvement project
- ◆ **PMV**—performance measure validation
- ◆ **QAPI**—quality assessment and performance improvement

1. Executive Summary

Purpose

This *2024–25 Medi-Cal Dental Managed Care External Quality Review Technical Report* is an annual, independent, technical report produced by Health Services Advisory Group, Inc. (HSAG), the external quality review organization (EQRO) for the California Department of Health Care Services' (DHCS') Medi-Cal Dental Managed Care (Dental MC). The purpose of this report is to provide a summary of the external quality review (EQR) activities of DHCS' contracted Dental MC plans. Note that DHCS does not exempt any Dental MC plans from EQR.

In addition to summaries of EQR activity results, this report includes HSAG's assessment of the quality, timeliness, and accessibility of care delivered to members by Dental MC plans and as applicable, recommendations as to how DHCS can use the EQR results in its assessment of and revisions to the DHCS Comprehensive Quality Strategy (CQS).² Annually, DHCS thoroughly reviews the EQR technical report to determine how the results contribute to progress toward achieving the DHCS CQS goals as well as whether DHCS needs to revise the CQS based on the results presented in the EQR technical report.

For more information, refer to Section 2 of this report ("[Introduction](#)").

Medi-Cal Dental Managed Care Program Overview

Medi-Cal Dental MC members as of June 2025 (i.e., the end of the contract year):³ **More than 900,000**

² *Department of Health Care Services Comprehensive Quality Strategy 2025*. Available at: [2025 Comprehensive Quality Strategy.pdf](#). Accessed on: Jan 23, 2026.

³ California Health & Human Services Agency. *Medi-Cal Managed Care Enrollment Report*. Available at: <https://data.chhs.ca.gov/dataset/medi-cal-managed-care-enrollment-report>. Enrollment information is based on the report downloaded on: Oct 10, 2025.

DHCS-contracted Dental MC plans: **Access Dental Plan, Inc.**⁴
California Dental Network, Inc.⁵
Health Net of California, Inc.
LIBERTY Dental Plan of California, Inc.

Counties served: **Los Angeles and Sacramento**

For more information, refer to the Medi-Cal Dental Managed Care Overview heading in Section 2 of this report (“[Medi-Cal Dental Managed Care Overview](#)”).

External Quality Review Highlights

Based on HSAG’s assessment of the EQR activities conducted, the following are notable highlights:

- ◆ Dental MC plans successfully completed their 2025 annual performance improvement project (PIP) submissions and received *High Confidence* ratings for adhering to an acceptable methodology for all phases of their clinical and nonclinical PIPs.
- ◆ Performance measure audit results reflect that all three Dental MC plans have sound processes that support the collection of complete and accurate data and calculation of valid performance measure rates.
- ◆ Dental MC statewide weighted averages show statistically significant improvement from measurement year 2023 to measurement year 2024 for all 18 measures for which HSAG compared measurement year 2024 rates to measurement year 2023 rates. These results demonstrate Dental MC plans’ continued success with improving member access to needed dental care services for the Medi-Cal managed care population in Los Angeles and Sacramento counties.
- ◆ Compliance Reviews
 - Based on the compliance review information DHCS sent to HSAG, HSAG determined that DHCS conducted a review of all Title 42 Code of Federal Regulations (CFR) Section (§)438.358 standards for each Dental MC plan within the previous three-year period.
 - DHCS’ compliance review scores reflect that all three Dental MC plans were compliant with most CFR standard requirements.

⁴ DHCS’ contract with Access Dental Plan, Inc. ended June 30, 2025; therefore, as applicable in this report, HSAG includes information about activities completed by Access Dental Plan, Inc.

⁵ DHCS’ contract with California Dental Network, Inc. began July 1, 2025; therefore, the plan did not participate in any activities included in this EQR technical report.

◆ Network Adequacy Validation

- HSAG determined that all Dental MC plans achieved a *High Confidence* validation rating, which refers to HSAG's overall confidence that the Dental MC plans used an acceptable methodology for all phases of design, data collection, analysis, and interpretation of the network adequacy indicators.
- HSAG's assessment of DHCS' submitted network adequacy results for provider ratios found that at the county level, all Dental MC plans obtained a pass designation, which indicates all standards and requirements for provider-to-member ratios were met.
- DHCS had rigorous processes in place to hold Dental MC plans accountable for addressing network adequacy gaps and/or reported discrepancies, including establishing alternative access standards and corrective action plans (CAPs). To address performance gaps, DHCS worked with the Dental MC plans to provide information about non-contracted providers in the identified shortage areas, out-of-network provider contracting options, and new provider recruitment strategies.

More detailed aggregate and Dental MC plan-specific information about each activity may be found in the applicable sections and appendices in this report, as well as in *Volume 2 of 2* of this Dental MC EQR technical report.

2. Introduction

External Quality Review

Title 42 Code of Federal Regulations (CFR) Section (§)438.320 defines “EQR” as an EQRO’s analysis and evaluation of aggregated information on the quality, timeliness, and accessibility of health care services that a managed care organization (MCO), prepaid inpatient health plan (PIHP), or prepaid ambulatory health plan (PAHP) (described in §438.310[c][2]) or their contractors furnish to Medicaid beneficiaries. Each state must comply with §457.1250,⁶ and as required by §438.350, each state that contracts with MCOs, PIHPs, or PAHPs must ensure that:

- ◆ Except as provided in §438.362, a qualified EQRO performs an annual EQR for each such contracting MCO, PIHP, or PAHP.
- ◆ The EQRO has sufficient information to perform the review.
- ◆ The information used to carry out the review must be obtained from the EQR-related activities described in §438.358 or, if applicable, from a Medicare or private accreditation review as described in §438.360.
- ◆ For each EQR-related activity, the information gathered for use in the EQR must include the elements described in §438.364(a)(2)(i) through (iv).
- ◆ The information provided to the EQRO in accordance with §438.350(b) is obtained through methods consistent with the protocols established by the U.S. Department of Health & Human Services (HHS) Secretary in accordance with §438.352.
- ◆ The results of the reviews are made available as specified in §438.364.

DHCS contracts with HSAG as the EQRO for DHCS’ Medi-Cal Dental MC Program. HSAG meets the qualifications of an EQRO as outlined in §438.354 and performs annual EQRs of DHCS’ contracted PAHPs to evaluate their quality, timeliness, and accessibility of health care services to Medi-Cal Dental MC members. The Centers for Medicare & Medicaid Services (CMS) designates DHCS-contracted Dental MC plans as PAHPs. In addition to providing its assessment of the quality, timeliness, and accessibility of care delivered to Medi-Cal Managed Care members by Dental MC plans, HSAG makes recommendations, as applicable, as to how DHCS can use the EQR results in its assessment of and revisions to the DHCS CQS.⁷ Annually, DHCS thoroughly reviews the EQR technical report to determine how the results

⁶ Title 42 CFR §457.1250 may be found at: <https://ecfr.federalregister.gov/current/title-42/chapter-IV/subchapter-D/part-457/subpart-L/subject-group-ECFR9effb7c504b1d10/section-457.1250>. Accessed on: Jan 23, 2026.

⁷ *Department of Health Care Services Comprehensive Quality Strategy 2025*. Available at: [2025 Comprehensive Quality Strategy.pdf](#). Accessed on: Jan 23, 2026.

contribute to progress toward achieving the DHCS CQS goals as well as whether DHCS needs to revise the CQS based on the results presented in the EQR technical report.

The following activities related to EQR are described in §438.358:

- ◆ Mandatory activities:
 - Validation of PIPs required in accordance with §438.330(b)(1) that were underway during the preceding 12 months.
 - Validation of MCO, PIHP, or PAHP performance measures required in accordance with §438.330(b)(2) or MCO, PIHP, or PAHP performance measures calculated by the state during the preceding 12 months.
 - A review, conducted within the previous three-year period, to determine the MCO's, PIHP's, or PAHP's compliance with the standards set forth in Part 438 Subpart D, the disenrollment requirements and limitations described in §438.56, the enrollee rights requirements described in §438.100, the emergency and poststabilization services requirements described in §438.114, and the quality assessment and performance improvement (QAPI) requirements described in §438.330.
 - Validation of MCO, PIHP, or PAHP network adequacy during the preceding 12 months to comply with requirements set forth in §438.68 and, if the state enrolls Indians in the MCO, PIHP, or PAHP, §438.14(b)(1).
- ◆ Optional activities performed by using information derived during the preceding 12 months:
 - Validation of encounter data reported by an MCO, PIHP, or PAHP.
 - Administration or validation of consumer or provider surveys of quality of care.
 - Calculation of performance measures in addition to those reported by an MCO, PIHP, or PAHP and validated by an EQRO in accordance with §438.358(b)(1)(ii).
 - Conducting PIPs in addition to those conducted by an MCO, PIHP, or PAHP and validated by an EQRO in accordance with §438.358(b)(1)(i).
 - Conducting studies on quality that focus on a particular aspect of clinical or nonclinical services at a point in time.
 - Assisting with the quality rating of MCOs, PIHPs, and PAHPs consistent with §438.334.
- ◆ Technical assistance to groups of MCOs, PIHPs, or PAHPs to assist them in conducting activities related to the mandatory and optional activities described in §438.358 that provide information for the EQR and the resulting EQR technical report.

Unless noted otherwise in this report, DHCS provided HSAG with sufficient information to perform the EQR. Additionally:

- ◆ The information HSAG used to carry out the EQR was obtained from all mandatory EQR-related activities conducted.
- ◆ As applicable, DHCS followed methods consistent with the protocols established by the HHS Secretary in accordance with §438.352 to provide information relevant to the EQR.

- ◆ For each EQR-related activity, information DHCS gathered for use in the EQR included the elements described in §438.364(a)(2)(i) through (iv).
- ◆ Consistent with §438.350(f), DHCS made the EQR results available as specified in §438.364.

Purpose of Report

As required by §438.364, DHCS contracts with HSAG to prepare an annual, independent, technical report that summarizes findings on the quality, timeliness, and accessibility of health care services provided by Dental MC plans, including opportunities for quality improvement.

As described in the CFR, the independent report must summarize findings on access and quality of care for the Medicaid and Children's Health Insurance Program populations, including:–

- ◆ A description of the manner in which the data from all activities conducted in accordance with §438.358 were aggregated and analyzed, and conclusions were drawn as to the quality, timeliness, and accessibility of care furnished by the MCO, PIHP, or PAHP.
- ◆ For each EQR-related activity conducted in accordance with §438.358:
 - Objectives
 - Technical methods of data collection and analysis
 - Description of data obtained, including validated performance measurement data for each activity conducted in accordance with §438.358(b)(1)(i) and (ii)
 - Conclusions drawn from the data
- ◆ An assessment of each MCO's, PIHP's, or PAHP's strengths and weaknesses for the quality, timeliness, and accessibility of health care services furnished to Medicaid beneficiaries.
- ◆ Recommendations for improving the quality of health care services furnished by each MCO, PIHP, or PAHP, including how the state can target goals and objectives in the quality strategy, under §438.340, to better support improvement in the quality, timeliness, and accessibility of health care services furnished to Medicaid beneficiaries.
- ◆ Methodologically appropriate, comparative information about all MCOs, PIHPs, or PAHPs, consistent with guidance included in the EQR protocols issued in accordance with §438.352(e).
- ◆ An assessment of the degree to which each MCO, PIHP, or PAHP has effectively addressed the recommendations for quality improvement made by the EQRO during the previous year's EQR.
- ◆ The names of the MCOs exempt from EQR by the state, including the beginning date of the current exemption period, or that no MCOs are exempt, as appropriate.

CMS designates DHCS-contracted Dental MC plans as PAHPs. Section 438.2 defines a PAHP as an entity that:

- ◆ Provides services to enrollees under contract with the state, and on the basis of capitation payments, or other payment arrangements that do not use state plan payment rates.
- ◆ Does not provide or arrange for, and is not otherwise responsible for the provision of any inpatient hospital or institutional services for its enrollees.
- ◆ Does not have a comprehensive risk contract.

This report provides a summary of Dental MC plan activities. Note that DHCS does not exempt any Dental MC plans from EQR.

Quality, Timeliness, and Access

CMS requires that the EQR evaluate the performance of MCOs, PIHPs, or PAHPs related to the quality, timeliness, and accessibility of care they deliver. Section 438.320 indicates that quality, as it pertains to EQR, means the degree to which an MCO, PIHP, or PAHP increases the likelihood of desired outcomes of its enrollees through:

- ◆ Its structural and operational characteristics.
- ◆ The provision of services consistent with current professional, evidence-based knowledge.
- ◆ Interventions for performance improvement.

Additionally, §438.320 indicates that accessibility, as it pertains to EQR, means the timely use of services to achieve optimal outcomes, as evidenced by managed care plans successfully demonstrating and reporting on outcomes information for the availability and timeliness elements defined under §438.68 (network adequacy standards) and §438.206 (availability of services).

This report includes conclusions drawn by HSAG related to Dental MC plans' strengths and weaknesses with respect to the quality, timeliness, and accessibility of health care services furnished to Dental MC plan members. In this report, the term "member" refers to a person entitled to receive benefits under Medi-Cal Dental MC as well as a person enrolled in a Dental MC plan. While quality, timeliness, and access are distinct aspects of care, most Dental MC plan activities and services cut across more than one area. Collectively, all Dental MC plan activities and services affect the quality, timeliness, and accessibility of care delivered to Dental MC plan members. In this report, when applicable, HSAG indicates instances in which Dental MC plan performance affects one specific aspect of care more than another.

Description of the Manner in Which Dental MC Plan Data Were Aggregated and Analyzed and Conclusions Drawn Related to Quality, Timeliness, and Access

HSAG uses the following process to aggregate and analyze data from all applicable EQR activities it conducts to draw conclusions about the quality, timeliness, and accessibility of care furnished by each Dental MC plan. For each Dental MC plan:

- ◆ HSAG analyzes the quantitative results obtained from each EQR activity to identify strengths and weaknesses related to the quality, timeliness, and accessibility of care furnished by the plan and to identify any themes across all activities.
- ◆ From the aggregated information collected from all EQR activities, HSAG identifies strengths and weaknesses related to the quality, timeliness, and accessibility of services furnished by the plan.
- ◆ HSAG draws conclusions based on the identified strengths and weaknesses, specifying whether the strengths and weaknesses affect one aspect of care more than another (i.e., quality, timeliness, and accessibility of care).

In *Appendix D* of this Dental MC EQR technical report volume, HSAG includes an assessment across all applicable EQR activities of each Dental MC plan's strengths and weaknesses with respect to the quality, timeliness, and accessibility of care furnished to its members as well as HSAG's recommendations.

Summary of Report Content

This report is divided into two volumes that include the following content:

Volume 1—Main Report

- ◆ An overview of Medi-Cal Dental MC.
- ◆ A description of the DHCS CQS report.
- ◆ An aggregate assessment of Medi-Cal Dental MC for the federally mandated EQR activities conducted, identifying the following for each EQR activity:
 - Objectives
 - Technical methodology used for data collection and analysis
 - Description of the data obtained
 - Conclusions based on the data analysis

- ◆ Dental MC plan-specific information included as appendices A through D.
 - Appendix A—Comparative Dental MC Plan-Specific Performance Improvement Project Information
 - Appendix B—Dental MC Plan-Specific Performance Measure Results
 - Appendix C—Comparative Dental MC Plan-Specific Compliance Review Scoring Results
 - Appendix D—Dental MC Plan-Specific EQR Assessments and Recommendations
 - Dental MC plans’ self-reported follow-up on EQR recommendations from the *2023–24 Medi-Cal Dental Managed Care External Quality Review Technical Report*
 - HSAG’s assessment of Dental MC plans’ EQR strengths, weaknesses, and recommendations based on the activity results included in this EQR technical report

Volume 2—Validation of Network Adequacy

- ◆ Detailed methodology, results, conclusions, and recommendations related to the network adequacy validation (NAV) audits HSAG conducted of the Dental MC plans and DHCS. This volume also includes comparative Dental MC plan-specific validation of network adequacy results.

Medi-Cal Dental Managed Care Overview

DHCS is responsible for providing dental services to eligible Medi-Cal members. DHCS offers dental services through two delivery systems, Dental Fee-for-Service (FFS) and Dental MC. The Dental MC delivery model operates in Los Angeles and Sacramento counties.

During contract year 2024–25, DHCS contracted with three Dental MC plans to provide dental services in Los Angeles and Sacramento counties. In Los Angeles County, Dental MC plans operate as prepaid health plans (PHPs). In this county, Medi-Cal members have the option to enroll in a Dental MC plan or to access dental benefits through the dental FFS delivery system. In Sacramento County, the Dental MC plans operate under a Geographic Managed Care (GMC) model in which Dental MC enrollment is mandatory. As of June 2025 (i.e., the end of the contract year), Dental MC plans were serving 411,092 members in Los Angeles County and 522,299 members in Sacramento County.⁸

⁸ California Health & Human Services Agency. *Medi-Cal Managed Care Enrollment Report*. Available at: <https://data.chhs.ca.gov/dataset/medi-cal-managed-care-enrollment-report>. Enrollment information is based on the report downloaded on: Jul 29, 2025.

Table 2.1 shows the Dental MC plan names, counties, and enrollment as of June 2025.

Table 2.1—Dental Managed Care Plan Names, Counties, and Enrollment as of June 2025

Dental Managed Care Plan Name	County	Enrollment as of June 2025
Access Dental	Los Angeles	101,172
	Sacramento	116,900
Health Net	Los Angeles	216,025
	Sacramento	145,070
LIBERTY Dental	Los Angeles	93,895
	Sacramento	260,329

Note the following:

- ◆ DHCS' contract with Access Dental ended June 30, 2025; therefore, as applicable in this report, HSAG includes information about activities completed by Access Dental.
- ◆ DHCS' contract with CDN began July 1, 2025; therefore, the plan did not participate in any activities included in this EQR technical report.

3. DHCS Comprehensive Quality Strategy

In accordance with 42 CFR §438.340, each state contracting with an MCO, PIHP, or PAHP as defined in §438.2 must draft and implement a written quality strategy for assessing and improving the quality of health care and services furnished by the MCO, PIHP, or PAHP. Additionally, as indicated in §438.340(c)(2), states must review and update their quality strategy as needed, but no less than once every three years.

In July 2025, DHCS released the updated draft of the 2025 DHCS CQS for public comment. The public comment period was open through August 13, 2025. On December 30, 2025, DHCS submitted the final draft of the DHCS 2025 CQS to CMS and posted the document on the DHCS CQS webpage. The 2025 CQS reflects lessons learned, stakeholder feedback, and DHCS policy changes to advance quality and health equity for all Medi-Cal beneficiaries. DHCS' CQS webpage summarizes that the 2025 CQS:⁹

- ◆ Outlines DHCS' comprehensive approach to developing, implementing, and maintaining a quality strategy that encompasses all Medi-Cal delivery systems—managed care, fee-for-service, behavioral health, dental, and other DHCS programs.
- ◆ Defines measurable goals, emphasizes the use of CMS Core Set measures, and tracks improvement while adhering to federal and State requirements.
- ◆ Reinforces DHCS' commitment to reducing health disparities and advancing health equity in every aspect of program design and delivery.
- ◆ Describes DHCS' quality improvement infrastructure; the development and review process for the CQS; managed care standards and evaluation requirements; continuous program quality improvement; and the State's plan to identify, evaluate, and reduce health disparities.
- ◆ Defines “significant change” and highlights additional quality improvement efforts in programs outside of managed care.
- ◆ Highlights DHCS' ongoing delivery system reform efforts, including California Advancing and Innovating Medi-Cal (CalAIM), Behavioral Health Transformation, and new initiatives such as the Behavioral Health Community-Based Organized Networks of Equitable Care and Treatment (BH-CONNECT) Demonstration. These efforts focus on reducing variation and complexity, managing member risk through population health strategies, and improving quality outcomes through value-based initiatives and payment reform.

Through the 2025 CQS, DHCS emphasizes its commitment to advancing its vision for a more coordinated, person-centered, and equitable health system in the face of many federal and State policy changes.

⁹ California Department of Health Care Services. DHCS Comprehensive Quality Strategy Website. Available at: [DHCS Comprehensive Quality Strategy](#). Accessed on: Jan 23, 2026.

Comprehensive Quality Strategy Development

DHCS' process for reviewing and updating its CQS included:

- ◆ Addressing feedback received from CMS on the updated draft of the CQS.
- ◆ Convening an interdisciplinary team to review all relevant materials and update the CQS.
- ◆ Posting the draft DHCS CQS for public review, presenting the draft document at stakeholder meetings, consulting with tribal organizations about the quality strategy, and incorporating stakeholder feedback into the final draft version.
- ◆ Reviewing the effectiveness of the *2022 Comprehensive Quality Strategy*.
- ◆ Reviewing all recent EQRO reports, addressing EQRO recommendations, and incorporating overarching themes into the 2025 CQS.

After completing all updates, DHCS posted the final draft of the DHCS 2025 CQS on DHCS' CQS website.

Vision, Goals, and Guiding Principles

DHCS' CQS indicates that DHCS' vision for the Medi-Cal program is for those served by the program to have longer, healthier, and happier lives. The CQS describes a whole-system, person-centered, and population health approach to health and social care in which health care services are only one of many elements needed to support improved health for Medi-Cal members.

The population health management (PHM) framework serves as the cornerstone of CalAIM and the foundation for the CQS goals and guiding principles, which reflect DHCS' commitment to improving health outcomes and addressing health disparities, member involvement, and DHCS' accountability in all of its programs and initiatives, and for all populations. The 2025 CQS goals are a continuation of the 2022 CQS goals as part of DHCS' currently approved 1915b and 1115 waivers.

Comprehensive Quality Strategy Goals

- ◆ Engaging members as owners of their own care
- ◆ Keeping families and communities healthy via prevention
- ◆ Providing early interventions for rising risk and patient-centered chronic disease management
- ◆ Providing whole person care for high-risk populations, addressing drivers of health

Comprehensive Quality Strategy Guiding Principles

- ◆ Eliminating health disparities through anti-racism and community-based partnerships
- ◆ Data-driven improvements that address the whole person
- ◆ Transparency, accountability, and member involvement

Clinical Focus Areas and Bold Goals

In the CQS, DHCS identified the following three key clinical focus areas:

- ◆ Children's preventive care
- ◆ Maternity outcomes and birth equity
- ◆ Behavioral health integration

The three key clinical focus areas serve as the foundation of DHCS' Bold Goals 50x2025 initiative, which includes achieving the following by December 31, 2025:

- ◆ Close racial/ethnic disparities in well-child visits and immunizations by 50 percent.
- ◆ Close maternity care disparities for Black and Native American persons by 50 percent.
- ◆ Improve maternal and adolescent depression screening by 50 percent.
- ◆ Improve follow-up for mental health and substance use disorder by 50 percent.
- ◆ Ensure all MCPs exceed the 50th percentile for all children's preventive care measures.

DHCS notes in the 2025 CQS that while it has made progress toward achieving its Bold Goals and 2022 CQS priorities, the 2025 CQS aims to build on previously initiated efforts to ensure successful achievement of the Bold Goals.

Managed Care Performance Monitoring and Accountability

DHCS selects performance measures to drive continuous quality improvement. DHCS leads a cross-divisional Quality Metric Workgroup that evaluates metrics for all program areas and makes recommendations about which metrics to include for monitoring and accountability. DHCS also coordinates with its public purchaser partners, Covered California and the California Public Employees Retirement System (CalPERS), to help increase alignment, especially for health plans and provider networks that serve multiple populations.

DHCS evaluates performance metrics based on the CQS guiding principles. Additionally, the metrics must be:

- ◆ Clinically meaningful.
- ◆ Have high population impact.
- ◆ Align with other national and State priority areas and initiatives as well as other public purchasers.
- ◆ Have an availability of standardized measures and data.
- ◆ Be evidence based.
- ◆ Promote health equity.

DHCS holds plans accountable to meet minimum performance levels (MPLs) for key high-priority performance measures that have existing national benchmarks. Plans that do not meet the MPLs are subject to CAPs and/or enforcement actions. DHCS indicated in the CQS that based on the 2025 CQS covering measurement years 2026, 2027, and 2028, DHCS will maintain consistency in its required performance measures through measurement year 2028.

The most up-to-date information on the DHCS CQS is located at <https://www.dhcs.ca.gov/services/Pages/DHCS-Comprehensive-Quality-Strategy.aspx>. Information regarding CalAIM is located at <https://www.dhcs.ca.gov/calaim>.

Conclusions

DHCS' 2025 CQS vision, goals, and guiding principles support improvement across all DHCS programs and delivery systems. The CQS provides detailed descriptions of the strategies and processes DHCS will use to collaborate with and include all relevant entities and people to implement the continuous quality improvement processes DHCS outlines throughout the document.

In the 2025 CQS, DHCS assesses the 2022 CQS and describes changes and enhancements it made to the updated CQS to address federal and State policy changes and the changing health care environment. DHCS notes gains toward achieving the CQS as well as opportunities for improvement. DHCS describes progress made on the Bold Goals, indicating that it is on track to achieve Bold Goals 1, 2, and 3 by measurement year 2025. DHCS indicates that data issues resulted in challenges for achieving progress on Bold Goal 4 and that Bold Goal 5 demonstrates the most opportunity for improvement.

Additionally, as a way to assess progress toward achieving the four CQS goals, for each required performance measure with a performance target, DHCS designated the associated CQS goals. Associating the CQS goals with the performance measures will help DHCS to determine which performance measures are contributing to achievement of the CQS goals and the measures on which strategies need to be focused to improve performance and better support goal achievement.

Recommendations

DHCS' 2025 CQS provides a comprehensive roadmap for bringing all relevant entities and people into the continuous quality improvement processes that are outlined throughout the CQS. Based on the extensive details and planned activities described, HSAG has no recommendations for how DHCS can target the CQS vision, goals, and guiding principles to better support improvement to the quality, timeliness, and accessibility of care for all Medi-Cal members.

4. Validation of Performance Improvement Projects

Validating PIPs is one of the mandatory EQR activities described at 42 CFR §438.358(b)(1). In accordance with §438.330(d), MCOs, PIHPs, and PAHPs are required to have a quality program that (1) includes ongoing PIPs designed to have a favorable effect on health outcomes and enrollee satisfaction, and (2) focuses on clinical and/or nonclinical areas that involve the following:

- ◆ Measuring performance using objective quality indicators
- ◆ Implementing system interventions to achieve quality improvement
- ◆ Evaluating intervention effectiveness
- ◆ Planning and initiating activities for increasing and sustaining improvement

The EQR technical report must include information on the validation of PIPs required by the state and underway during the preceding 12 months.

To comply with the CMS requirements, DHCS contracts with HSAG to conduct an independent validation of PIPs submitted by Dental MC plans. HSAG uses a two-pronged approach. First, HSAG provides training and technical assistance to Dental MC plans on how to design, conduct, and report PIPs in a methodologically sound manner, meeting all State and federal requirements. Then, HSAG assesses the validity and reliability of PIP submissions to draw conclusions about the quality, timeliness, and accessibility of care furnished by these plans.

Objectives

The purpose of HSAG’s PIP validation is to ensure that Dental MC plans, DHCS, and stakeholders can have confidence that the plans executed a methodologically sound improvement project, and that any reported improvement is related to and can be reasonably linked to the quality improvement strategies and activities conducted during the PIP.

As part of the annual validation, HSAG evaluates two key components of the quality improvement process:

- ◆ The technical structure of the PIP, to ensure that the plan designs, conducts, and reports the PIP in a methodologically sound manner, meeting all State and federal requirements.
 - HSAG’s review determines whether the PIP design (e.g., PIP Aim statement, population, sampling methods, performance indicator, and data collection methodology) is based on sound methodological principles and could reliably measure outcomes.

Successful execution of this component ensures that reported PIP results are accurate and capable of measuring sustained improvement.

- ◆ The implementation of the PIP. Once designed, a plan’s effectiveness in improving outcomes depends on the systematic data collection process, analysis of data, the identification of barriers, and subsequent development of relevant interventions.

Technical Methods of Data Collection and Analysis

Following is a description of HSAG’s PIP process, including how HSAG receives the PIP data from plans and how HSAG analyzes the data.

Performance Improvement Project Overview

HSAG’s PIP process is based on the CMS EQR *Protocol 1. Validation of Performance Improvement Projects: A Mandatory EQR-Related Activity*, February 2023.¹⁰

HSAG works with states for which it is the EQRO to ensure managed care plans meet the requirement to conduct clinical and nonclinical PIPs. HSAG’s determination of whether a PIP topic is clinical or nonclinical is based on the performance indicator(s) defined for the PIP. HSAG determines a performance indicator to be clinical when it measures the occurrence of a clinical service in a clinical setting. A nonclinical PIP’s performance indicator must be focused on a nonclinical aspect of care and not related to a clinical service or visit.

Performance Improvement Project Stages

The following are the three PIP stages:

- ◆ **Design**, which includes:
 - Selecting the topic based on data that identify an opportunity for improvement.
 - Defining the PIP Aim statement(s) to help maintain the PIP focus and set the framework for data collection, analysis, and interpretation.
 - Clearly defining the PIP population to represent the population to which the PIP Aim statement(s) and performance indicator(s) apply.
 - If sampling is used, using sound sampling methods to select members of the population.

¹⁰ Department of Health and Human Services, Centers for Medicare & Medicaid Services. *Protocol 1. Validation of Performance Improvement Projects: A Mandatory EQR-Related Activity*, February 2023. Available at: <https://www.medicaid.gov/medicaid/quality-of-care/downloads/2023-eqr-protocols.pdf>. Accessed on: Jan 23, 2026.

- Selecting the performance indicator(s) to track performance or improvement over time.
 - A performance indicator is a quantitative or qualitative characteristic or variable that reflects a discrete event or a status that is to be measured.
 - The performance indicator(s) should be objective, clear and unambiguously defined, and based on current clinical knowledge or health services research.
- Defining a valid and reliable data collection process which ensures that the data collected for each indicator are valid and reliable.
 - Validity is an indication of the accuracy of the information obtained.
 - Reliability is an indication of the repeatability or reproducibility of a measurement.
- ◆ **Implementation**, which includes:
 - Completing data analysis and interpretation of performance indicator results.
 - Conducting causal/barrier analyses and processes to identify and prioritize barriers to desired outcomes.
 - Developing and testing/initiating interventions that are linked to the identified and prioritized barriers.
 - Ongoing data collection to evaluate the effectiveness of each intervention, and using data to determine whether to adopt, adapt, abandon, or continue testing each intervention.
- ◆ **Outcomes**, which includes evaluating performance indicator performance based on the following:
 - Non-statistically significant improvement over the baseline performance across all performance indicators.
 - Statistically significant improvement over the baseline performance across all performance indicators.
 - Sustained improvement is assessed after improvement over the baseline performance has been demonstrated. Sustained improvement is achieved when repeated measurements over comparable time periods demonstrate continued improvement over the baseline performance indicator performance.

Throughout the duration of the PIP process, HSAG conducts trainings as needed and provides technical assistance to plans when requested.

Annual Submission and Validation

The duration of a PIP is a minimum of three years and includes the reporting of annual measurement periods for baseline, Remeasurement 1, and Remeasurement 2. Plans annually submit to HSAG a PIP Submission Form that documents the PIP activities to the point of progression. HSAG provides to plans the *PIP Submission Form Completion Instructions* that include the details regarding documentation requirements for each step in the PIP process.

As part of the annual validation, HSAG assigns *Met/Partially Met/Not Met* scores to evaluation elements within each of the following review steps, as applicable:

- ◆ Review the selected PIP topic.
- ◆ Review the PIP Aim statement(s).
- ◆ Review the identified PIP population.
- ◆ Review the sampling method.
- ◆ Review the selected PIP performance indicator(s).
- ◆ Review the data collection procedures.
- ◆ Review the data analysis and interpretation of results.
- ◆ Assess the improvement strategies.
- ◆ Assess the likelihood that significant and sustained improvement occurred.

Based on the evaluation element scores, HSAG assesses the validity and reliability of PIP results by determining the confidence levels for the following:

- ◆ Overall confidence of adherence to acceptable PIP methodology.
- ◆ Overall confidence that the PIP achieved significant improvement.

HSAG shares the initial PIP validation findings with the Dental MC plans and provides an opportunity for these plans to address the identified findings and resubmit. The Dental MC plans have an opportunity to seek technical assistance prior to resubmitting the PIPs for the final validation. HSAG provides final PIP validation findings to the Dental MC plans and DHCS.

Description of Data Obtained

HSAG obtained the data needed to conduct the PIP validations from the PIP submission forms that Dental MC plans submitted in August 2025. The plans submitted one form for each required PIP. The submissions included Remeasurement 1 data (calendar year 2024) and documented improvement strategies conducted up to the date of submission.

DHCS' contract with Access Dental ended June 30, 2025; therefore, the plan did not submit PIP information in August 2025 for validation. Instead, DHCS required Access Dental to submit a close-out form for each PIP in June 2025 that included a summary of the status of each PIP.

Requirements

DHCS requires that each Dental MC plan conduct a minimum of two DHCS-approved PIPs—one clinical PIP and one nonclinical PIP.

DHCS required the following PIP topics for the Dental MC plans:

- ◆ *Annual Dental Visits* (clinical PIP)
- ◆ *Oral Health Risk Assessment* (nonclinical PIP)

On April 22, 2025, HSAG conducted a PIP training to provide information to the Dental MC plans regarding the August 2025 PIP submission requirements as well as intervention tips.

Results

HSAG validated the Dental MC plans' 2025 clinical and nonclinical PIP submissions. As a result of its PIP validation, HSAG assigned a *High Confidence* rating related to adhering to an acceptable PIP methodology to all four PIPs. Health Net and LIBERTY Dental reported that they continued testing interventions targeting members, which include member outreach to provide health education and appointment scheduling assistance. Additionally, the two Dental MC plans continued implementing provider-focused interventions, which include providing education and offering incentive programs. Based on the Dental MC plans' PIP-specific Remeasurement Year 1 data, HSAG assigned various confidence levels for achieving significant improvement over baseline, with three of the PIPs achieving improvement over baseline for at least one of their PIP performance indicators.

See *Appendix A* of this Dental MC EQR technical report volume for Dental MC plan-specific PIP validation findings and intervention information.

Conclusions

To draw conclusions related to Dental MC plans' PIPs, HSAG assessed the PIP validation results, including the confidence levels HSAG assigned to each PIP.

Dental MC plans successfully completed their 2025 annual PIP submissions. For all submitted PIPs, the plans included all required details of their PIP processes, resulting in HSAG assigning a *High Confidence* rating for adhering to an acceptable methodology for all phases of design and data collection and conducting accurate data analyses and interpretation of PIP results. While not all PIPs achieved statistically significant improvement, most Remeasurement Year 1 performance indicators demonstrated improvement over baseline. Dental MC plans should continue to attend HSAG's PIP trainings and refer to the PIP Submission Form Completion Instructions and the PIP Intervention Worksheet Completion Instructions to ensure the plans include all required information in the 2026 annual PIP submissions. HSAG will provide ongoing technical assistance to plans, as requested, throughout the life of the PIPs.

In *Appendix D* of this Dental MC EQR technical report volume, HSAG includes an assessment of each Dental MC plan's strengths and weaknesses related to PIPs with respect to the quality, timeliness, and accessibility of care furnished to its members as well as HSAG's recommendations, as applicable.

5. Validation of Performance Measures

In accordance with 42 CFR §438.330(c), states must require that MCOs, PIHPs, and PAHPs submit performance measurement data as part of those entities' QAPI programs. Validating performance measures is one of the mandatory EQR activities described in §438.358(b)(1)(ii) and (b)(2). The EQR technical report must include information on the validation of MCO, PIHP, and PAHP performance measures (as required by the state) or MCO, PIHP, and PAHP performance measures calculated by the state during the preceding 12 months.

Objective

The purpose of performance measure validation (PMV) is to ensure that each Dental MC plan calculates and reports performance measures consistent with the established specifications.

Technical Methods of Data Collection and Analysis

To comply with 42 CFR §438.330, DHCS selects a set of performance measures to evaluate the quality of dental care delivered by Dental MC plans to their members. DHCS requires each Dental MC plan to undergo PMV by an external audit vendor. Annually, each Dental MC plan submits to DHCS both counties' PMV audit reports that include audited performance measure rates reflecting data from the previous calendar year.

Following is a description of how the data were obtained for the PMV analyses.

Access Dental Plan, Inc.

Access Dental contracted with Crowe Limited Liability Partnership (LLP), which conducted the PMV using standards established by the American Institute of Certified Public Accountants. Crowe LLP obtained from Access Dental the performance measure data needed to report rates for all required measures as well as the data query logic Access Dental used to extract the applicable records from the data. Additionally, Crowe LLP:

- ◆ Inspected the database query logic Access Dental used to identify the number of members with at least 90 days of continuous enrollment in the same plan within the measurement year.
- ◆ Compared the database query logic Access Dental used to calculate the performance measure metrics with the specifications.
- ◆ Recalculated and compared the performance measure rates to the rates calculated by Access Dental.

Health Net of California, Inc.

Health Net contracted with Attest Health Care Advisors, which conducted an independent audit in alignment with the National Committee for Quality Assurance's (NCQA's) Healthcare Effectiveness Data and Information Set (HEDIS®) Compliance Audit™,¹¹ standards, policies, and procedures. Attest Health Care Advisors assessed Health Net's conformity with the performance measure specifications to evaluate the validity of the DHCS-selected performance measures the plan calculated and submitted.

LIBERTY Dental Plan of California, Inc.

LIBERTY Dental contracted with Attest Health Care Advisors, which conducted an independent audit in alignment with NCQA's HEDIS Compliance Audit standards, policies, and procedures. Attest Health Care Advisors assessed LIBERTY Dental's conformity with the performance measure specifications to evaluate the validity of the DHCS-selected performance measures the plan calculated and submitted.

Description of Data Obtained

HSAG obtained from DHCS the measurement year 2024 PMV audit reports for each Dental MC plan.

Results

The PMV auditing organizations for all three Dental MC plans reported that the plans were able to report valid rates for all required measurement year 2024 performance measures, and the organizations identified no findings. However, HSAG identified that the audit firm for Access Dental, Crowe LLP, may have missed inaccurate reporting of the two *Sealants to Restoration Ratio (Surfaces)* measures by Access Dental. HSAG noted that the numerators and denominators for the measures were significantly higher for measurement year 2024 compared to prior years and much higher when compared to Health Net and LIBERTY Dental. Additionally, the results were reported as percentages instead of as ratios as required. While Crowe LLP did not note the potential calculation errors for the two *Sealants to Restoration Ratio (Surfaces)* measures, HSAG noted the potential errors when reviewing Access Dental's PMV audit report.

DHCS reached out to Access Dental for an explanation of the two *Sealants to Restoration Ratio (Surfaces)* measure results; and while the plan provided explanation for the decline in

¹¹ HEDIS Compliance Audit™ is a trademark of NCQA.

performance for the two measures, the explanation did not account for the extremely large increases in the numerators and denominators from the previous years. Additionally, Access Dental did not provide a rationale for why the numerators were smaller than the denominators since for these two measures, it would be expected that the numerators would be larger than the denominators. DHCS reached out to Access Dental; however, the DHCS contract with Access Dental ended on June 30, 2025.

Conclusions

To draw conclusions related to PMV, HSAG assessed the information gathered from the Dental MC plans' PMV audit reports.

The audit results reflect that all three Dental MC plans have sound processes that support the collection of complete and accurate data and calculation of valid performance measure rates; however, the organization that conducted the PMV audit for Access Dental may have missed identifying calculation errors related to the two *Sealants to Restoration Ratio (Surfaces)* measures.

In *Appendix D* of this Dental MC EQR technical report volume, HSAG includes an assessment of each Dental MC plan's strengths and weaknesses related to PMV with respect to the quality, timeliness, and accessibility of care furnished to its members as well as HSAG's recommendations, as applicable.

6. Performance Measures

Objective

The primary objective related to performance measures is for HSAG to assess Dental MC plans' performance in providing quality, timely, and accessible care and services to members by organizing, aggregating, and analyzing the performance measure results.

Technical Methods of Data Collection and Analysis

Annually, Dental MC plans submit to DHCS audited performance measure rates reflecting data from the previous calendar year. DHCS sends the rates to HSAG annually for inclusion in the Dental MC EQR technical report. HSAG organizes, aggregates, and analyzes the rates to draw conclusions about Dental MC plan performance in providing quality, timely, and accessible health care services to members. To provide a meaningful display of Dental MC plan performance, HSAG organizes the performance measures according to health care areas that each measure affects (i.e., Access to Care and Preventive Care). Additionally, HSAG calculates Dental MC weighted averages according to CMS' methodology.¹²

Description of Data Obtained

HSAG obtained the measurement year 2024 performance measure data submitted to DHCS by the Dental MC plans, which included numerators, denominators, and calculated rates.

Results

Table 6.1 presents the three-year trending Dental MC weighted averages for each required performance measure. Note that while the *Continuity of Care* and *Usual Source of Care* measures are similar, the *Continuity of Care* measures evaluate the percentage of members who received a comprehensive oral evaluation or prophylaxis in both the first and second years during the measurement period, whereas the *Usual Source of Care* measures evaluate the percentage of members who received any dental service in both the first and second years during the measurement period.

¹² Centers for Medicare & Medicaid Services. Technical Assistance Resource: Calculating State-Level Rates Using Data from Multiple Reporting Units. February 2024. Available at: <https://www.medicare.gov/medicaid/quality-of-care/downloads/state-level-rates-brief.pdf>. Accessed on: Jan 23, 2026.

Table 6.1—Measurement Years 2022, 2023, and 2024 Dental Managed Care Weighted Average Performance Measure Results

Rates shaded in gold with an upward triangle (▲) reflect that the statistical testing result indicates that the measurement year 2024 rate is significantly better than the measurement year 2023 rate.

Rates shaded in blue with a downward triangle (▼) reflect that the statistical testing result indicates that the measurement year 2024 rate is significantly worse than the measurement year 2023 rate.

Measurement year 2022 rates reflect data from January 1, 2022, through December 31, 2022. Measurement year 2023 rates reflect data from January 1, 2023, through December 31, 2023. Measurement year 2024 rates reflect data from January 1, 2024, through December 31, 2024. Performance comparisons are based on the Chi-square test of statistical significance, with a *p* value of <0.05.

Not Tested = A measurement year 2023–24 rate difference was not calculated because higher or lower rates do not necessarily indicate better or worse performance or because the data for this measure do not meet the assumptions for a Chi-square test of statistical significance.

* Access Dental’s data for this measure were not included in the weighted average based on HSAG identifying potential errors with the Dental MC plan’s calculation of the measure ratio as described under the Results heading in Section 5 of this report (“**Validation of Performance Measures**”).

Measure	Measurement Year 2022 Rate	Measurement Year 2023 Rate	Measurement Year 2024 Rate	Measurement Years 2023–24 Rate Difference
Access to Care				
<i>Annual Dental Visits—Ages 0–20 Years</i>	39.48%	38.71%	41.90%	3.19▲
<i>Annual Dental Visits—Ages 21+ Years</i>	19.73%	19.62%	23.96%	4.35▲
<i>Continuity of Care—Ages 0–20 Years</i>	66.01%	66.63%	69.52%	2.89▲
<i>Continuity of Care—Ages 21+ Years</i>	40.15%	43.01%	47.65%	4.63▲
<i>Exams/Oral Health Evaluations—Ages 0–20 Years</i>	33.59%	33.64%	36.18%	2.54▲
<i>Exams/Oral Health Evaluations—Ages 21+ Years</i>	15.30%	15.52%	17.85%	2.33▲

Measure	Measurement Year 2022 Rate	Measurement Year 2023 Rate	Measurement Year 2024 Rate	Measurement Years 2023–24 Rate Difference
<i>General Anesthesia—Ages 0–20 Years</i>	68.13%	64.42%	67.61%	Not Tested
<i>General Anesthesia—Ages 21+ Years</i>	45.37%	50.18%	58.18%	Not Tested
<i>Overall Utilization of Dental Services—Ages 0–20 Years</i>	41.40%	41.24%	45.98%	4.74 ▲
<i>Overall Utilization of Dental Services—Ages 21+ Years</i>	19.45%	20.10%	24.80%	4.69 ▲
<i>Use of Dental Treatment Services—Ages 0–20 Years</i>	23.78%	21.96%	24.48%	Not Tested
<i>Use of Dental Treatment Services—Ages 21+ Years</i>	13.51%	13.95%	17.78%	Not Tested
<i>Usual Source of Care—Ages 0–20 Years</i>	28.91%	31.19%	33.81%	2.61 ▲
<i>Usual Source of Care—Ages 21+ Years</i>	10.23%	10.71%	13.05%	2.34 ▲
Preventive Care				
<i>Preventive Services to Fillings—Ages 0–20 Years</i>	84.88%	84.20%	88.33%	4.12 ▲
<i>Preventive Services to Fillings—Ages 21+ Years</i>	49.55%	51.92%	55.32%	3.40 ▲
<i>Sealant to Restoration Ratio (Surfaces)—Ages 6–9 Years</i>	4.91	3.83	4.46*	Not Tested
<i>Sealant to Restoration Ratio (Surfaces)—Ages 10–14 Years</i>	2.30	2.10	2.13*	Not Tested
<i>Treatment/Prevention of Caries—Ages 0–20 Years</i>	31.80%	33.30%	37.18%	3.88 ▲

Measure	Measurement Year 2022 Rate	Measurement Year 2023 Rate	Measurement Year 2024 Rate	Measurement Years 2023–24 Rate Difference
<i>Treatment/Prevention of Caries—Ages 21+ Years</i>	9.56%	11.20%	13.42%	2.22 ▲
<i>Use of Preventive Services—Ages 0–20 Years</i>	34.36%	34.03%	36.82%	2.79 ▲
<i>Use of Preventive Services—Ages 21+ Years</i>	9.86%	10.18%	12.02%	1.84 ▲
<i>Use of Sealants—Ages 6–9 Years</i>	13.72%	14.15%	14.92%	0.76 ▲
<i>Use of Sealants—Ages 10–14 Years</i>	7.70%	7.42%	8.52%	1.10 ▲

Comparison Across All Dental Managed Care Plans

Following is comparative information across all Dental MC plans for all DHCS-required performance measures for measurement year 2024. Table 6.2 displays the measurement year 2024 performance measure results for each Dental MC plan for Los Angeles County, and Table 6.3 displays the measurement year 2024 performance measure results for each Dental MC plan for Sacramento County.

As indicated previously, note that while the *Continuity of Care* and *Usual Source of Care* measures are similar, the *Continuity of Care* measures evaluate the percentage of members who received a comprehensive oral evaluation or prophylaxis in both the first and second years during the measurement period, whereas the *Usual Source of Care* measures evaluate the percentage of members who received any dental service in both the first and second years during the measurement period.

Table 6.2—Measurement Year 2024 Dental Managed Care Plan Comparative Performance Measure Results—Los Angeles County

Measurement year 2024 rates reflect data from January 1, 2024, through December 31, 2024.

— Indicates the ratio is not included due to HSAG identifying potential errors with the Dental MC plan’s calculation of the measure ratio as described under the Results heading in Section 5 of this report (“**Validation of Performance Measures**”).

Measure	Access Dental Plan, Inc.	Health Net of California, Inc.	LIBERTY Dental Plan of California, Inc.
Access to Care			
<i>Annual Dental Visits—Ages 0–20 Years</i>	41.31%	30.79%	38.12%
<i>Annual Dental Visits—Ages 21+ Years</i>	27.25%	21.60%	27.39%
<i>Continuity of Care—Ages 0–20 Years</i>	66.33%	63.27%	69.54%
<i>Continuity of Care—Ages 21+ Years</i>	40.73%	45.95%	50.38%
<i>Exams/Oral Health Evaluations—Ages 0–20 Years</i>	32.78%	27.76%	35.05%
<i>Exams/Oral Health Evaluations—Ages 21+ Years</i>	15.36%	17.99%	22.69%
<i>General Anesthesia—Ages 0–20 Years</i>	88.50%	56.70%	64.41%
<i>General Anesthesia—Ages 21+ Years</i>	80.10%	44.91%	47.28%
<i>Overall Utilization of Dental Services—Ages 0–20 Years</i>	46.05%	35.11%	42.83%
<i>Overall Utilization of Dental Services—Ages 21+ Years</i>	28.23%	21.57%	26.65%
<i>Use of Dental Treatment Services—Ages 0–20 Years</i>	24.45%	22.19%	18.75%
<i>Use of Dental Treatment Services—Ages 21+ Years</i>	21.52%	15.37%	19.04%
<i>Usual Source of Care—Ages 0–20 Years</i>	29.52%	24.86%	31.55%
<i>Usual Source of Care—Ages 21+ Years</i>	10.97%	11.40%	15.49%
Preventive Care			
<i>Preventive Services to Fillings—Ages 0–20 Years</i>	85.68%	84.98%	87.00%

Measure	Access Dental Plan, Inc.	Health Net of California, Inc.	LIBERTY Dental Plan of California, Inc.
<i>Preventive Services to Fillings—Ages 21+ Years</i>	48.95%	46.12%	50.76%
<i>Sealant to Restoration Ratio (Surfaces)—Ages 6–9 Years</i>	—	6.38	5.87
<i>Sealant to Restoration Ratio (Surfaces)—Ages 10–14 Years</i>	—	2.58	2.56
<i>Treatment/Prevention of Caries—Ages 0–20 Years</i>	32.67%	27.16%	34.19%
<i>Treatment/Prevention of Caries—Ages 21+ Years</i>	11.20%	12.13%	16.94%
<i>Use of Preventive Services—Ages 0–20 Years</i>	32.30%	27.36%	34.34%
<i>Use of Preventive Services—Ages 21+ Years</i>	10.02%	11.30%	15.48%
<i>Use of Sealants—Ages 6–9 Years</i>	13.32%	11.28%	12.09%
<i>Use of Sealants—Ages 10–14 Years</i>	6.93%	5.70%	7.41%

Table 6.3—Measurement Year 2024 Dental Managed Care Plan Comparative Performance Measure Results—Sacramento County

Measurement year 2023 rates reflect data from January 1, 2024, through December 31, 2024.

— Indicates the ratio is not included due to HSAG identifying potential errors with the Dental MC plan’s calculation of the measure ratio as described under the Results heading in Section 5 of this report (“**Validation of Performance Measures**”).

Measure	Access Dental Plan, Inc.	Health Net of California, Inc.	LIBERTY Dental Plan of California, Inc.
Access to Care			
<i>Annual Dental Visits—Ages 0–20 Years</i>	41.33%	46.63%	46.81%
<i>Annual Dental Visits—Ages 21+ Years</i>	23.62%	21.85%	24.80%

Measure	Access Dental Plan, Inc.	Health Net of California, Inc.	LIBERTY Dental Plan of California, Inc.
<i>Continuity of Care—Ages 0–20 Years</i>	63.66%	73.01%	73.21%
<i>Continuity of Care—Ages 21+ Years</i>	43.37%	51.50%	50.99%
<i>Exams/Oral Health Evaluations— Ages 0–20 Years</i>	30.79%	41.49%	42.05%
<i>Exams/Oral Health Evaluations— Ages 21+ Years</i>	13.94%	17.35%	19.74%
<i>General Anesthesia—Ages 0–20 Years</i>	78.44%	68.41%	62.67%
<i>General Anesthesia—Ages 21+ Years</i>	85.65%	52.07%	50.52%
<i>Overall Utilization of Dental Services— Ages 0–20 Years</i>	43.48%	48.36%	52.11%
<i>Overall Utilization of Dental Services— Ages 21+ Years</i>	25.57%	23.27%	26.21%
<i>Use of Dental Treatment Services— Ages 0–20 Years</i>	20.50%	28.65%	26.57%
<i>Use of Dental Treatment Services— Ages 21+ Years</i>	18.70%	16.69%	17.92%
<i>Usual Source of Care—Ages 0–20 Years</i>	28.81%	37.57%	40.92%
<i>Usual Source of Care—Ages 21+ Years</i>	11.46%	13.83%	16.01%
Preventive Care			
<i>Preventive Services to Fillings— Ages 0–20 Years</i>	87.21%	90.56%	89.19%
<i>Preventive Services to Fillings— Ages 21+ Years</i>	55.01%	63.45%	62.80%
<i>Sealant to Restoration Ratio (Surfaces)— Ages 6–9 Years</i>	—	4.06	4.14
<i>Sealant to Restoration Ratio (Surfaces)— Ages 10–14 Years</i>	—	2.26	1.88
<i>Treatment/Prevention of Caries— Ages 0–20 Years</i>	33.95%	43.46%	43.06%

Measure	Access Dental Plan, Inc.	Health Net of California, Inc.	LIBERTY Dental Plan of California, Inc.
<i>Treatment/Prevention of Caries—Ages 21+ Years</i>	10.54%	13.92%	16.10%
<i>Use of Preventive Services—Ages 0–20 Years</i>	33.05%	42.80%	42.72%
<i>Use of Preventive Services—Ages 21+ Years</i>	9.01%	12.12%	14.29%
<i>Use of Sealants—Ages 6–9 Years</i>	11.52%	17.05%	17.98%
<i>Use of Sealants—Ages 10–14 Years</i>	6.93%	9.92%	10.69%

See *Appendix B* of this Dental MC EQR technical report volume for Dental MC plan-specific performance measure results for measurement years 2022, 2023, and 2024.

Conclusions

To draw conclusions related to Dental MC plans' performance measure results, HSAG assessed the Dental MC statewide weighted averages to determine statewide performance and assessed for differences in performance among the three Dental MC plans.

Dental MC statewide weighted averages show statistically significant improvement from measurement year 2023 to measurement year 2024 for all 18 measures for which HSAG compared measurement year 2024 rates to measurement year 2023 rates. These results demonstrate Dental MC plans' continued success with improving member access to needed dental care services for the Medi-Cal managed care population in Los Angeles and Sacramento counties.

In both Los Angeles and Sacramento counties in measurement year 2024, LIBERTY Dental's rates for most performance measures were better than the other two Dental MC plans' rates. In Los Angeles County in measurement year 2024, Health Net had lower rates than Access Dental and LIBERTY Dental for most performance measures, reflecting that Health Net has the most opportunities for improvement in this county when compared to the other two Dental MC plans. In Sacramento County in measurement year 2024, Access Dental had lower rates than Health Net and LIBERTY Dental for most performance measures, reflecting that Access Dental has the most opportunities for improvement in this county when compared to the other two Dental MC plans.

In *Appendix D* of this Dental MC EQR technical report volume, HSAG includes an assessment of each Dental MC plan's strengths and weaknesses related to performance measure results with respect to the quality, timeliness, and accessibility of care furnished to its members as well as HSAG's recommendations, as applicable.

7. Review of Compliance with Managed Care Regulations

In accordance with 42 CFR §438.358, the state or its designee must conduct a review within the previous three-year period to determine the MCO's, PIHP's, or PAHP's compliance with the standards established by the state for access to care, structure and operations, and quality measurement and improvement. The EQR technical report must include information on the reviews conducted within the previous three-year period to determine the health plans' compliance with the standards established by the state.

DHCS directly conducts compliance reviews of Dental MC plans, rather than contracting with the EQRO to conduct reviews on its behalf. Transparency and accountability are important aspects of the DHCS CQS, and conducting compliance reviews is one of the ways DHCS holds plans accountable to meet federal and State requirements that support the delivery of quality, timely, and accessible health care services to Medi-Cal members.¹³

Objectives

DHCS' objective related to compliance reviews is to annually assess each Dental MC plan's compliance with:

- ◆ The standards set forth in 42 CFR Part 438 Subpart D, the disenrollment requirements and limitations described in §438.56, the enrollee rights requirements described in §438.100, the emergency and poststabilization services requirements described in §438.114, and the QAPI requirements described in §438.330.

HSAG's objectives related to compliance reviews are to assess:

- ◆ DHCS' compliance with conducting reviews of all Dental MC plans within the previous three-year period.
- ◆ Dental MC plans' compliance with the areas that DHCS reviewed as part of the compliance review process.

¹³ *Department of Health Care Services Comprehensive Quality Strategy 2025*. Available at: [2025 Comprehensive Quality Strategy.pdf](#). Accessed on: Jan 23, 2026.

Technical Methods of Data Collection and Analysis

DHCS collected the data for the Dental MC plan compliance reviews through the annual DHCS Audits & Investigations Division Dental Audits and also from the results of other activities, such as annual network certification and quality improvement programs.

Scoring Methodology

To meet CMS' compliance review requirements, DHCS developed a compliance review scoring methodology that includes all federal standards required by CMS.

DHCS assigned *Met/Not Met* scores to CFR elements within each standard based on identified findings from data collected through the data sources indicated above.

If the Dental MC plan's review resulted in a finding or identified noncompliance with a corresponding CFR element, DHCS scored the CFR element as *Not Met*. If DHCS identified no findings or evidence of noncompliance with a corresponding CFR element, DHCS scored the element as *Met*. To determine the compliance percentage for each CFR standard, DHCS divided the number of elements with a *Met* score by the total number of elements assessed.

DHCS provided the Dental MC plans with a compliance review scoring methodology and the definition DHCS will use to determine full compliance for each standard in the scope of the compliance review.

Timeliness of Compliance Reviews

HSAG determined, by assessing the dates DHCS conducted its compliance reviews, whether DHCS conducted the reviews for all Dental MC plans within the previous three-year period.

Results

DHCS completed the compliance review scoring for all required CFR standards for each Dental MC plan on October 8, 2025. DHCS also included in its compliance review scoring the Fraud, Waste, and Abuse standard as described at §438.608.

On October 9, 2025, DHCS notified the Dental MC plans of their individual plan scoring results. DHCS will require that the deficiencies be cleared or CAPs for the deficiencies DHCS identified during the compliance review process.

Compliance review scores across all three Dental MC plans show that they were fully compliant with most CFR standards. As in 2024, DHCS identified findings for each plan related

to the Grievances and Appeals standard. DHCS also identified findings for Access Dental in the Availability of Services and Coverage and Authorization of Services standards.

Comparative Dental MC plan-specific compliance review results, including scores for each standard, are included in *Appendix C* of this Dental MC EQR technical report volume.

Conclusions

To draw conclusions related to compliance reviews, HSAG reviewed the compliance review scoring results that DHCS submitted to HSAG. HSAG also assessed Dental MC plan compliance with the standards and whether there were any common areas for improvement related to the quality, timeliness, and accessibility of care for Dental MC members.

To assess DHCS' compliance with §438.358, HSAG reviewed the dates when DHCS conducted compliance reviews of Dental MC plans and determined that DHCS conducted the reviews for all Dental MC plans within the previous three-year period.

DHCS' compliance review scores reflect that all three Dental MC plans were compliant with most CFR standard requirements. DHCS identified findings related to all three Dental MC plans' grievance and appeals processes. These findings reflect opportunities for the plans to create new or to revise existing policies and procedures for ensuring timely and thorough responses to members' grievances and appeals. Additionally, DHCS identified findings for Access Dental's availability of services and coverage and authorization of services processes.

In *Appendix D* of this Dental MC EQR technical report volume, HSAG includes an assessment of each Dental MC plan's strengths and weaknesses related to compliance reviews with respect to the quality, timeliness, and accessibility of care furnished to its members as well as HSAG's recommendations, as applicable.

8. Validation of Network Adequacy

States that contract with MCOs, PIHPs, or PAHPs to deliver Medicaid services must develop and enforce network adequacy standards in accordance with 42 CFR §438.68—and if the state enrolls Indians in the MCOs, PIHPs, or PAHPs, in accordance with §438.14(b)(1). Validation of network adequacy is one of the mandatory EQR activities described in §438.358(b)(1)(iv). The EQRO must summarize the validation of network adequacy conducted during the preceding 12 months in the EQR technical report.

Objectives

The objectives of the validation of network adequacy are to:

- ◆ Assess the accuracy of the DHCS-defined network adequacy indicators reported by the Dental MC plans.
- ◆ Evaluate the collection of provider data, reliability and validity of network adequacy data, methods used to assess network adequacy, and systems and processes used.
- ◆ Determine the indicator-level validation rating, which refers to the overall confidence that an acceptable methodology was used for all phases of design, data collection, analysis, and interpretation of the network adequacy indicators, as set forth by DHCS.

Technical Methods of Data Collection and Analysis

HSAG collected network adequacy data from DHCS and the Dental MC plans via a secure file transfer protocol site and virtual NAV audits. HSAG used the collected data to conduct the validation of network adequacy in accordance with the CMS EQR *Protocol 4. Validation of Network Adequacy: A Mandatory EQR-Related Activity*, February 2023.¹⁴

¹⁴ Department of Health and Human Services, Centers for Medicare & Medicaid Services. *Protocol 4. Validation of Network Adequacy: A Mandatory EQR-Related Activity*, February 2023. Available at: <https://www.medicaid.gov/medicaid/quality-of-care/downloads/2023-eqr-protocols.pdf>. Accessed on: Jan 23, 2026.

Description of Data Obtained

HSAG obtained the following data from DHCS and the Dental MC plans to conduct the NAV audits for the calendar year 2024 reporting period:

- ◆ Information systems data from the Information Systems Capabilities Assessment Tool
- ◆ Network adequacy logic for calculation of network adequacy indicators
- ◆ Network adequacy data files
- ◆ Network adequacy monitoring data
- ◆ Supporting documentation, including policies and procedures, data dictionaries, system flow diagrams, system log files, and data collection process descriptions

Validation of Network Adequacy Summary

HSAG includes the validation of network adequacy detailed methodology, results, conclusions, and recommendations in *Volume 2 of 2* of this Dental MC EQR technical report. This volume also includes comparative Dental MC plan-specific validation of network adequacy results.

Additionally, in *Appendix D* of this Dental MC EQR technical report volume, HSAG includes an assessment of each Dental MC plan's strengths and weaknesses related to NAV audits with respect to the quality, timeliness, and accessibility of care furnished to its members as well as HSAG's recommendations, as applicable.

9. Technical Assistance

At the State’s direction, the EQRO may provide technical assistance to groups of MCOs, PIHPs, or PAHPs as described at 42 CFR §438.358(d). The technical assistance HSAG provides supports DHCS and the plans in making progress toward accomplishing the DHCS CQS goals and vision, improving the health care services provided to Medi-Cal members, and achieving health equity.¹⁵

DHCS contracts with HSAG to provide technical assistance to DHCS and its Medi-Cal managed care entities (MCEs) to help them fully understand the EQR activity requirements and provide support for their implementation of quality improvement activities. MCEs include all Medi-Cal managed care behavioral, dental, and physical health plans.

Through this technical assistance, HSAG supports DHCS and the MCEs in various areas related to quality improvement that are outside the scope of the EQR-specific activities. As a result of the technical assistance HSAG provides, DHCS and MCEs may identify opportunities for improving the quality, timeliness, and accessibility of care for Medi-Cal members, which may help to improve MCE-specific and statewide performance measure rates.

MCEs’ Quality Improvement

Following are examples of technical assistance activities HSAG may conduct with DHCS and the MCEs, at their request, to support quality improvement efforts:

- ◆ Provide performance measure expertise to DHCS in identifying and researching performance measures regarding updates to measure specifications and to the CMS Core Sets, trends, and best practices.
- ◆ Collaborate with DHCS to provide technical assistance to MCEs related to DHCS’ quality monitoring and enforcement actions and CAP processes.
- ◆ Provide technical assistance to MCEs requiring additional guidance with quality improvement activities being conducted as part of DHCS’ quality monitoring and enforcement actions and CAP processes.
- ◆ Review and provide feedback to DHCS on an array of documents related to quality improvement activities, including providing subject matter expertise on quality performance measures to be included in or excluded from the DHCS Managed Care Accountability Set (MCAS) and Behavioral Health Accountability Set (BHAS).
- ◆ Respond to requests from DHCS for input on a variety of quality improvement-related issues and topics.

¹⁵ *Department of Health Care Services Comprehensive Quality Strategy 2025*. Available at: [2025 Comprehensive Quality Strategy.pdf](#). Accessed on: Jan 23, 2026.

- ◆ Respond to requests from MCEs for additional guidance regarding expectations and requirements across the EQR activities.

Objective—MCEs' Quality Improvement

The objective of Technical Assistance for MCEs' Quality Improvement is for HSAG to support DHCS' quality improvement strategies and assist plans in improving the quality of care they provide to members, which will help to improve performance measure rates and, ultimately, improve overall statewide performance.

Methodology—MCEs' Quality Improvement

HSAG used a team approach to provide technical assistance, identifying the most pertinent subject matter experts for each request to ensure the most efficient provision of technical assistance with the greatest likelihood of resulting in enhanced skills and, ultimately, improved performance. To promote timely and flexible delivery, HSAG provided technical assistance to DHCS and plans via email, telephone, and Web conferences.

Results—MCEs' Quality Improvement—Dental MC Plan Technical Assistance

Following is a high-level summary of the notable technical assistance HSAG provided related to Dental MC:

- ◆ Met with DHCS to discuss EQR activity requirements for Dental MC plans with changes to their contracts starting July 1, 2025.
- ◆ Provided to DHCS EQR close-out activity recommendations for Access Dental.
- ◆ Provided to DHCS information and feedback to help DHCS make informed decisions regarding what it will require for measurement year 2025 performance measure reporting.
- ◆ Presented to DHCS staff members at the Quality and Health Equity Leadership Meeting about the EQR technical report process and content of the reports HSAG produces. HSAG also provided a high-level summary of information from the *2023–24 Medi-Cal Dental Managed Care External Quality Review Technical Report*.

Conclusions—MCEs' Quality Improvement—Dental MC Plan Technical Assistance

HSAG's technical assistance resulted in DHCS gaining information to assist in making informed decisions regarding various EQR activities and requirements. HSAG's technical

assistance regarding close-out activities and activities for Dental MC plans with new contracts helped DHCS to better understand how to ensure it meets CMS' managed care and EQR requirements.

10. Follow-Up on Prior Year’s Recommendations

External Quality Review Recommendations for DHCS

In the *2023–24 Medi-Cal Dental Managed Care External Quality Review Technical Report*, HSAG made no recommendations to DHCS as part of the EQR; therefore, there are no recommendations to DHCS that HSAG needed to follow up on from the prior year.

External Quality Review Recommendations for Dental MC Plans

HSAG provided each Dental MC plan an opportunity to summarize actions taken to address recommendations HSAG made in the *2023–24 Medi-Cal Dental Managed Care External Quality Review Technical Report*. In *Appendix D* of this Dental MC EQR technical report volume, HSAG includes each Dental MC plan’s self-reported follow-up on the 2023–24 EQR recommendations as well as HSAG’s assessment of the self-reported actions.

Appendix A. Comparative Dental MC Plan-Specific Performance Improvement Project Information

This appendix provides the PIP validation criteria and confidence level definitions that HSAG uses for validating PIPs. Additionally, this appendix includes Dental MC plan-specific PIP topics and validation findings, as well as descriptions of plan-tested interventions.

PIP Validation Criteria

HSAG conducts PIP validation in accordance with the CMS EQR *Protocol 1. Validation of Performance Improvement Projects: A Mandatory EQR-Related Activity*, February 2023.¹⁶

Table A.1 lists the review steps and corresponding evaluation elements, including critical elements, that HSAG uses for validating each annual PIP submission. HSAG assigns a *Met*, *Partially Met*, or *Not Met* score to each evaluation element.

Table A.1—Performance Improvement Project Validation Review Steps and Evaluation Elements

* Denotes a critical evaluation element.

Review Steps	Evaluation Elements
1. Selected PIP Topic	◆ The PIP topic was selected by the State and/or based on plan-specific data demonstrating an opportunity for improvement.*
2. Aim Statement(s)	◆ The Aim statement included the population, improvement strategies, and time period. The Aim statement was clear, concise, and answerable.*
3. Identified PIP Population	◆ The PIP population was accurately and completely defined.*

¹⁶ Department of Health and Human Services, Centers for Medicare & Medicaid Services. *Protocol 1. Validation of Performance Improvement Projects: A Mandatory EQR-Related Activity*, February 2023. Available at: <https://www.medicaid.gov/medicaid/quality-of-care/downloads/2023-eqr-protocols.pdf>. Accessed on: Jan 23, 2026.

Review Steps	Evaluation Elements
4. Sampling Method	<ul style="list-style-type: none"> ◆ The plan documented the sampling frame size for each performance indicator. ◆ The plan documented the sample size for each performance indicator.* ◆ The plan documented the margin of error and confidence level for each performance indicator. ◆ The plan described the method used to select the sample. ◆ The sampling methodology used allowed for the generalization of results to the population.*
5. Selected Performance Indicator(s)	<ul style="list-style-type: none"> ◆ The performance indicator(s) was well-defined, objective, and could track performance over time.*
6. Data Collection Procedures	<ul style="list-style-type: none"> ◆ The plan included clearly defined sources of data and data elements collected for each performance indicator. ◆ The plan included a clearly defined and systematic process for collecting baseline and remeasurement data.* ◆ A copy of the manual data collection tool used was provided, if applicable.* ◆ The plan included the percentage of administrative data completeness at the time the data were generated, and the process used to calculate the reported percentage.
7. Data Analysis and Interpretation of Results	<ul style="list-style-type: none"> ◆ The plan included all required data and statistical testing components for all performance indicators. The statistical testing information and data were accurate, clear, and could be replicated.* ◆ The plan documented possible reasons for the lack of improvement, lessons learned, and next steps for each performance indicator. ◆ The plan documented the threats to validity for each measurement period and the threats to comparability between the baseline and each remeasurement period.
8. Improvement Strategies	<ul style="list-style-type: none"> ◆ The plan completed the Quality Improvement Team table and either described or attached the quality improvement tool(s) used.* ◆ The plan clearly described each intervention, and the intervention addressed root causes/barriers identified through data analysis and/or quality improvement tools.*

Review Steps	Evaluation Elements
	<ul style="list-style-type: none"> ◆ The plan completed an intervention worksheet for each listed intervention in the Step 8 Barriers/Interventions table. Each intervention worksheet was completed to the point of intervention progress. ◆ The plan tested interventions to a point in the remeasurement period that could reasonably drive improvement in performance indicator outcomes. ◆ The plan developed a methodologically sound measure(s) or process to evaluate the effectiveness and impact of each intervention. ◆ The plan documented an accurate summary of intervention testing results. ◆ The plan documented lessons learned, challenges encountered, and solutions to challenges for each intervention tested. ◆ The plan documented the status of each intervention (Adopt, Adapt, Abandon, or Continue Evaluating) and the rationale for the selected status.
<p>9. Likelihood that Significant and Sustained Improvement Occurred</p>	<ul style="list-style-type: none"> ◆ The remeasurement methodology was the same as the baseline methodology for all performance indicators.* ◆ There was improvement over baseline performance across all performance indicators for the current reported remeasurement period. ◆ There was statistically significant improvement (95 percent confidence level, $p < 0.05$) over the baseline across all performance indicators for the current reported remeasurement period. ◆ For any applicable indicator, sustained statistically significant improvement compared to the baseline result was demonstrated with a subsequent reported remeasurement period.

Confidence Level Definitions

HSAG assesses the validity and reliability of the results to determine whether plans, DHCS, and key stakeholders may have confidence in the reported PIP findings. For each annual PIP submission, HSAG determines the following confidence level(s), as applicable:

- ◆ Overall confidence of adherence to acceptable PIP methodology.

- ◆ Overall confidence that the PIP achieved significant improvement.

HSAG uses the following calculation to determine 1) the evaluation element score and 2) the critical element score, both of which HSAG uses to assign confidence levels related to adherence to an acceptable PIP methodology:

- ◆ The percentage score for all evaluation elements *Met* is calculated by dividing the total *Met* by the sum of all evaluation elements *Met*, *Partially Met*, and *Not Met*. The *Not Assessed* and *Not Applicable* results are removed from the scoring calculations.
- ◆ The percentage score for critical elements *Met* is calculated by dividing the total critical elements *Met* by the sum of the critical elements *Met*, *Partially Met*, and *Not Met*.

HSAG assigns a confidence level for significant improvement only after the PIP demonstrates improvement over the baseline rate for the PIP performance indicator.

Table A.2 includes the definitions for the confidence levels HSAG assigns to each PIP submission.

Table A.2—Performance Improvement Project Confidence Level Definitions

Confidence Level	Definition
Overall Confidence of Adherence to Acceptable PIP Methodology	
<i>High Confidence</i>	All critical evaluation elements were <i>Met</i> , and 90 percent to 100 percent of all evaluation elements were <i>Met</i> across all steps.
<i>Moderate Confidence</i>	All critical evaluation elements were <i>Met</i> , and 80 percent to 89 percent of all evaluation elements were <i>Met</i> across all steps.
<i>Low Confidence</i>	Across all steps, 65 percent to 79 percent of all evaluation elements were <i>Met</i> ; or one or more critical evaluation elements were <i>Partially Met</i> .
<i>No Confidence</i>	Across all steps, less than 65 percent of all evaluation elements were <i>Met</i> ; or one or more critical evaluation elements were <i>Not Met</i> .
Overall Confidence that the PIP Achieved Significant Improvement	
<i>High Confidence</i>	All performance indicators demonstrated <i>statistically significant</i> improvement over the baseline.
<i>Moderate Confidence</i>	One of the three scenarios below occurred: 1. All performance indicators demonstrated improvement over the baseline, and some but not all performance indicators demonstrated <i>statistically significant</i> improvement over the baseline.

Confidence Level	Definition
	<ol style="list-style-type: none"> 2. All performance indicators demonstrated improvement over the baseline, and none of the performance indicators demonstrated <i>statistically significant</i> improvement of the baseline. 3. Some but not all performance indicators demonstrated improvement over baseline, and some but not all performance indicators demonstrated <i>statistically significant</i> improvement over baseline.
<i>Low Confidence</i>	The remeasurement methodology was not the same as the baseline methodology for at least one performance indicator; or some but not all performance indicators demonstrated improvement over the baseline, and none of the performance indicators demonstrated <i>statistically significant</i> improvement over the baseline.
<i>No Confidence</i>	The remeasurement methodology was not the same as the baseline methodology for all performance indicators, or none of the performance indicators demonstrated improvement over the baseline.

Performance Improvement Project Validation Findings

The Dental MC plans began implementing the 2023–26 PIPs in January 2024. Section 4 of this EQR technical report (“**Validation of Performance Improvement Projects**”) describes DHCS’ requirements for the clinical and nonclinical PIP topics. HSAG conducted PIP validations on the PIP submission forms that the plans submitted in August 2025. The Dental MC plans submitted one form for each required PIP for each annual submission. The August 2025 submissions included Remeasurement 1 data (calendar year 2024) and documented improvement strategies implemented up to the date of submission. HSAG validated each PIP submission using the validation criteria described in Table A.1 and assigned confidence levels as defined in Table A.2.

Table A.3 lists the plans’ clinical and nonclinical PIP topics and their respective evaluation element scores, critical element scores, and confidence levels for adherence to an acceptable PIP methodology for all phases of the PIP and achievement of significant improvement for the August 2025 submissions.

As noted previously, DHCS’ contract with Access Dental ended June 30, 2025; therefore, the plan did not submit PIP information in August 2025 for validation. Instead, DHCS required

Access Dental to submit a close-out form for each PIP in June 2025 that included a summary of the status of each PIP.

Table A.3—August 2025 Performance Improvement Project Submission Evaluation Element Met Scores, Critical Element Met Scores, and Confidence Levels for Adherence to an Acceptable Methodology and Achievement of Significant Improvement

* The percentage score of evaluation elements *Met* is calculated by dividing the total *Met* by the sum of all evaluation elements *Met*, *Partially Met*, and *Not Met*.

** The percentage score of critical elements *Met* is calculated by dividing the total critical elements *Met* by the sum of the critical elements *Met*, *Partially Met*, and *Not Met*.

PIP Topic	Overall Confidence of Adherence to Acceptable Methodology for All Phases of the PIP			Overall Confidence That the PIP Achieved Significant Improvement		
	Evaluation Element Met Score*	Critical Element Met Score**	Confidence Level	Evaluation Element Met Score*	Critical Element Met Score**	Confidence Level
Health Net						
<i>Annual Dental Visits</i>	100%	100%	High Confidence	33%	100%	Moderate Confidence
<i>Oral Health Risk Assessments</i>	100%	100%	High Confidence	100%	100%	High Confidence
LIBERTY Dental						
<i>Annual Dental Visits</i>	100%	100%	High Confidence	33%	100%	Low Confidence
<i>Oral Health Risk Assessments</i>	100%	100%	High Confidence	67%	100%	Moderate Confidence

Performance Improvement Project Interventions

Intervention Descriptions

Table A.4 presents descriptions of interventions that the plans tested for their clinical and nonclinical PIPs. This table also includes the intervention status up to the August 2025 PIP submissions.

Table A.4—2023–26 Performance Improvement Project Intervention Descriptions and Status

Plan Name	Intervention Description	Intervention Status (Adopt, Adapt, Abandon, or Continue)
Clinical PIP Topic: Annual Dental Visits		
Health Net	Develop and implement a provider pay-for-performance (P4P) program.	Abandon
	Conduct automated robocall outreach to parents/guardians of eligible members and offer assistance in benefit understanding and/or appointment scheduling with a live agent.	Continue
LIBERTY Dental	Conduct automated robocall outreach to parents/guardians of eligible members and offer assistance in benefit understanding and/or appointment scheduling with a live agent.	Continue
	Coordinate with a third-party vendor to conduct text messaging outreach to parents/guardians of eligible members and offer assistance in benefit understanding and/or appointment scheduling. If the member opts in, the member will be connected with the plan agent for additional assistance.	Continue
Nonclinical PIP Topic: Oral Health Risk Assessments		
Health Net	Conduct automated robocall outreach to eligible members and notify them of their active dental benefits and pending Oral Health Risk Assessment (OHRA) completion. Members can opt to connect with a live agent who can assist with OHRA completion.	Continue

Plan Name	Intervention Description	Intervention Status (Adopt, Adapt, Abandon, or Continue)
	Conduct live agent telephonic outreach to eligible members and notify them of their active dental benefits and pending OHRA completion. Members can opt for the live agent to assist with OHRA completion.	Continue
LIBERTY Dental	Conduct automated robocall outreach to eligible members and notify them of their active dental benefits and pending OHRA completion. Members can opt to connect with a live agent who can assist with OHRA completion.	Continue
	Conduct live agent telephonic outreach to eligible members and notify them of their active dental benefits and pending OHRA completion. Members can opt for the live agent to assist with OHRA completion.	Continue

Performance Indicators

Table A.5 presents each PIP’s performance indicator descriptions, baseline rates (calendar year 2023), and Remeasurement 1 rates (calendar year 2024) for each Dental MC plan.

**Table A.5—2023–26 Performance Improvement Project
Performance Indicator Descriptions, Baseline Rates, and Remeasurement 1 Rates**

Plan Name	PIP Performance Indicator Description	Baseline Rate	Remeasurement 1 Rate
Clinical PIP Topic: Annual Dental Visits			
Health Net	The percentage of GMC child members who have had any dental treatment during the measurement year.	42.34%	46.63%
	The percentage of PHP child members who have had any dental treatment during the measurement year.	31.66%	30.79%
LIBERTY Dental	The percentage of GMC child members (ages 0 to 20 years) who have had any dental treatment during the measurement year.	47.06%	46.81%

APPENDIX A. COMPARATIVE DENTAL MC PLAN-SPECIFIC PIP INFORMATION

Plan Name	PIP Performance Indicator Description	Baseline Rate	Remeasurement 1 Rate
	The percentage of PHP child members (ages 0 to 20 years) who have had any dental treatment during the measurement year.	37.63%	38.12%
Nonclinical PIP Topic: Oral Health Risk Assessments			
Health Net	The percentage of members (all ages) who had an OHRA completed within 90 days of enrollment.	0.41%	5.99%
LIBERTY Dental	The percentage of members (all ages) who had an OHRA completed within 90 days of enrollment.	5.58%	5.77%

Appendix B. Dental MC Plan-Specific Performance Measure Results

This appendix provides each Dental MC plan’s measurement years 2022, 2023, and 2024 performance measure results. To provide a meaningful display of Dental MC plan performance, HSAG organized the performance measures according to health care areas that each measure affects (i.e., Access to Care and Preventive Care).

Note that while the *Continuity of Care* and *Usual Source of Care* measures are similar, the *Continuity of Care* measures evaluate the percentage of members who received a comprehensive oral evaluation or prophylaxis in both the first and second years during the measurement period, whereas the *Usual Source of Care* measures evaluate the percentage of members who received any dental service in both the first and second years during the measurement period.

Access Dental Plan, Inc.

Table B.1 and Table B.2 present Access Dental’s audited performance measure rates for measurement years 2022, 2023, and 2024 for each Dental MC plan county.

Table B.1—Measurement Years 2022, 2023, and 2024 Dental Managed Care Plan Performance Measure Results Access Dental Plan, Inc.—Los Angeles County

Rates shaded in gold with an upward triangle (▲) reflect that the statistical testing result indicates that the measurement year 2024 rate is significantly better than the measurement year 2023 rate.

Rates shaded in blue with a downward triangle (▼) reflect that the statistical testing result indicates that the measurement year 2024 rate is significantly worse than the measurement year 2023 rate.

Measurement year 2022 rates reflect data from January 1, 2022, through December 31, 2022. Measurement year 2023 rates reflect data from January 1, 2023, through December 31, 2023. Measurement year 2024 rates reflect data from January 1, 2024, through December 31, 2024. Performance comparisons are based on the Chi-square test of statistical significance, with a p value of <0.05 .

Not Tested = A measurement year 2023–24 rate difference was not calculated because higher or lower rates do not necessarily indicate better or worse performance or because the data for this measure do not meet the assumptions for a Chi-square test of statistical significance.

APPENDIX B. DENTAL MC PLAN-SPECIFIC PERFORMANCE MEASURE RESULTS

— Indicates that HSAG did not include the result for this measure based on HSAG identifying potential errors with Access Dental’s calculation of the measure ratio as described under the Results heading in Section 5 of this report (“**Validation of Performance Measures**”).

Measure	Measurement Year 2022 Rate	Measurement Year 2023 Rate	Measurement Year 2024 Rate	Measurement Years 2023–24 Rate Difference
Access to Care				
<i>Annual Dental Visits—Ages 0–20 Years</i>	35.19%	32.41%	41.31%	8.90 ▲
<i>Annual Dental Visits—Ages 21+ Years</i>	16.60%	15.97%	27.25%	11.29 ▲
<i>Continuity of Care—Ages 0–20 Years</i>	60.49%	58.08%	66.33%	8.24 ▲
<i>Continuity of Care—Ages 21+ Years</i>	31.39%	33.63%	40.73%	7.10 ▲
<i>Exams/Oral Health Evaluations—Ages 0–20 Years</i>	31.73%	29.35%	32.78%	3.43 ▲
<i>Exams/Oral Health Evaluations—Ages 21+ Years</i>	12.42%	12.25%	15.36%	3.11 ▲
<i>General Anesthesia—Ages 0–20 Years</i>	72.22%	67.94%	88.50%	Not Tested
<i>General Anesthesia—Ages 21+ Years</i>	58.18%	61.28%	80.10%	Not Tested
<i>Overall Utilization of Dental Services—Ages 0–20 Years</i>	35.26%	32.73%	46.05%	13.32 ▲
<i>Overall Utilization of Dental Services—Ages 21+ Years</i>	16.56%	16.07%	28.23%	12.17 ▲
<i>Use of Dental Treatment Services—Ages 0–20 Years</i>	14.09%	12.99%	24.45%	Not Tested
<i>Use of Dental Treatment Services—Ages 21+ Years</i>	10.21%	10.18%	21.52%	Not Tested

APPENDIX B. DENTAL MC PLAN-SPECIFIC PERFORMANCE MEASURE RESULTS

Measure	Measurement Year 2022 Rate	Measurement Year 2023 Rate	Measurement Year 2024 Rate	Measurement Years 2023–24 Rate Difference
<i>Usual Source of Care—Ages 0–20 Years</i>	24.63%	23.52%	29.52%	6.00 ▲
<i>Usual Source of Care—Ages 21+ Years</i>	7.23%	7.22%	10.97%	3.75 ▲
Preventive Care				
<i>Preventive Services to Fillings—Ages 0–20 Years</i>	79.14%	67.57%	85.68%	18.12 ▲
<i>Preventive Services to Fillings—Ages 21+ Years</i>	46.89%	41.02%	48.95%	7.93 ▲
<i>Sealant to Restoration Ratio (Surfaces)—Ages 6–9 Years</i>	4.71	4.70	—	Not Tested
<i>Sealant to Restoration Ratio (Surfaces)—Ages 10–14 Years</i>	3.85	4.07	—	Not Tested
<i>Treatment/Prevention of Caries—Ages 0–20 Years</i>	29.05%	23.47%	32.67%	9.21 ▲
<i>Treatment/Prevention of Caries—Ages 21+ Years</i>	7.82%	8.15%	11.20%	3.05 ▲
<i>Use of Preventive Services—Ages 0–20 Years</i>	30.95%	28.54%	32.30%	3.75 ▲
<i>Use of Preventive Services—Ages 21+ Years</i>	7.78%	7.54%	10.02%	2.48 ▲
<i>Use of Sealants—Ages 6–9 Years</i>	11.57%	11.51%	13.32%	1.82 ▲
<i>Use of Sealants—Ages 10–14 Years</i>	6.58%	5.31%	6.93%	1.62 ▲

**Table B.2—Measurement Years 2022, 2023, and 2024
Dental Managed Care Plan Performance Measure Results
Access Dental Plan, Inc.—Sacramento County**

Rates shaded in gold with an upward triangle (▲) reflect that the statistical testing result indicates that the measurement year 2024 rate is significantly better than the measurement year 2023 rate.

Rates shaded in blue with a downward triangle (▼) reflect that the statistical testing result indicates that the measurement year 2024 rate is significantly worse than the measurement year 2023 rate.

Measurement year 2022 rates reflect data from January 1, 2022, through December 31, 2022. Measurement year 2023 rates reflect data from January 1, 2023, through December 31, 2023. Measurement year 2024 rates reflect data from January 1, 2021, through December 31, 2024. Performance comparisons are based on the Chi-square test of statistical significance, with a *p* value of <0.05.

Not Tested = A measurement year 2023–24 rate difference was not calculated because higher or lower rates do not necessarily indicate better or worse performance or because the data for this measure do not meet the assumptions for a Chi-square test of statistical significance.

— Indicates that HSAG did not include the result for this measure based on HSAG identifying potential errors with Access Dental’s calculation of the measure ratio as described under the Results heading in Section 5 of this report (“**Validation of Performance Measures**”).

Measure	Measurement Year 2022 Rate	Measurement Year 2023 Rate	Measurement Year 2024 Rate	Measurement Years 2023–24 Rate Difference
Access to Care				
<i>Annual Dental Visits—Ages 0–20 Years</i>	32.99%	32.98%	41.33%	8.35 ▲
<i>Annual Dental Visits—Ages 21+ Years</i>	16.13%	14.98%	23.62%	8.64 ▲
<i>Continuity of Care—Ages 0–20 Years</i>	59.15%	60.30%	63.66%	3.37 ▲
<i>Continuity of Care—Ages 21+ Years</i>	30.51%	34.40%	43.37%	8.97 ▲
<i>Exams/Oral Health Evaluations—Ages 0–20 Years</i>	26.72%	26.64%	30.79%	4.15 ▲

APPENDIX B. DENTAL MC PLAN-SPECIFIC PERFORMANCE MEASURE RESULTS

Measure	Measurement Year 2022 Rate	Measurement Year 2023 Rate	Measurement Year 2024 Rate	Measurement Years 2023–24 Rate Difference
<i>Exams/Oral Health Evaluations—Ages 21+ Years</i>	10.85%	11.33%	13.94%	2.61 ▲
<i>General Anesthesia—Ages 0–20 Years</i>	66.33%	52.86%	78.44%	Not Tested
<i>General Anesthesia—Ages 21+ Years</i>	47.94%	62.38%	85.65%	Not Tested
<i>Overall Utilization of Dental Services—Ages 0–20 Years</i>	33.32%	33.30%	43.48%	10.18 ▲
<i>Overall Utilization of Dental Services—Ages 21+ Years</i>	16.19%	15.28%	25.57%	10.30 ▲
<i>Use of Dental Treatment Services—Ages 0–20 Years</i>	12.77%	13.16%	20.50%	Not Tested
<i>Use of Dental Treatment Services—Ages 21+ Years</i>	10.43%	10.19%	18.70%	Not Tested
<i>Usual Source of Care—Ages 0–20 Years</i>	20.42%	24.08%	28.81%	4.72 ▲
<i>Usual Source of Care—Ages 21+ Years</i>	8.37%	8.04%	11.46%	3.42 ▲
Preventive Care				
<i>Preventive Services to Fillings—Ages 0–20 Years</i>	73.98%	71.75%	87.21%	15.46 ▲
<i>Preventive Services to Fillings—Ages 21+ Years</i>	45.17%	50.05%	55.01%	4.97 ▲
<i>Sealant to Restoration Ratio (Surfaces)—Ages 6–9 Years</i>	3.90	2.88	—	Not Tested

Measure	Measurement Year 2022 Rate	Measurement Year 2023 Rate	Measurement Year 2024 Rate	Measurement Years 2023–24 Rate Difference
<i>Sealant to Restoration Ratio (Surfaces)—Ages 10–14 Years</i>	3.00	3.85	—	Not Tested
<i>Treatment/Prevention of Caries—Ages 0–20 Years</i>	26.97%	26.20%	33.95%	7.75 ▲
<i>Treatment/Prevention of Caries—Ages 21+ Years</i>	8.22%	7.97%	10.54%	2.57 ▲
<i>Use of Preventive Services—Ages 0–20 Years</i>	26.87%	28.07%	33.05%	4.98 ▲
<i>Use of Preventive Services—Ages 21+ Years</i>	7.24%	6.85%	9.01%	2.16 ▲
<i>Use of Sealants—Ages 6–9 Years</i>	7.60%	10.09%	11.52%	1.44 ▲
<i>Use of Sealants—Ages 10–14 Years</i>	5.05%	5.23%	6.93%	1.70 ▲

Health Net of California, Inc.

Table B.3 and Table B.4 present Health Net’s audited performance measure rates for measurement years 2022, 2023, and 2024 for each Dental MC plan county.

**Table B.3—Measurement Years 2022, 2023, and 2024
Dental Managed Care Plan Performance Measure Results
Health Net of California, Inc.—Los Angeles County**

Rates shaded in gold with an upward triangle (▲) reflect that the statistical testing result indicates that the measurement year 2024 rate is significantly better than the measurement year 2023 rate.

Rates shaded in blue with a downward triangle (▼) reflect that the statistical testing result indicates that the measurement year 2024 rate is significantly worse than the measurement year 2023 rate.

Measurement year 2022 rates reflect data from January 1, 2022, through December 31, 2022. Measurement year 2023 rates reflect data from January 1, 2023, through December 31, 2023.

APPENDIX B. DENTAL MC PLAN-SPECIFIC PERFORMANCE MEASURE RESULTS

Measurement year 2024 rates reflect data from January 1, 2024, through December 31, 2024. Performance comparisons are based on the Chi-square test of statistical significance, with a *p* value of <0.05.

Not Tested = A measurement year 2023–24 rate difference was not calculated because higher or lower rates do not necessarily indicate better or worse performance or because the data for this measure do not meet the assumptions for a Chi-square test of statistical significance.

Measure	Measurement Year 2022 Rate	Measurement Year 2023 Rate	Measurement Year 2024 Rate	Measurement Years 2023–24 Rate Difference
Access to Care				
<i>Annual Dental Visits—Ages 0–20 Years</i>	32.31%	31.66%	30.79%	-0.87 ▼
<i>Annual Dental Visits—Ages 21+ Years</i>	19.69%	19.79%	21.60%	1.82 ▲
<i>Continuity of Care—Ages 0–20 Years</i>	63.57%	62.53%	63.27%	0.74
<i>Continuity of Care—Ages 21+ Years</i>	41.16%	42.88%	45.95%	3.07 ▲
<i>Exams/Oral Health Evaluations—Ages 0–20 Years</i>	28.71%	27.96%	27.76%	-0.20
<i>Exams/Oral Health Evaluations—Ages 21+ Years</i>	16.11%	16.16%	17.99%	1.83 ▲
<i>General Anesthesia—Ages 0–20 Years</i>	65.65%	68.53%	56.70%	Not Tested
<i>General Anesthesia—Ages 21+ Years</i>	45.05%	45.45%	44.91%	Not Tested
<i>Overall Utilization of Dental Services—Ages 0–20 Years</i>	34.80%	35.00%	35.11%	0.11
<i>Overall Utilization of Dental Services—Ages 21+ Years</i>	19.04%	20.22%	21.57%	1.35 ▲
<i>Use of Dental Treatment Services—Ages 0–20 Years</i>	22.65%	20.92%	22.19%	Not Tested

APPENDIX B. DENTAL MC PLAN-SPECIFIC PERFORMANCE MEASURE RESULTS

Measure	Measurement Year 2022 Rate	Measurement Year 2023 Rate	Measurement Year 2024 Rate	Measurement Years 2023–24 Rate Difference
<i>Use of Dental Treatment Services—Ages 21+ Years</i>	13.03%	13.94%	15.37%	Not Tested
<i>Usual Source of Care—Ages 0–20 Years</i>	23.33%	24.55%	24.86%	0.31
<i>Usual Source of Care—Ages 21+ Years</i>	9.59%	10.22%	11.40%	1.18 ▲
Preventive Care				
<i>Preventive Services to Fillings—Ages 0–20 Years</i>	83.78%	84.08%	84.98%	0.90
<i>Preventive Services to Fillings—Ages 21+ Years</i>	42.42%	43.16%	46.12%	2.96 ▲
<i>Sealant to Restoration Ratio (Surfaces)—Ages 6–9 Years</i>	6.06	5.82	6.38	Not Tested
<i>Sealant to Restoration Ratio (Surfaces)—Ages 10–14 Years</i>	2.42	2.54	2.58	Not Tested
<i>Treatment/Prevention of Caries—Ages 0–20 Years</i>	21.72%	26.84%	27.16%	0.32
<i>Treatment/Prevention of Caries—Ages 21+ Years</i>	8.06%	10.33%	12.13%	1.80 ▲
<i>Use of Preventive Services—Ages 0–20 Years</i>	27.86%	27.30%	27.36%	0.06
<i>Use of Preventive Services—Ages 21+ Years</i>	9.57%	9.95%	11.30%	1.35 ▲
<i>Use of Sealants—Ages 6–9 Years</i>	11.48%	11.05%	11.28%	0.24
<i>Use of Sealants—Ages 10–14 Years</i>	5.53%	4.78%	5.70%	0.92 ▲

**Table B.4—Measurement Years 2022, 2023, and 2024
Dental Managed Care Plan Performance Measure Results
Health Net of California, Inc.—Sacramento County**

Rates shaded in gold with an upward triangle (▲) reflect that the statistical testing result indicates that the measurement year 2024 rate is significantly better than the measurement year 2023 rate.

Rates shaded in blue with a downward triangle (▼) reflect that the statistical testing result indicates that the measurement year 2024 rate is significantly worse than the measurement year 2023 rate.

Measurement year 2022 rates reflect data from January 1, 2022, through December 31, 2022. Measurement year 2023 rates reflect data from January 1, 2023, through December 31, 2023. Measurement year 2024 rates reflect data from January 1, 2024, through December 31, 2024. Performance comparisons are based on the Chi-square test of statistical significance, with a *p* value of <0.05.

Not Tested = A measurement year 2023–24 rate difference was not calculated because higher or lower rates do not necessarily indicate better or worse performance or because the data for this measure do not meet the assumptions for a Chi-square test of statistical significance.

Measure	Measurement Year 2022 Rate	Measurement Year 2023 Rate	Measurement Year 2024 Rate	Measurement Years 2023–24 Rate Difference
Access to Care				
<i>Annual Dental Visits—Ages 0–20 Years</i>	41.48%	42.34%	46.63%	4.29 ▲
<i>Annual Dental Visits—Ages 21+ Years</i>	19.47%	19.61%	21.85%	2.25 ▲
<i>Continuity of Care—Ages 0–20 Years</i>	68.34%	70.60%	73.01%	2.41 ▲
<i>Continuity of Care—Ages 21+ Years</i>	44.38%	47.76%	51.50%	3.74 ▲
<i>Exams/Oral Health Evaluations—Ages 0–20 Years</i>	35.94%	36.80%	41.49%	4.69 ▲
<i>Exams/Oral Health Evaluations—Ages 21+ Years</i>	15.02%	15.40%	17.35%	1.95 ▲
<i>General Anesthesia—Ages 0–20 Years</i>	67.50%	65.71%	68.41%	Not Tested

APPENDIX B. DENTAL MC PLAN-SPECIFIC PERFORMANCE MEASURE RESULTS

Measure	Measurement Year 2022 Rate	Measurement Year 2023 Rate	Measurement Year 2024 Rate	Measurement Years 2023–24 Rate Difference
<i>General Anesthesia—Ages 21+ Years</i>	42.22%	45.86%	52.07%	Not Tested
<i>Overall Utilization of Dental Services—Ages 0–20 Years</i>	44.76%	47.11%	48.36%	1.26 ▲
<i>Overall Utilization of Dental Services—Ages 21+ Years</i>	20.14%	21.71%	23.27%	1.56 ▲
<i>Use of Dental Treatment Services—Ages 0–20 Years</i>	30.40%	28.41%	28.65%	Not Tested
<i>Use of Dental Treatment Services—Ages 21+ Years</i>	14.72%	15.30%	16.69%	Not Tested
<i>Usual Source of Care—Ages 0–20 Years</i>	32.09%	35.60%	37.57%	1.97 ▲
<i>Usual Source of Care—Ages 21+ Years</i>	11.42%	12.17%	13.83%	1.65 ▲
Preventive Care				
<i>Preventive Services to Fillings—Ages 0–20 Years</i>	88.71%	90.20%	90.56%	0.36
<i>Preventive Services to Fillings—Ages 21+ Years</i>	54.60%	58.97%	63.45%	4.48 ▲
<i>Sealant to Restoration Ratio (Surfaces)—Ages 6–9 Years</i>	4.55	3.56	4.06	Not Tested
<i>Sealant to Restoration Ratio (Surfaces)—Ages 10–14 Years</i>	2.07	1.87	2.26	Not Tested
<i>Treatment/Prevention of Caries—Ages 0–20 Years</i>	35.54%	38.61%	43.46%	4.85 ▲
<i>Treatment/Prevention of Caries—Ages 21+ Years</i>	11.05%	12.06%	13.92%	1.87 ▲

Measure	Measurement Year 2022 Rate	Measurement Year 2023 Rate	Measurement Year 2024 Rate	Measurement Years 2023–24 Rate Difference
<i>Use of Preventive Services—Ages 0–20 Years</i>	36.77%	38.04%	42.80%	4.77 ▲
<i>Use of Preventive Services—Ages 21+ Years</i>	10.03%	10.56%	12.12%	1.56 ▲
<i>Use of Sealants—Ages 6–9 Years</i>	15.65%	15.94%	17.05%	1.11 ▲
<i>Use of Sealants—Ages 10–14 Years</i>	8.75%	8.55%	9.92%	1.37 ▲

LIBERTY Dental Plan of California, Inc.

Table B.5 and Table B.6 present LIBERTY Dental’s audited performance measure rates for measurement years 2022, 2023, and 2024 for each Dental MC plan county.

**Table B.5—Measurement Years 2022, 2023, and 2024
Dental Managed Care Plan Performance Measure Results
LIBERTY Dental Plan of California, Inc.—Los Angeles County**

Rates shaded in gold with an upward triangle (▲) reflect that the statistical testing result indicates that the measurement year 2024 rate is significantly better than the measurement year 2023 rate.

Rates shaded in blue with a downward triangle (▼) reflect that the statistical testing result indicates that the measurement year 2024 rate is significantly worse than the measurement year 2023 rate.

Measurement year 2022 rates reflect data from January 1, 2022, through December 31, 2022. Measurement year 2023 rates reflect data from January 1, 2023, through December 31, 2023. Measurement year 2024 rates reflect data from January 1, 2024, through December 31, 2024. Performance comparisons are based on the Chi-square test of statistical significance, with a *p* value of <0.05.

Not Tested = A measurement year 2023–24 rate difference was not calculated because higher or lower rates do not necessarily indicate better or worse performance or because the data for this measure do not meet the assumptions for a Chi-square test of statistical significance.

APPENDIX B. DENTAL MC PLAN-SPECIFIC PERFORMANCE MEASURE RESULTS

Measure	Measurement Year 2022 Rate	Measurement Year 2023 Rate	Measurement Year 2024 Rate	Measurement Years 2023–24 Rate Difference
Access to Care				
<i>Annual Dental Visits—Ages 0–20 Years</i>	39.41%	37.63%	38.12%	0.49
<i>Annual Dental Visits—Ages 21+ Years</i>	23.91%	24.52%	27.39%	2.88 ▲
<i>Continuity of Care—Ages 0–20 Years</i>	66.93%	68.86%	69.54%	0.68
<i>Continuity of Care—Ages 21+ Years</i>	45.25%	47.67%	50.38%	2.71 ▲
<i>Exams/Oral Health Evaluations—Ages 0–20 Years</i>	33.79%	34.13%	35.05%	0.91 ▲
<i>Exams/Oral Health Evaluations—Ages 21+ Years</i>	19.79%	20.03%	22.69%	2.67 ▲
<i>General Anesthesia—Ages 0–20 Years</i>	63.70%	62.67%	64.41%	Not Tested
<i>General Anesthesia—Ages 21+ Years</i>	44.24%	43.85%	47.28%	Not Tested
<i>Overall Utilization of Dental Services—Ages 0–20 Years</i>	42.59%	41.11%	42.83%	1.73 ▲
<i>Overall Utilization of Dental Services—Ages 21+ Years</i>	22.52%	24.87%	26.65%	1.78 ▲
<i>Use of Dental Treatment Services—Ages 0–20 Years</i>	22.07%	18.85%	18.75%	Not Tested
<i>Use of Dental Treatment Services—Ages 21+ Years</i>	16.00%	16.61%	19.04%	Not Tested
<i>Usual Source of Care—Ages 0–20 Years</i>	28.88%	31.01%	31.55%	0.54

APPENDIX B. DENTAL MC PLAN-SPECIFIC PERFORMANCE MEASURE RESULTS

Measure	Measurement Year 2022 Rate	Measurement Year 2023 Rate	Measurement Year 2024 Rate	Measurement Years 2023–24 Rate Difference
<i>Usual Source of Care—Ages 21+ Years</i>	11.82%	13.43%	15.49%	2.07 ▲
Preventive Care				
<i>Preventive Services to Fillings—Ages 0–20 Years</i>	87.31%	85.62%	87.00%	1.38
<i>Preventive Services to Fillings—Ages 21+ Years</i>	47.49%	47.81%	50.76%	2.94 ▲
<i>Sealant to Restoration Ratio (Surfaces)—Ages 6–9 Years</i>	5.51	6.35	5.87	Not Tested
<i>Sealant to Restoration Ratio (Surfaces)—Ages 10–14 Years</i>	2.05	2.15	2.56	Not Tested
<i>Treatment/Prevention of Caries—Ages 0–20 Years</i>	27.28%	33.22%	34.19%	0.97 ▲
<i>Treatment/Prevention of Caries—Ages 21+ Years</i>	10.07%	14.24%	16.94%	2.70 ▲
<i>Use of Preventive Services—Ages 0–20 Years</i>	35.14%	33.41%	34.34%	0.93 ▲
<i>Use of Preventive Services—Ages 21+ Years</i>	12.82%	13.46%	15.48%	2.01 ▲
<i>Use of Sealants—Ages 6–9 Years</i>	12.95%	13.19%	12.09%	-1.10
<i>Use of Sealants—Ages 10–14 Years</i>	5.93%	6.58%	7.41%	0.84

**Table B.6—Measurement Years 2022, 2023, and 2024
Dental Managed Care Plan Performance Measure Results
LIBERTY Dental Plan of California, Inc.—Sacramento County**

Rates shaded in gold with an upward triangle (▲) reflect that the statistical testing result indicates that the measurement year 2024 rate is significantly better than the measurement year 2023 rate.

Rates shaded in blue with a downward triangle (▼) reflect that the statistical testing result indicates that the measurement year 2024 rate is significantly worse than the measurement year 2023 rate.

Measurement year 2022 rates reflect data from January 1, 2022, through December 31, 2022. Measurement year 2023 rates reflect data from January 1, 2023, through December 31, 2023. Measurement year 2024 rates reflect data from January 1, 2024, through December 31, 2024. Performance comparisons are based on the Chi-square test of statistical significance, with a *p* value of <0.05.

Not Tested = A measurement year 2023–24 rate difference was not calculated because higher or lower rates do not necessarily indicate better or worse performance or because the data for this measure do not meet the assumptions for a Chi-square test of statistical significance.

Measure	Measurement Year 2022 Rate	Measurement Year 2023 Rate	Measurement Year 2024 Rate	Measurement Years 2023–24 Rate Difference
Access to Care				
<i>Annual Dental Visits—Ages 0–20 Years</i>	49.59%	47.06%	46.81%	-0.26
<i>Annual Dental Visits—Ages 21+ Years</i>	23.13%	23.12%	24.80%	1.68 ▲
<i>Continuity of Care—Ages 0–20 Years</i>	71.07%	72.13%	73.21%	1.08 ▲
<i>Continuity of Care—Ages 21+ Years</i>	44.29%	47.86%	50.99%	3.13 ▲
<i>Exams/Oral Health Evaluations—Ages 0–20 Years</i>	40.82%	41.11%	42.05%	0.94 ▲
<i>Exams/Oral Health Evaluations—Ages 21+ Years</i>	17.77%	18.12%	19.74%	1.62 ▲
<i>General Anesthesia—Ages 0–20 Years</i>	69.36%	68.75%	62.67%	Not Tested

APPENDIX B. DENTAL MC PLAN-SPECIFIC PERFORMANCE MEASURE RESULTS

Measure	Measurement Year 2022 Rate	Measurement Year 2023 Rate	Measurement Year 2024 Rate	Measurement Years 2023–24 Rate Difference
<i>General Anesthesia—Ages 21+ Years</i>	43.17%	41.95%	50.52%	Not Tested
<i>Overall Utilization of Dental Services—Ages 0–20 Years</i>	52.85%	51.79%	52.11%	0.32
<i>Overall Utilization of Dental Services—Ages 21+ Years</i>	23.61%	25.01%	26.21%	1.20 ▲
<i>Use of Dental Treatment Services—Ages 0–20 Years</i>	32.27%	27.94%	26.57%	Not Tested
<i>Use of Dental Treatment Services—Ages 21+ Years</i>	16.87%	16.93%	17.92%	Not Tested
<i>Usual Source of Care—Ages 0–20 Years</i>	38.56%	41.35%	40.92%	-0.43
<i>Usual Source of Care—Ages 21+ Years</i>	13.52%	14.40%	16.01%	1.61 ▲
Preventive Care				
<i>Preventive Services to Fillings—Ages 0–20 Years</i>	88.63%	88.69%	89.19%	0.50
<i>Preventive Services to Fillings—Ages 21+ Years</i>	55.53%	59.77%	62.80%	3.03 ▲
<i>Sealant to Restoration Ratio (Surfaces)—Ages 6–9 Years</i>	5.16	3.59	4.14	Not Tested
<i>Sealant to Restoration Ratio (Surfaces)—Ages 10–14 Years</i>	2.25	1.88	1.88	Not Tested
<i>Treatment/Prevention of Caries—Ages 0–20 Years</i>	41.73%	42.16%	43.06%	0.91 ▲

APPENDIX B. DENTAL MC PLAN-SPECIFIC PERFORMANCE MEASURE RESULTS

Measure	Measurement Year 2022 Rate	Measurement Year 2023 Rate	Measurement Year 2024 Rate	Measurement Years 2023–24 Rate Difference
<i>Treatment/Prevention of Caries—Ages 21+ Years</i>	12.58%	14.62%	16.10%	1.48 ▲
<i>Use of Preventive Services—Ages 0–20 Years</i>	43.76%	41.62%	42.72%	1.10 ▲
<i>Use of Preventive Services—Ages 21+ Years</i>	12.26%	12.93%	14.29%	1.37 ▲
<i>Use of Sealants—Ages 6–9 Years</i>	18.71%	18.02%	17.98%	-0.04
<i>Use of Sealants—Ages 10–14 Years</i>	10.99%	10.58%	10.69%	0.11

Appendix C. Comparative Dental MC Plan-Specific Compliance Review Scoring Results

Table C.1 shows the compliance review scores for audit year 2024 that DHCS provided to HSAG for inclusion in this EQR technical report for each of the Dental MC plans.

Table C.1—Audit Year 2024 Dental MC Plan Compliance Review Scores

CFR Standard Number	Compliance Review Standard	Access Dental Plan, Inc. Scores	Health Net of California, Inc. Scores	LIBERTY Dental Plan of California, Inc. Scores
§438.206	Availability of Services	92%	100%	100%
§438.207	Assurances of Adequate Capacity and Services	100%	100%	100%
§438.208	Coordination and Continuity of Care	100%	100%	100%
§438.210	Coverage and Authorization of Services	75%	100%	100%
§438.214	Provider Selection	100%	100%	100%
§438.224	Confidentiality	100%	100%	100%
§438.228	Grievance and Appeal Systems	70%	90%	95%
§438.230	Subcontractual Relationships and Delegation	100%	100%	100%
§438.236	Practice Guidelines	100%	100%	100%
§438.242	Health Information Systems	100%	100%	100%
§438.330	QAPI Program	100%	100%	100%
§438.56	Disenrollment: Requirements and Limitations	100%	100%	100%
§438.100	Enrollee Rights	100%	100%	100%
§438.114	Emergency and Poststabilization Services	100%	100%	100%
§438.608	Fraud, Waste, and Abuse	100%	100%	100%
Total Score		93%	99%	99%

Appendix D. Dental MC Plan-Specific External Quality Review Assessments and Recommendations

This appendix includes each Dental MC plan’s self-reported follow-up on the 2023–24 Dental MC EQR recommendations and HSAG’s assessment of the self-reported actions. Additionally, based on its assessment of the 2024–25 Dental MC EQR activities, HSAG summarizes each Dental MC plan’s strengths and weaknesses (referred to as “opportunities for improvement” in this appendix) with respect to the quality, timeliness, and accessibility of care the Dental MC plan furnishes to its members. Based on the assessment, HSAG makes recommendations to each Dental MC plan.

Description of the Manner in Which Dental MC Plan Data Were Aggregated and Analyzed and Conclusions Drawn Related to Quality, Timeliness, and Access

HSAG used the following process to aggregate and analyze data from all applicable EQR activities it conducted to draw conclusions about the quality, timeliness, and accessibility of care furnished by each Dental MC plan. For each Dental MC plan:

- ◆ HSAG analyzed the quantitative results obtained from each EQR activity to identify strengths and weaknesses related to the quality, timeliness, and accessibility of care furnished by the plan and to identify any themes across all activities.
- ◆ From the aggregated information collected from all EQR activities, HSAG identified strengths and weaknesses related to the quality, timeliness, and accessibility of services furnished by the plan.
- ◆ HSAG drew conclusions based on the identified strengths and weaknesses, specifying whether the strengths and weaknesses affect one aspect of care more than another (i.e., quality, timeliness, and accessibility of care).

Access Dental Plan, Inc.

Follow-Up on Prior Year Recommendations

Following are the 2023–24 EQR recommendations HSAG directed to Access Dental:

- ◆ Review the PIP Submission Form Completion Instructions to ensure Access Dental includes all required information in the Dental MC plan’s 2025 annual clinical and nonclinical PIP submissions.
- ◆ For performance measures with rates that declined significantly from measurement year 2022 to measurement year 2023, evaluate performance measure data to determine whether clinical significance is tied to the statistically significant decline. For evaluation results that demonstrate clinical significance:
 - Identify the factors that contributed to the significant decline in performance and implement quality improvement strategies that target the identified factors. Strategies should address the timeliness and quality of services provided to members as well as barriers to accessing dental care services.
- ◆ Work with DHCS to resolve the identified findings from DHCS’ 2024 compliance review scoring process related to the following CFR standards to ensure Access Dental meets all CFR standard requirements moving forward:
 - Coordination and Continuity of Care—§438.208
 - Grievance and Appeal Systems—§438.228
 - Fraud, Waste, and Abuse—§438.608

Access Dental submitted a letter to DHCS dated January 21, 2025, in response to the 2023–24 EQR recommendations. The letter indicated that the plan was committed to improving member health, functional status, and overall satisfaction, and confirmed that Access Dental thoroughly reviewed the PIP Submission Form Completion Instructions and EQR recommendations.

Assessment of Access Dental Plan, Inc.’s Self-Reported Actions

HSAG reviewed the letter that Access Dental submitted to DHCS and determined that the plan did not adequately address all of the 2023–24 EQR recommendations. Access Dental only provided information regarding the plan’s actions related to PIPs. The plan did not provide a summary of actions taken regarding the recommendations related to performance measures and DHCS’ 2024 compliance review scoring process. HSAG and DHCS reached out to Access Dental; however, the DHCS contract with Access Dental ended June 30, 2025.

2024–25 External Quality Review Conclusions—Strengths, Opportunities for Improvement, and Recommendations for Access Dental Plan, Inc.

Based on the overall assessment of Access Dental’s delivery of quality, timely, and accessible care through the 2024–25 EQR activities, HSAG identified the following strengths, opportunities for improvement, and recommendations for the Dental MC plan. Note that all of Access Dental’s activities and services affect the quality, timeliness, and accessibility of care delivered to its members. When applicable, HSAG indicates instances in which the Dental MC plan’s performance affects one specific aspect of care more than another.

Strengths

- ◆ The organization that conducted PMV for Access Dental determined that the Dental MC plan followed the appropriate specifications to produce valid performance measure rates for measurement year 2024 and identified no issues of concern.
- ◆ All measurement year 2024 performance measure rates that HSAG compared to measurement year 2023 rates improved significantly from measurement year 2023 to measurement year 2024.
- ◆ DHCS’ 2025 compliance review scores for Access Dental show that the Dental MC plan was fully compliant with most CFR standards.

Opportunities for Improvement

- ◆ While the organization that conducted PMV for Access Dental identified no issues of concern, HSAG identified potential calculation errors for the two *Sealants to Restoration Ratio (Surfaces)* measures.
- ◆ DHCS identified findings within the following CFR standards during the DHCS 2025 compliance review scoring process for Access Dental:
 - Availability of Services—§438.206
 - Coverage and Authorization of Services—§438.210
 - Grievance and Appeal Systems—§438.228

2024–25 External Quality Review Recommendations

Access Dental’s contract with DHCS ended June 30, 2025; therefore, HSAG makes no recommendations to the Dental MC plan since Access Dental will not be under contract with DHCS in July 2026 when HSAG requests summaries of how Dental MC plans addressed the 2024–25 EQR recommendations.

Health Net of California, Inc.

Follow-Up on Prior Year Recommendations

Table D.1 provides the 2023–24 EQR recommendations directed to Health Net, along with the Dental MC plan’s self-reported actions taken to address the recommendations. Please note that HSAG made minimal edits to Table D.1 to preserve the accuracy of Health Net’s self-reported actions.

Table D.1—Health Net of California, Inc.’s Self-Reported Follow-Up on the 2023–24 External Quality Review Recommendations

2023–24 External Quality Review Recommendations Directed to Health Net	Actions Taken by Health Net to Address the External Quality Review Recommendations
<p>1. Review the PIP Submission Form Completion Instructions to ensure Health Net includes all required information in the Dental MC plan’s 2025 annual clinical and nonclinical PIP submissions.</p>	<p>Health Net has added an additional layer of review from quality improvement staff members to remediate and incorporate any HSAG PIP review feedback into the 2025 annual clinical and nonclinical PIP submissions. We have added additional reviewers prior to submission to ensure accuracy and completeness going forward. The Quality Improvement Team will also conduct a pre-submission meeting to discuss fully packaged materials and ensure that everything is completed prior to submission. By incorporating these measures, Health Net aims to strengthen our quality control process and reduce the risk of incomplete submissions.</p>
<p>2. For Los Angeles County, for performance measures with rates that declined significantly from measurement year 2022 to measurement year 2023, evaluate performance measure data to determine whether clinical significance is tied to the statistically significant decline. For evaluation results that demonstrate clinical significance:</p> <p>a. Identify the factors that contributed to the significant decline in</p>	<p>In reviewing the 2023–24 EQR technical report, Health Net’s rates for the following measures did not appear to have a statistically significant decline from measurement year 2022 to measurement year 2023:</p> <ul style="list-style-type: none"> ◆ <i>Annual Dental Visits—Ages 0–20 Years</i> ◆ <i>Exams/Oral Health Evaluations—Ages 0–20 Years</i> ◆ <i>Use of Preventive Services—Ages 0–20 Years</i> ◆ <i>Use of Sealants—Ages 10–14 Years</i>

2023–24 External Quality Review Recommendations Directed to Health Net	Actions Taken by Health Net to Address the External Quality Review Recommendations
<p>performance and implement quality improvement strategies that target the identified factors. Strategies should address the timeliness and quality of services provided to members as well as barriers to accessing dental care services.</p>	<p>Performance measures listed above showed a decline of less than 1 percentage point between measurement year 2022 and measurement year 2023. Health Net found that although there have been noted decreases, Health Net continues to perform consistently with rates of the previous measurement year. Although there does not appear to be clinical significance tied to the noted performance measure rate decreases, Health Net has launched and maintained various programs and efforts to ensure continuous delivery of dental care and outreach to the Medi-Cal population to encourage utilization. Some of the key programs are listed below:</p> <ul style="list-style-type: none"> ◆ Medical Dental Referral and Navigation System Program (Ongoing): This is a pilot program created by the Dental Transformation Initiative for Sacramento County. Health Net is currently partnering with community-based organizations to actively submit dental referrals for members based on their urgency level. ◆ Provider Incentive Programs (Ongoing): These P4P programs aim to increase the utilization rates of specific treatments by offering additional payment if completed for non-utilizing members. Below are P4P programs Health Net has used to promote utilization: <ul style="list-style-type: none"> ■ CalAIM Bonus Program: Providers were paid a one-time bonus for covered preventive services for specified preventive procedure codes. <p>In addition to the above, Health Net has ongoing telephonic outreach campaigns that encourage utilization while supporting the success of our other interventions. Health Net believes that as these interventions/programs</p>

2023–24 External Quality Review Recommendations Directed to Health Net	Actions Taken by Health Net to Address the External Quality Review Recommendations
	<p>are continually integrated throughout 2024–25, there will be an improvement in performance measure rates in the next annual evaluation.</p>
<p>3. Work with DHCS to fully resolve the findings from DHCS’ CFR standard compliance review, which HSAG reported in the <i>2022–23 Medi-Cal Dental Managed Care External Quality Review Technical Report</i>.</p>	<p>Health Net remains committed to working with DHCS to resolve identified findings to ensure compliance with applicable CFR standards through ongoing monitoring, reporting, and continued collaborative efforts.</p> <p>Availability of Services</p> <p>Health Net continuously monitors its network for adherence to access and availability standards and works to address any gaps in timely access to care. Providers are educated on access and availability standards at onboarding, through regular communications, and during office service visits. Interventions to address access concerns may include provider recruitment, continued monitoring through secret shopper programs, and provider office education. Adherence to access and availability standards is monitored by the Access and Availability Committee.</p> <p>Health Information Systems</p> <p>Health Net continuously monitors its management information system and implements enhancements where appropriate, such as new or updated systems, software tools, and workflows.</p> <p>The success of these efforts is evidenced by the 2023–24 compliance review scores for Availability of Services and Health Information Systems standards, which both received 100 percent.</p>

2023–24 External Quality Review Recommendations Directed to Health Net	Actions Taken by Health Net to Address the External Quality Review Recommendations
	<p>Appeals and Grievance Health Net has established a robust checkout process to ensure that cases are closed within the required regulatory time frames. Case milestones were reinforced with the Appeals and Grievance staff members to ensure regulatory compliance is met. Additionally, Health Net will continue to collaborate with upstream partners whose activities may impact turnaround times in order to promote awareness of our processes and timeline expectations.</p>
<p>4. Work with DHCS to resolve the identified findings from DHCS’ 2024 compliance review scoring process related to the Grievance and Appeal Systems standard (§438.228) to ensure Health Net meets all CFR standard requirements moving forward.</p>	<p>Health Net has established a robust checkout process to ensure that cases are closed within the required regulatory time frames. Case milestones were reinforced with the Appeals and Grievance staff members to ensure regulatory compliance is met. Additionally, Health Net will continue to collaborate with our dental partners whose activities may impact turnaround times in order to promote awareness of our processes and timeline expectations.</p>

Assessment of Health Net of California, Inc.’s Self-Reported Actions

HSAG reviewed Health Net’s self-reported actions in Table D.1 and determined that Health Net adequately addressed the 2023–24 EQR recommendations. Health Net described the processes the Dental MC plan implemented to ensure its annual PIP submissions include all required information. Additionally, while Health Net determined that the decline in performance for some measure rates from measurement year 2022 to measurement year 2023 was not clinically significant, the Dental MC plan described member- and provider-focused strategies it is implementing that may result in improved performance measure rates. Finally, Health Net noted that the Dental MC plan is committed to working with DHCS to resolve the findings from DHCS’ CFR compliance review and specified that it will do so through ongoing monitoring, reporting, and continued collaborative efforts.

2024–25 External Quality Review Conclusions—Strengths, Opportunities for Improvement, and Recommendations for Health Net of California, Inc.

Based on the overall assessment of Health Net’s delivery of quality, timely, and accessible care through the 2024–25 EQR activities, HSAG identified the following strengths, opportunities for improvement, and recommendations for the Dental MC plan. Note that all of Health Net’s activities and services affect the quality, timeliness, and accessibility of care delivered to its members. When applicable, HSAG indicates instances in which the Dental MC plan’s performance affects one specific aspect of care more than another.

Strengths

- ◆ For Health Net’s 2025 clinical PIP submission, HSAG assigned a *High Confidence* level for adherence to an acceptable methodology for all phases of design and data collection and accurate data analysis and interpretation of PIP results. Additionally, HSAG assigned a *Moderate Confidence* level for achieving significant improvement. The Dental MC plan provided evidence that one of the performance indicators demonstrated statistically significant improvement over baseline.
- ◆ For the Dental MC plan’s 2025 nonclinical PIP submission, HSAG assigned a *High Confidence* level for adherence to an acceptable methodology for all phases of design and data collection and accurate data analysis and interpretation of PIP results. Additionally, HSAG assigned a *High Confidence* level for achieving significant improvement. The Dental MC plan provided evidence that both performance indicators demonstrated statistically significant improvement over baseline.
- ◆ The auditor with whom Health Net contracted determined that the Dental MC plan followed the appropriate specifications to produce valid performance measure rates for measurement year 2024 and identified no issues of concern.
- ◆ For measurement year 2024 performance measure rates that HSAG compared to measurement year 2023 rates:
 - For Los Angeles County:
 - Five of 10 Access to Care measure rates (50 percent) improved significantly from measurement year 2023 to measurement year 2024.
 - Four of eight Preventive Care measure rates (50 percent) improved significantly from measurement year 2023 to measurement year 2024.
 - For Sacramento County:
 - All 10 Access to Care measure rates improved significantly from measurement year 2023 to measurement year 2024.
 - Seven of eight Preventive Care measure rates (88 percent) improved significantly from measurement year 2023 to measurement year 2024.

- ◆ Based on performance measure results, Health Net performed better in Sacramento County related to the provision of quality, accessible, and timely dental care services to the Dental MC plan's members.
- ◆ DHCS' 2025 compliance review scores for Health Net show that the Dental MC plan was fully compliant with all but one of the CFR standards.
- ◆ During the NAV audit process, HSAG observed that Health Net utilized a robust delegation oversight structure of LIBERTY Dental. Oversight activities included review of monthly Provider Network Reports, quarterly Utilization Management/Quality Improvement meetings to document deficiencies and track corrective actions, and monitoring of network adequacy deliverables. These oversight processes ensured accuracy, compliance, and accountability for LIBERTY Dental's delegated functions.

Opportunities for Improvement

- ◆ Statistical testing determined that the rate for the *Annual Dental Visits—Ages 0–20 Years* measure for Los Angeles County declined significantly from measurement year 2023 to measurement year 2024.
- ◆ During the 2025 DHCS compliance review scoring process for Health Net, DHCS identified findings within the Grievance and Appeal Systems standard (§438.228).

2024–25 External Quality Review Recommendations

- ◆ For Los Angeles County, evaluate the *Annual Dental Visits—Ages 0–20 Years* performance measure data to determine whether clinical significance is tied to the statistically significant decline from measurement year 2023 to measurement year 2024. If the evaluation results demonstrate clinical significance:
 - Identify the factors that contributed to the significant decline in performance and implement quality improvement strategies that target the identified factors. Strategies should address the timeliness and quality of services provided to members as well as barriers to accessing dental care services.
- ◆ Work with DHCS to resolve the identified findings from DHCS' 2025 compliance review scoring process related to the Grievance and Appeal Systems standard (§438.228) to ensure Health Net meets all CFR standard requirements moving forward.

Health Net's responses to the EQR recommendations should reflect strategies that impact the quality and timeliness of services provided to members as well as ways to overcome barriers to accessing preventive and other dental health care services.

In the next annual review, HSAG will evaluate the continued successes of Health Net as well as the Dental MC plan's progress with addressing these recommendations.

LIBERTY Dental Plan of California, Inc.

Follow-Up on Prior Year Recommendations

Table D.2 provides the 2023–24 EQR recommendations directed to LIBERTY Dental, along with the Dental MC plan’s self-reported actions taken to address the recommendations. Please note that HSAG made minimal edits to Table D.2 to preserve the accuracy of LIBERTY Dental’s self-reported actions.

Table D.2—LIBERTY Dental Plan of California, Inc.’s Self-Reported Follow-Up on the 2023–24 External Quality Review Recommendations

2023–24 External Quality Review Recommendations Directed to LIBERTY Dental	Actions Taken by LIBERTY Dental to Address the External Quality Review Recommendations
<p>1. Review the PIP Submission Form Completion Instructions to ensure LIBERTY Dental includes all required information in the Dental MC plan’s 2025 annual clinical and nonclinical PIP submissions.</p>	<p>LIBERTY has added an additional layer of review from quality improvement staff members to remediate and incorporate any HSAG PIP review feedback into the 2025 annual clinical and nonclinical PIP submissions. We have added additional review measures prior to submission to ensure accuracy, completeness, and compliance going forward.</p>
<p>2. For performance measures with rates that declined significantly from measurement year 2022 to measurement year 2023, evaluate performance measure data to determine whether clinical significance is tied to the statistically significant decline. For evaluation results that demonstrate clinical significance:</p> <p>a. Identify the factors that contributed to the significant decline in performance and implement quality improvement strategies that target the identified factors. Strategies should address the timeliness and quality of services provided to</p>	<p>In reviewing the 2023–24 EQR technical report, LIBERTY Dental rates for the following performance measures had a statistically significant decline from measurement year 2022 to measurement year 2023:</p> <p>Los Angeles PHP</p> <ul style="list-style-type: none"> ◆ <i>Annual Dental Visits—Ages 0–20 Years</i> ◆ <i>Overall Utilization of Dental Services—Ages 0–20 Years</i> ◆ <i>Use of Preventive Services—Ages 0–20 Years</i> <p>Sacramento GMC</p> <ul style="list-style-type: none"> ◆ <i>Annual Dental Visits—Ages 0–20 Years</i>

2023–24 External Quality Review Recommendations Directed to LIBERTY Dental	Actions Taken by LIBERTY Dental to Address the External Quality Review Recommendations
<p>members as well as barriers to accessing dental care services.</p>	<ul style="list-style-type: none"> ◆ <i>Overall Utilization of Dental Services—Ages 0–20 Years</i> ◆ <i>Use of Preventive Services—Ages 0–20 Years</i> <p>In response to the EQR findings, LIBERTY Dental compared the rates above to the other two Dental MC plans (Health Net and Access Dental) to determine whether the performance measure rates were below the set standard. In comparing these results, LIBERTY Dental found that although there were noted decreases between measurement year 2022 and measurement year 2023, LIBERTY Dental continues to perform at or above the standards set by other Dental MC plans. Although there does not appear to be a clinical significance trend tied to the noted performance rate decreases, LIBERTY Dental has continued its efforts in refining its established quality programs and efforts to ensure continuous delivery of dental care and outreach to encourage utilization by the Medi-Cal population. Some of the key programs are listed below:</p> <ul style="list-style-type: none"> ◆ Community Smiles (Ongoing): Intervention that focuses on identifying social determinants of health for our members. Our Community Smiles program was introduced and is a referral program to connect our members to free and low-cost community resources to address needs such as food insecurity, housing, and lack of transportation. ◆ Medical Dental Referral and Navigation System Program (Ongoing): This is a pilot program created by the Dental Transformation Initiative for Sacramento County. LIBERTY Dental is currently

2023–24 External Quality Review Recommendations Directed to LIBERTY Dental	Actions Taken by LIBERTY Dental to Address the External Quality Review Recommendations
	<p>partnering with community-based organizations to actively submit dental referrals for members based on their urgency level.</p> <ul style="list-style-type: none"> ◆ Provider Incentive Programs (Ongoing): These P4P programs aim to increase the utilization rates of specific treatments by offering additional payment if completed for non-utilizing members. <p>In addition to the above, LIBERTY Dental has ongoing telephonic and text outreach campaigns to encourage utilization while supporting the successes of other interventions. LIBERTY Dental believes that as the Dental MC plan continually integrates these interventions/programs throughout 2024–25, there will be an increase in performance measure rates in the next annual evaluation.</p>
<p>3. Work with DHCS to fully resolve the findings from DHCS’ CFR standard compliance review, which HSAG reported in the <i>2022–23 Medi-Cal Dental Managed Care External Quality Review Technical Report</i>.</p>	<p>LIBERTY Dental remains committed to working with DHCS to resolve identified findings to ensure compliance with applicable CFR standards through ongoing monitoring, reporting, and continued collaborative efforts, as well as the specific interventions listed for recommendations #1, #2, #4, and #5.</p>
<p>4. Work with DHCS to resolve the identified findings from DHCS’ 2024 compliance review scoring process related to the following CFR standards to ensure LIBERTY Dental meets all CFR standard requirements moving forward:</p> <ul style="list-style-type: none"> a. Availability of Services—§438.206 b. Grievance and Appeal Systems—§438.228 	<p>LIBERTY Dental remains committed to working with DHCS to resolve identified findings to ensure compliance with applicable CFR standards through ongoing monitoring, reporting, and continued collaborative efforts.</p> <p>Availability of Services</p> <p>LIBERTY Dental continuously monitors its network for adherence to access and availability standards and works to address any gaps in timely access to care. Providers are educated on standards of care and access</p>

2023–24 External Quality Review Recommendations Directed to LIBERTY Dental	Actions Taken by LIBERTY Dental to Address the External Quality Review Recommendations
	<p>and availability standards at onboarding and through regular communications such as newsletters and provider alerts. Providers are further educated via regular service visits to offices. Adherence to access and availability standards is monitored by LIBERTY Dental's Access and Availability Committee.</p> <p>Intervention approaches to access and availability concerns may include recruiting additional providers and continued monitoring of access through secret shopper programs and provider office education.</p> <p>Recent improvements include reporting updates to enhance visibility, quality, and compliance oversight, and enhancements to LIBERTY Dental's provider directory validation process.</p> <p>Grievance and Appeals Systems LIBERTY Dental continuously monitors its grievance and appeals system to ensure timely resolution of expedited grievances. Adherence to grievance system standards is monitored by LIBERTY Dental's Quality Committee.</p> <p>LIBERTY Dental addresses any non-compliance through interventions such as process improvements, ongoing staff training, and coaching, where necessary.</p> <p>Recent improvements include enhancements to LIBERTY Dental's real-time reporting of its grievance system and enhancements to oversight.</p>

2023–24 External Quality Review Recommendations Directed to LIBERTY Dental	Actions Taken by LIBERTY Dental to Address the External Quality Review Recommendations
5. Explore options to automate data transfer from Conduent to Health Solutions Plus (HSP).	LIBERTY Dental is in the early discovery stages to implement a system to automate the ingestion of data from providers. This would be either through a proprietary online tool or via the Council for Affordable Quality Healthcare.

Assessment of LIBERTY Dental Health Plan of California, Inc.’s Self-Reported Actions

HSAG reviewed LIBERTY Dental’s self-reported actions in Table D.2 and determined that LIBERTY Dental adequately addressed the 2023–24 EQR recommendations. LIBERTY Dental:

- ◆ Described additional review processes the Dental MC plan implemented to ensure its annual PIP submissions are accurate, complete, and compliant with requirements.
- ◆ Stated that the decline in performance for some measure rates from measurement year 2022 to measurement year 2023 was not clinically significant and noted that LIBERTY Dental continues to perform at or above the standards set by other Dental MC plans.
- ◆ Described continued efforts to ensure member access to dental care services and utilization of needed preventive care, including member- and provider-focused interventions.
- ◆ Noted that the Dental MC plan is committed to working with DHCS to resolve the findings from DHCS’ CFR compliance review and specified that it will do so through ongoing monitoring, reporting, and continued collaborative efforts.

Additionally, during the 2024–25 NAV audit process, LIBERTY Dental indicated that the Dental MC plan selected a vendor, Santech, and will be using Santech’s provider network management system, I-Network. This vendor agreement will provide LIBERTY Dental with the ability to automate provider data integration to HSP. LIBERTY Dental stated that it was working with Santech to migrate data from HSP to I-Network and expects the Dental MC plan to be fully operational for automated transfer of data by Quarter 1 2026.

2024–25 External Quality Review Conclusions—Strengths, Opportunities for Improvement, and Recommendations for LIBERTY Dental Health Plan of California, Inc.

Based on the overall assessment of LIBERTY Dental's delivery of quality, timely, and accessible care through the 2024–25 EQR activities, HSAG identified the following strengths, opportunities for improvement, and recommendations for the Dental MC plan. Note that all of LIBERTY Dental's activities and services affect the quality, timeliness, and accessibility of care delivered to its members. When applicable, HSAG indicates instances in which the Dental MC plan's performance affects one specific aspect of care more than another.

Strengths

- ◆ For LIBERTY Dental's 2025 clinical PIP submission, HSAG assigned a *High Confidence* level for adherence to an acceptable methodology for all phases of design and data collection and accurate data analysis and interpretation of PIP results.
- ◆ For the Dental MC plan's 2025 nonclinical PIP submission, HSAG assigned a *High Confidence* level for adherence to an acceptable methodology for all phases of design and data collection and accurate data analysis and interpretation of PIP results. Additionally, HSAG assigned a *Moderate Confidence* level for achieving significant improvement. While the performance indicator did not demonstrate statistically significant improvement, the Dental MC plan provided evidence that the performance indicator demonstrated improvement over baseline.
- ◆ The auditor with whom LIBERTY Dental contracted determined that the Dental MC plan followed the appropriate specifications to produce valid performance measure rates for measurement year 2024 and identified no issues of concern.
- ◆ For measurement year 2024 performance measure rates that HSAG compared to measurement year 2023 rates:
 - For Los Angeles County:
 - Seven of 10 Access to Care measure rates (70 percent) improved significantly from measurement year 2023 to measurement year 2024.
 - Five of eight Preventive Care measure rates (63 percent) improved significantly from measurement year 2023 to measurement year 2024.
 - For Sacramento County:
 - Seven of 10 Access to Care measure rates (70 percent) improved significantly from measurement year 2023 to measurement year 2024.
 - Five of eight Preventive Care measure rates (63 percent) improved significantly from measurement year 2023 to measurement year 2024.
- ◆ DHCS' 2025 compliance review scores for LIBERTY Dental show that the Dental MC plan was fully compliant with all but one of the CFR standards.

- ◆ During the NAV audit process, HSAG observed that LIBERTY Dental:
 - Demonstrated strong governance and accountability by maintaining version control of network adequacy reports and requiring management and committee review before submission to DHCS.
 - Employed multiple validation methods which included the Directory Information Verification process, provider calls, on-site visits, and secret shopper calls to ensure the accuracy of appointment access data and strengthen oversight of compliance with DHCS standards.

Opportunities for Improvement

- ◆ During the 2025 DHCS compliance review scoring process for LIBERTY Dental, DHCS identified findings within the Grievance and Appeal Systems standard (§438.228).

2024–25 External Quality Review Recommendation

- ◆ Work with DHCS to resolve the identified findings from DHCS' 2025 compliance review scoring process related to the Grievance and Appeal Systems standard (§438.228) to ensure LIBERTY Dental meets all CFR standard requirements moving forward.

LIBERTY Dental's response to the EQR recommendation should reflect strategies that impact the quality and timeliness of services provided to members as well as ways to overcome barriers to accessing preventive and other dental health care services.

In the next annual review, HSAG will evaluate the continued successes of LIBERTY Dental as well as the Dental MC plan's progress with addressing this recommendation.