



Medi-Cal Dental Services Division Statewide Fact Sheet (February 2020)

Program Overview

The Medi-Cal Dental Program serves **13.0 million** members in two delivery systems:



- 93%** Fee-For-Services (FFS)
 - 7%** Dental Managed Care (DMC):
 - Geographic Managed Care (GMC) plans in Sacramento County; and
 - Prepaid Health Plans (PHP) in Los Angeles County.
- Statewide Dental Utilization is approximately 34.7%.**

Source: DHCS Data Warehouse; queried on 1/31/2020

Case Management

Geographic Area	New Case Count
Statewide	34

Reporting Period: October 2019 to December 2019.

Statewide Language Line Service (LLS) Call Volume

235,951 Total Statewide Telephone Service Center (TSC) Calls from October 2019 to December 2019

- 100,752 (42.7%) Member Calls
- 135,199 (57.3%) Provider Calls
- 876 Non Language Line Service (LLS) calls that include services on both provider and member calls
 - 34 languages requested
 - 92% of Non LLS are comprised of 9 languages as shown in the pie chart
 - 8% are comprised of various other languages

Note: Revised to reflect total TSC calls on 3/30/2020

Provider Enrollment

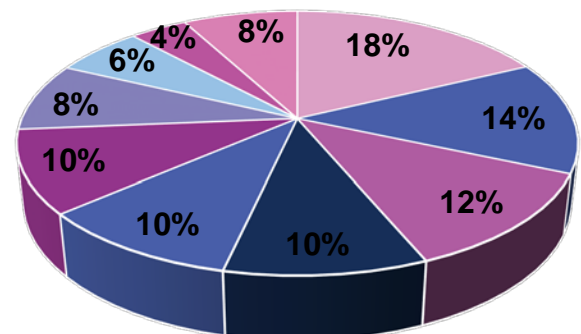
Delivery System/Plan	Active* Billing Dental Offices	Active Rendering** Providers
FFS	5,921	11,207
GMC	136	285
PHP	915	1,546

Source: DHCS provider network as of December 2019. Data does not indicate whether a provider rendered services during the reporting month. Please find more data on California Health and Human Services [Open Data Portal – Dental Utilization by Provider](#).

* Active is any provider enrolled in Medi-Cal dental program excluding Safety Net Clinics (SNCs).

** This number only includes rendering providers that have an associated address. A rendering provider can render services at multiple counties.

Non LLS Calls



- Mandarin
- Vietnamese
- Russian
- Arabic
- Cantonese
- Farsi
- Korean
- Armenian
- Tagalog
- Other Languages



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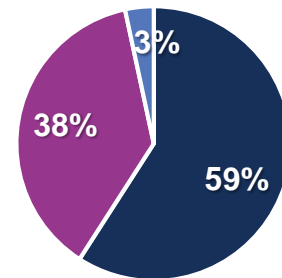
Treatment Authorization Requests (TARs) in CY 2019

Measure	FFS	DMC	Statewide
Age 0-20	457,720	230,073	687,793
Age 21+	1,174,734	240,799	1,415,533
Total	1,632,454	470,872	2,103,326
Average Turn Around Time (in Days)	5.50	3.57	4.54

TAR Determination in CY 2019

Measure	FFS	DMC	Statewide
Approved	1,142,324	250,950	1,393,274
Denied	746,141	138,645	884,786
Deferred	79,341	73	79,414

Source: Monthly TAR report from Administrative Services Organization (ASO).

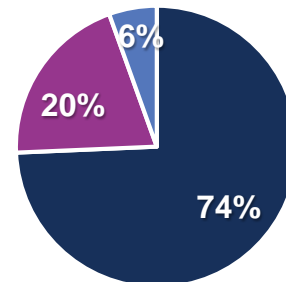


■ Approved ■ Denied ■ Deferred

FFS TAR Denials in CY 2019

Code	Top Reasons of TAR Denials in all Age Groups	Percentage in Top 10 Denials
081	Periodontal procedure cannot be justified on the basis of pocket depth, bone loss, and/or degree of deposits as evidenced by submitted radiographs.	38%
050	Surgical extraction procedure has been modified to confirm with radiographic appearance.	10%
555C	Authorization of this line is no longer valid: A new claim/TAR is being processed.	9%
326	Procedures being denied on this document due to invalid response to the RTD or, if applicable, failure to provide radiographs/attachments for this EDI document.	5%
555A	Authorization of this line no longer valid: patient is/was being treated elsewhere.	5%

State Hearing Cases in CY 2019



■ Scope ■ Orthodontic ■ Conlan

Scope: benefits available under Medi-Cal Dental program.

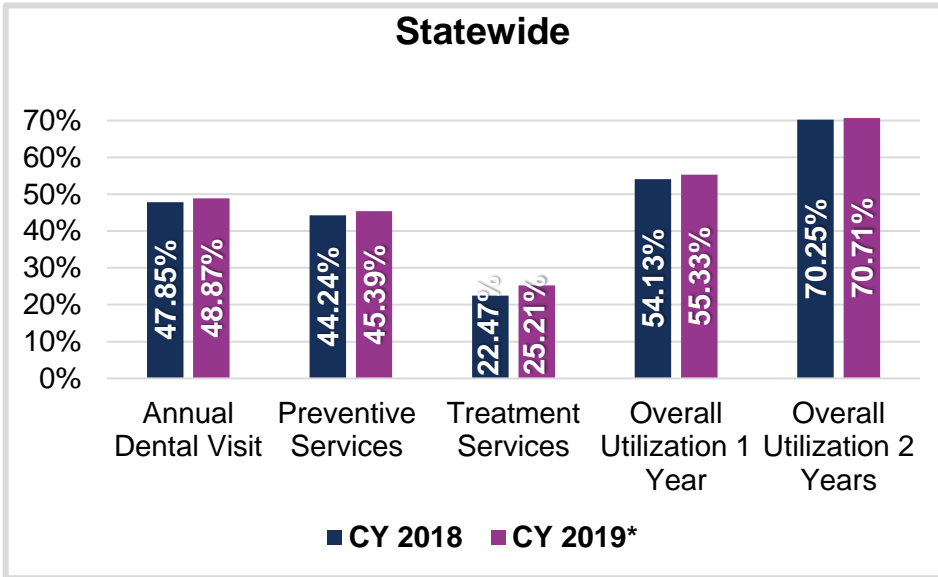
Orthodontic: treatment which requires "braces" to align teeth and/or correct occlusion (bite).

Conlan: reimbursement process to members. Members are able to request reimbursement for services that were paid and covered by the program if they meet the requirements.



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Utilization in Ages 0-20

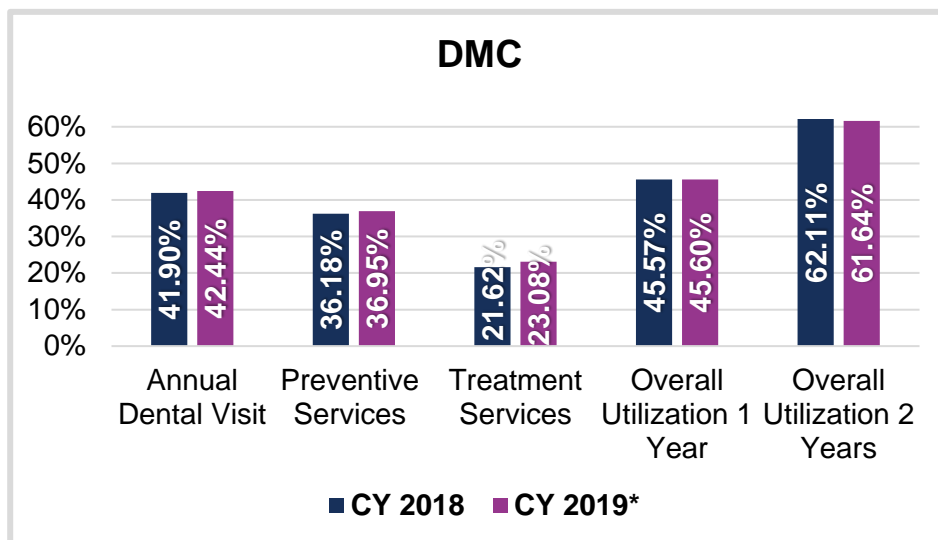
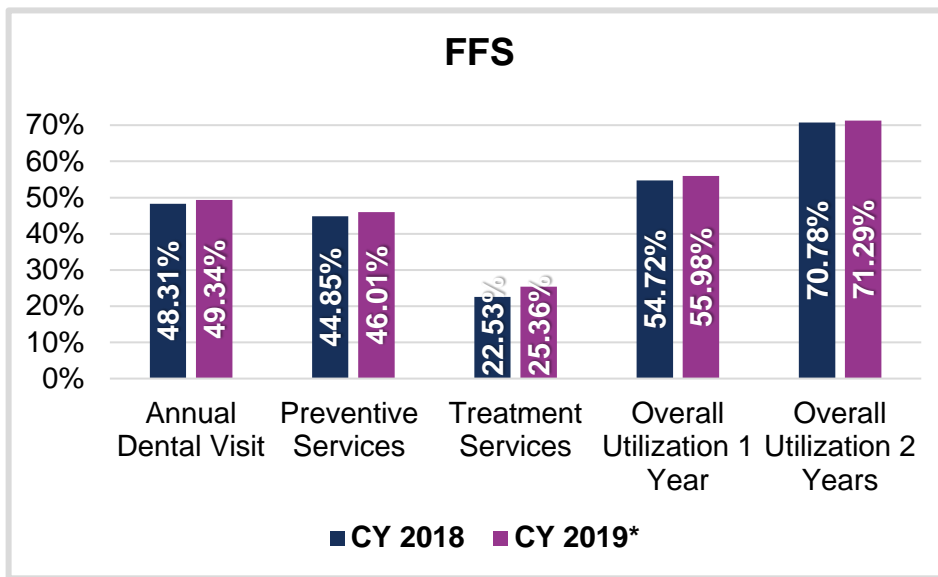


Annual Dental Visit: Percentage of beneficiaries who enrolled in the same dental plan for at least three continuous months during the measurement period and received any dental service including encounters at Safety Net Clinics (SNCs) (e.g. Federally Qualified Health Centers, Rural Health Clinics, Indian Health Center) (CDT D0100-D9999 or CPT 00003).

Preventive Services: Percentage of beneficiaries who enrolled in the same dental plan for at least three continuous months during the measurement period and received at least one preventive dental service including encounters at SNCs (CDT D1000-D1999 or CPT 00003 with cross-walked ICD 10).

Treatment Services: Percentage of beneficiaries who enrolled in the same dental plan for at least three continuous months during the measurement period and received at least one dental treatment including encounters at SNCs (CDT D2000-D9999 or CPT 00003 with cross-walked ICD 10).

Overall Utilization 1 or 2 year(s): Percentage of beneficiaries who enrolled in the same dental plan during the entire measurement period (1 or 2 year(s)) with no gap of coverage who received any dental service including encounters at SNCs (CDT D0100-D9999 or CPT 00003).



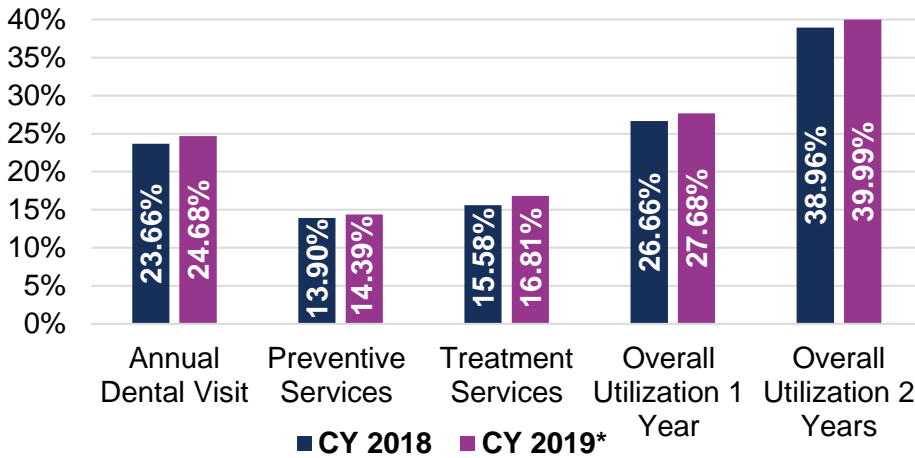
Source: DHCS Data Warehouse; queried on 2/4/2020.
*Data is preliminary and may change as more claims are received.



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Utilization in Ages 21+

Statewide



Annual Dental Visit: Percentage of beneficiaries who enrolled in the same dental plan for at least three continuous months during the measurement period and received any dental service including encounters at Safety Net Clinics (SNCs) (e.g. Federally Qualified Health Centers, Rural Health Clinics, Indian Health Center) (CDT D0100-D9999 or CPT 00003).

Preventive Services: Percentage of beneficiaries who enrolled in the same dental plan for at least three continuous months during the measurement period and received at least one preventive dental service including encounters at SNCs (CDT D1000-D1999 or CPT 00003 with cross-walked ICD 10).

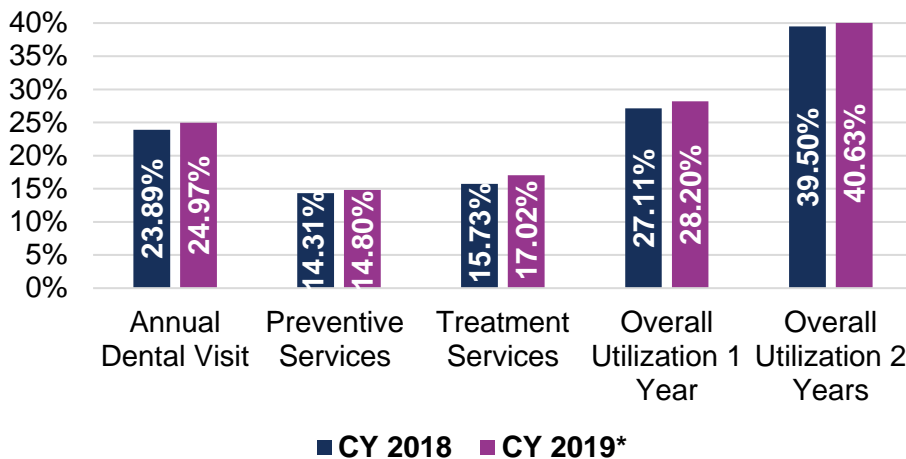
Treatment Services: Percentage of beneficiaries who enrolled in the same dental plan for at least three continuous months during the measurement period and received at least one dental treatment including encounters at SNCs (CDT D2000-D9999 or CPT 00003 with cross-walked ICD 10).

Overall Utilization 1 or 2 year(s): Percentage of beneficiaries who enrolled in the same dental plan during the entire measurement period (1 or 2 year(s)) with no gap of coverage who received any dental service including encounters at SNCs (CDT D0100-D9999 or CPT 00003).

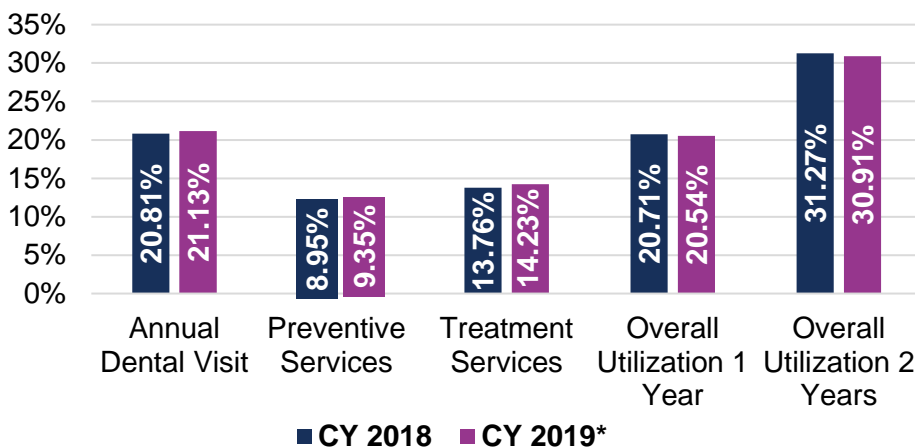
Source: DHCS Data Warehouse; queried on 2/4/2020.

**Data is preliminary and may change as more claims are received.*

FFS



DMC





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Statewide Top Five Procedure Counts* in Ages 0-20, Nov 2018 to Oct 2019

Procedure	CDT	FFS	DMC	Total
Diagnostic	D0230 ^P	8,064,989	296,506	8,361,495
Diagnostic	D0120 ^P	1,924,906	121,163	2,046,069
Diagnostic	D0272 ^P	1,190,128	47,872	1,238,000
Diagnostic	D0350 ^P	854,407	28,604	883,011
Diagnostic	D0220 ^P	682,282	107,685	789,967
Preventive	D1120 ^d	2,663,103	142,763	2,805,866
Preventive	D1208 ^d	1,966,159	84,865	2,051,024
Preventive	D1351 ^d	1,567,328	98,511	1,665,839
Preventive	D1206 ^d	609,391	63,127	672,518
Preventive	D1310 ^d	283,609	51,891	335,500
Treatment	D2150 ^P	597,178	15,882	613,060
Treatment	D7140 ^P	529,420	25,307	554,727
Treatment	D2930 ^P	483,309	19,547	502,856
Treatment	D2392 ^P	437,149	41,031	478,180
Treatment	D9230 ^P	403,239	12,441	415,680
All Services	D0230 ^P	8,064,989	296,506	8,361,495
All Services	D1120 ^d	2,663,103	142,763	2,805,866
All Services	D1208 ^d	1,966,159	84,865	2,051,024
All Services	D0120 ^P	1,924,906	121,163	2,046,069
All Services	D1351 ^d	1,567,328	98,511	1,665,839

d – Dental Transformation Initiative (DTI): Within the Medi-Cal 2020 Waiver, the DTI represents a critical mechanism to improve dental health for Medi-Cal members aged 0-20 by focusing on high-value care, improved access, and utilization of performance measures to drive delivery system reform.

p – Proposition 56: The California Healthcare, Research and Prevention Tobacco Tax Act (Proposition 56) increases the excise tax rate on cigarettes and electronic cigarettes, effective April 1, 2017, and other tobacco products effective July 1, 2017. Under Prop. 56, a specified portion of the tobacco tax revenue is allocated to DHCS for use as the nonfederal share of health care expenditures in accordance with the annual state budget process.

Statewide Top Five Procedure Counts in Ages 21+, Nov 2018 to Oct 2019

Procedure	CDT	FFS	DMC	Total
Diagnostic	D0230 ^P	2,091,566	89,124	2,180,690
Diagnostic	D0150 ^P	674,065	56,319	730,384
Diagnostic	D0210 ^P	473,392	43,037	516,429
Diagnostic	D0220 ^P	326,015	50,151	376,166
Diagnostic	D0120 ^P	339,420	32,062	371,482
Preventive	D1110 ^P	607,519	38,592	646,111
Preventive	D1208 ^P	315,282	14,023	329,305
Preventive	D1206 ^P	138,153	5,098	143,251
Preventive	D1330	0 ^{**}	18,207	18,207
Preventive	D1310	0 ^{**}	3,844	3,844
Treatment	D4341 ^a	527,782	46,345	574,127
Treatment	D7210 ^P	448,162	36,489	484,651
Treatment	D7140 ^P	292,847	20,120	312,967
Treatment	D9430 ^P	246,039	30,593	276,632
Treatment	D2391 ^P	213,636	19,525	233,161
All Services	D0230 ^P	2,091,566	89,124	2,180,690
All Services	D0150 ^P	674,065	56,319	730,384
All Services	D1110 ^P	607,519	38,592	646,111
All Services	D4341 ^a	527,782	46,345	574,127
All Services	D0210 ^P	473,392	43,037	516,429

a – Adult Dental Restoration: Senate Bill 97 (Chapter 52, Statutes of 2017) fully restored Medi-Cal members aged 21 and above optional dental benefits that were not restored in May 2014. This policy is effective January 1, 2018.

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Source: DHCS Data Warehouse queried on 2/7/2020; 2019 data is preliminary and may change as more claims are received.

* FFS & DMC; not including SNCs.

** Not billable.