

**DEPARTMENT OF HEALTH  
CARE SERVICES**

**2021-2024 ACTIVITIES  
RELATING TO MEDI-CAL  
DENTAL MANAGED CARE  
REPORT TO THE LEGISLATURE**

February 2026

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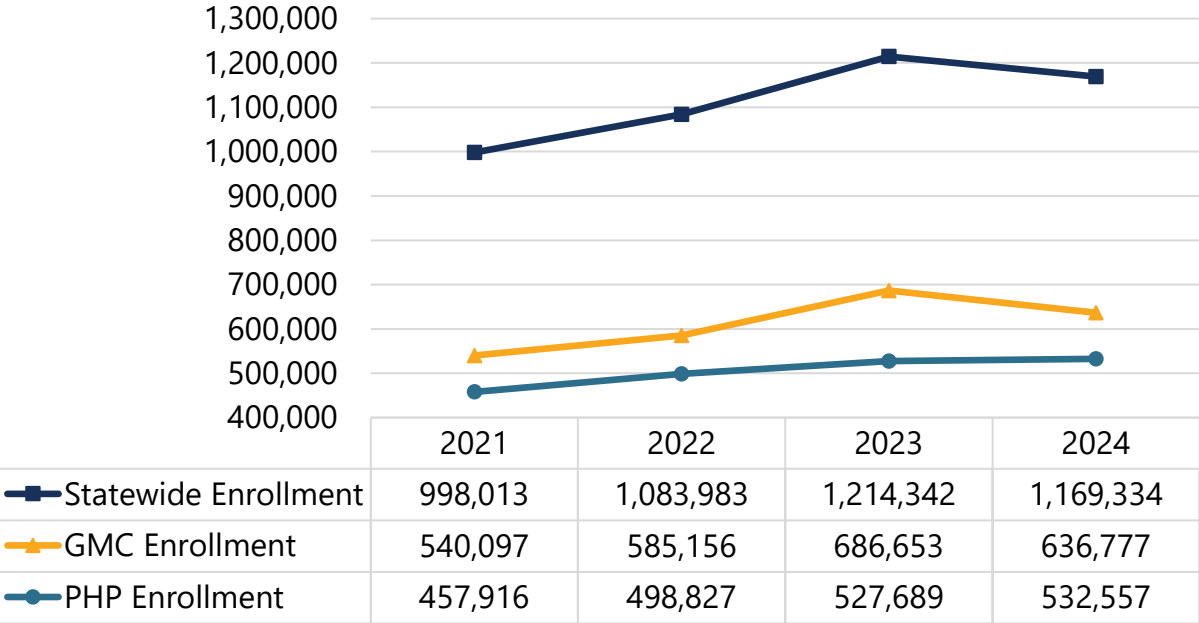
Abbreviation	Term
A&I	Audits and Investigations
AAS	Alternate Access Standards
ACA	Affordable Care Act
Access	Access Dental Plan
ADV	Annual Dental Visit
APL	All Plan Letters
BDE	Beneficiary Dental Exception
CaAIM	California Advancing and Innovating Medi-Cal
CAP	Corrective Action Plan
CDT	Current Dental Terminology
CMS	Centers for Medicare and Medicaid Services
CRA	Caries Risk Assessment
CY	Calendar Year
DMC	Dental Managed Car
DHCS	Department of Health Care Services
DTI	Dental Transformation Initiative
EQRO	External Quality Review Organization
FFS	Fee-For-Service
GMC	Geographic Managed Care
Health Net	Health Net of California
HEDIS	Healthcare Effectiveness Data and Information Set
HSAG	Health Services Advisory Group
ICD-10	International Statistical Classification of Diseases and Related Health Problems

Abbreviation	Term
Liberty	Liberty Dental Plan of California
MCP	Managed Care Plan
NAV	Network Adequacy Validation
ODP	Open Data Portal
OHRA	Oral Health Risk Assessment
PHP	Prepaid Health Plans
PIP	Performance Improvement Projects
PMPM	Per-Member Per-Month
QIP	Quality Improvement Projects
RFP	Request for Proposal
SC-MCDAC	Sacramento County Medi-Cal Dental Advisory Committee
SDF	Silver Diamine Fluoride
SIS	Satisfactory Immigrant Status
SNC	Safety Net Clinic
STC	1915(b) Waiver's Special Terms and Conditions
UIS	Unsatisfactory Immigrant Status

# EXECUTIVE SUMMARY

The Department of Health Care Services (DHCS) administers California’s Medicaid Program, Medi-Cal, and provides dental services to eligible members through two main delivery systems: Dental Fee-For-Service (FFS) and Dental Managed Care (DMC). The FFS model provides services to members through dental providers, who submit claims directly to Medi-Cal Dental for reimbursement. By contrast, DMC services are carried out by DMC plans contracted with DHCS and licensed by the Department of Managed Health Care. DMC providers are contracted with DMC plans to render dental services through Geographic Managed Care (GMC) plans in Sacramento County and Prepaid Health Plans (PHP) in Los Angeles County. Figure 1 below shows statewide Dental Managed Care enrollment for calendar years (CY) 2021-2024.

Figure 1: Dental Manage Care Enrollment by Calendar Year



Welfare and Institution Code section 14459.8 requires DHCS to provide an annual report to the Legislature on DMC plans activities for Sacramento and Los Angeles counties. This report covers calendar years 2021, 2022, 2023, and 2024.

## Key Highlights

DHCS continued its oversight of the DMC plans through various activities including utilization tracking, compliance monitoring, Quality Improvement Projects (QIP) and initiatives, and stakeholder engagement. Key highlights of DHCS' efforts undertaken between CY 2021-2024 include:

- » Continued monitoring of DMC plan members' utilization through 13 performance measures, including Annual Dental Visits (ADVs) and preventive services.
- » Completed audits for Health Net of California (Health Net), Access Dental Plan (Access), and Liberty Dental Plan of California (Liberty) and issued Corrective Action Plans (CAPs) for Health Net and Access.
- » Completed the annual network certification and provided the Centers for Medicare and Medicaid Services (CMS) with confirmation that all DMC plans met network adequacy requirements.
- » Monitored the DMC plans' progress in implementing the Statewide Quality Improvement Project (QIP) through review of quarterly progress reports and worked with its contracted External Quality Review Organization (EQRO) to assist plans with selecting new topics for their Individual QIPs.
- » Participated in quarterly meetings with the Medi-Cal Dental Advisory Committee, facilitated semi-annual meetings with the Los Angeles Dental Stakeholder Group (LASH), and the Statewide Dental Stakeholder Group to foster open communication and transparency while developing strategies to maintain Medi-Cal members' access to dental care in Sacramento and Los Angeles counties.
- » Continued monitoring of the California Advancing and Innovating Medi-Cal (CalAIM) initiatives implemented in 2022, which included new and continued dental benefits.
- » Continued publishing the monthly Dental FFS and DMC Performance Fact Sheet to monitor and compare the performance of DMC plans with dental plan parity as required by the CalAIM Section 1915(b) Waiver Special Terms and Conditions (STC).

# BACKGROUND

In 1995, Department of Health Care Services (DHCS) implemented Dental Managed Care (DMC) in Sacramento, Geographic Managed Care (GMC), and Los Angeles, and Prepaid Health Plans (PHP), counties to explore the effectiveness of managed care as a delivery system for providing eligible Medi-Cal members with dental services. DMC services are provided by DMC plans contracted with DHCS and licensed by the California Department of Managed Health Care pursuant to the Knox-Keene Health Care Services Plan Act of 1975. Members are assigned to a primary care dentist in the DMC plans' network, which enables the member to establish a dental home and receive coordinated dental services by the DMC plans.

DHCS held contracts with the following three DMC plans that served members in both Sacramento and Los Angeles counties from calendar year (CY) 2021 through CY 2024:

- » Access Dental Plan (Access)
- » Health Net of California (Health Net)
- » Liberty Dental Plan of California (Liberty)

DHCS pays DMC plans a per-member per-month (PMPM) capitation payment to provide oral health care to members. In July 2020, a third PMPM rate was created for the Affordable Care Act (ACA) optional adult expansion coverage group. During CY 2021, DMC plans were paid differing actuarially-sound rates for the first and second half of the year. Figure 2 below shows the rates for CY 2021 and 2022.

*Figure 2: Dental Managed Care Plan Rates for Calendar Years 2021 and 2022*

Measurement Period	Plan Area	21+	<21	19+ (ACA)
Calendar Year 2021 (January - June)	GMC	\$17.34	\$20.09	\$11.87
	PHP	\$13.81	\$15.13	\$10.66
Calendar Year 2021 (July - December)	GMC	\$11.67	\$13.93	\$9.20
	PHP	\$9.68	\$10.97	\$8.35
Calendar Year 2022 (January-December)	GMC	\$15.24	\$23.25	\$11.65
	PHP	\$13.14	\$17.50	\$11.02

In CY 2023, DHCS began setting separate rates for the Satisfactory Immigrant Status (SIS) and Unsatisfactory Immigrant Status (UIS) populations. Figure 3 below displays the CY 2023 and 2024 rates.

Figure 3: Dental Managed Care Plan Rates for Calendar Years 2023 and 2024

Measurement Period	Plan Area	Population	21+	<21	19+ (ACA)
Calendar Year 2023	GMC	SIS	\$15.88	\$22.87	\$12.29
		UIS	\$16.80	\$23.88	\$13.62
	PHP	SIS	\$12.32	\$16.29	\$11.38
		UIS	\$12.64	\$16.87	\$12.13
Calendar Year 2024	GMC	SIS	\$15.96	\$24.15	\$11.65
		UIS	\$18.70	\$28.70	\$13.85
	PHP	SIS	\$13.74	\$16.66	\$12.19
		UIS	\$20.44	\$15.07	\$16.93

As part of the California Advancing and Innovating Medi-Cal (CalAIM) 1915(b) Waiver Special Terms and Conditions (STC), DHCS conducted a parity evaluation to assess the performance, through utilization metrics, of Sacramento County DMC to the Dental Fee-For-Service (FFS) delivery system. Based on the evaluations, members enrolled in DMC had the option to enroll in FFS beginning in December 2023 through June 2025, until the start of the new contract with DMC plans on July 1, 2025.

## DENTAL MANAGED CARE UTILIZATION

DHCS continues to be committed to maintaining and developing new effective strategies to accurately monitor DMC plans member dental utilization.

### Performance Measures

DHCS maintains ongoing oversight of DMC plan utilization through monitoring the following 13 performance measures:

- » Annual Dental Visits (ADV)
- » Use of Preventive Services
- » Use of Sealants
- » Count of Sealants
- » Count of Fluoride Varnishes
- » Use of Diagnostic Services
- » Treatment/Prevention of Caries

- » Exams/Oral Health Evaluations
- » Use of Dental Treatment Services
- » Preventive Services to Fillings
- » Overall Utilization of Dental Services (one year, two years, three years)
- » Continuity of Care
- » Usual Source of Care

Healthcare Effectiveness Data and Information Set (HEDIS) is a performance improvement tool widely used in the managed care industry to compare health plan performance uniformly across plans. DHCS uses HEDIS-like measures to calculate performance measure utilization for DMC plans. The dental industry applies Current Dental Terminology (CDT), which includes dental-specific procedure codes. DHCS uses CDT codes to capture DMC plan utilization to identify dental-specific procedures.

DHCS receives detailed member visit information, known as encounter data—that includes diagnosis, services, and treatments—from each of the DMC plans, which is loaded to the DHCS Management Information System/Decision Support System and used to calculate DMC plans utilization for each of the 13 performance measures. DHCS also validates the encounter data from DMC plans on a quarterly basis by cross-referencing it with their self-reported performance measure reports.

## **Annual Dental Visits**

Beginning in 2016, DHCS began incorporating Safety Net Clinic (SNC) encounter data into DMC plan performance measure utilization for adults and children by mapping and comparing the 10th revision of the International Statistical Classification of Diseases and Related Health Problems (ICD-10) codes to CDT codes. Beginning 2020, DHCS began capturing medical fluoride varnishes into DMC plan utilization measures since dental fluoride varnishes can also be provided in medical settings, resulting in a slight increase in ADV.

Figures 4 and 5 summarize ADV utilization for children ages 0-20 with data broken out separately for GMC/PHP and by DMC plans from 2018 through 2024. The data for 2024 is preliminary and DHCS expects ADV utilization to increase as providers have up to one year from the date of service to submit claims.

Figure 4: Geographic Managed Care Plans Annual Dental Visits for Children Ages 0-20 by Calendar Year

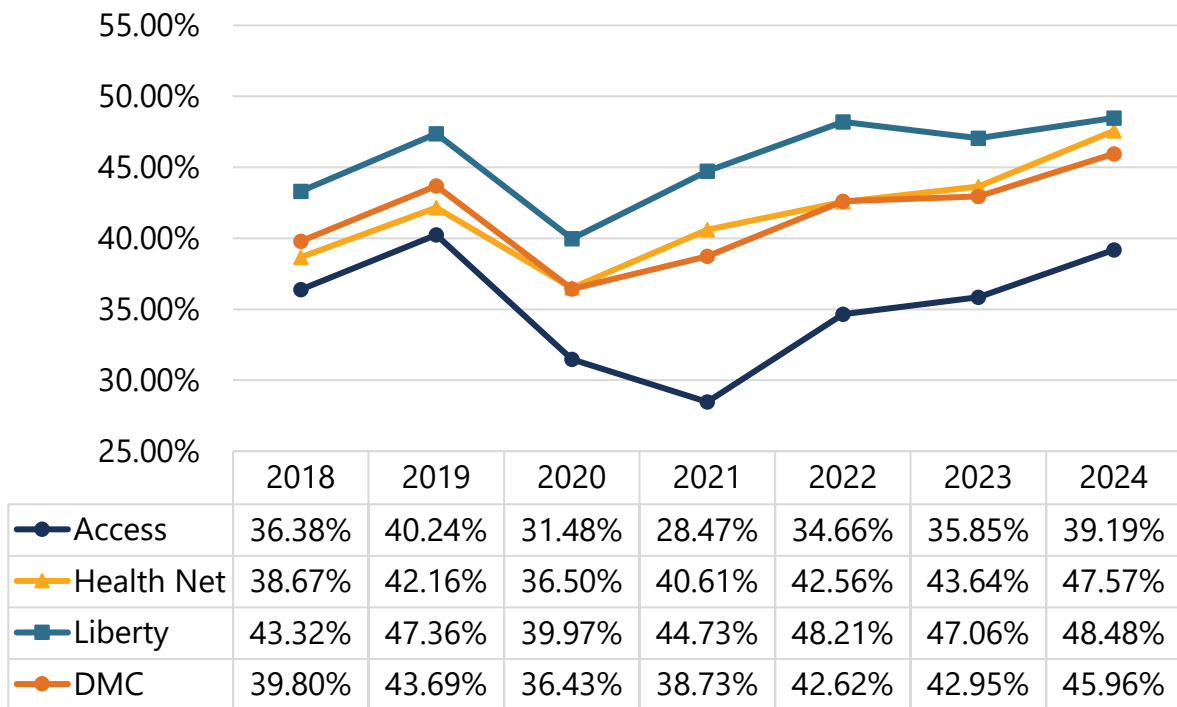


Figure 5: Prepaid Health Plans Annual Dental Visits for Children Ages 0-20 by Calendar Year

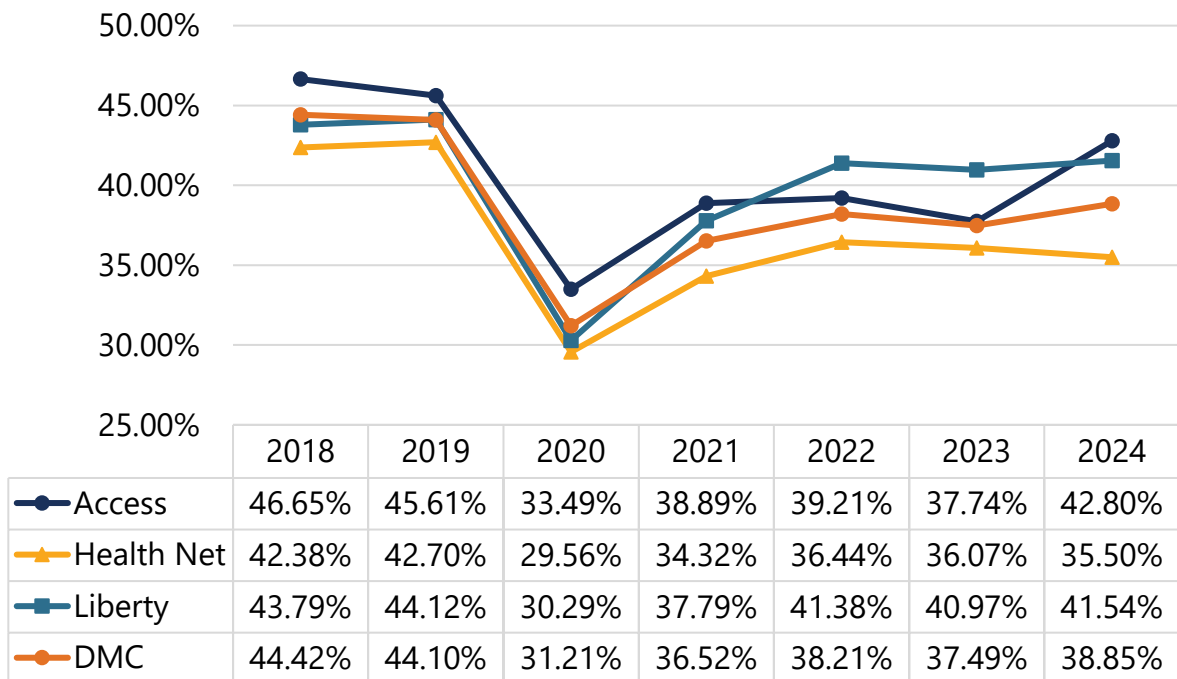
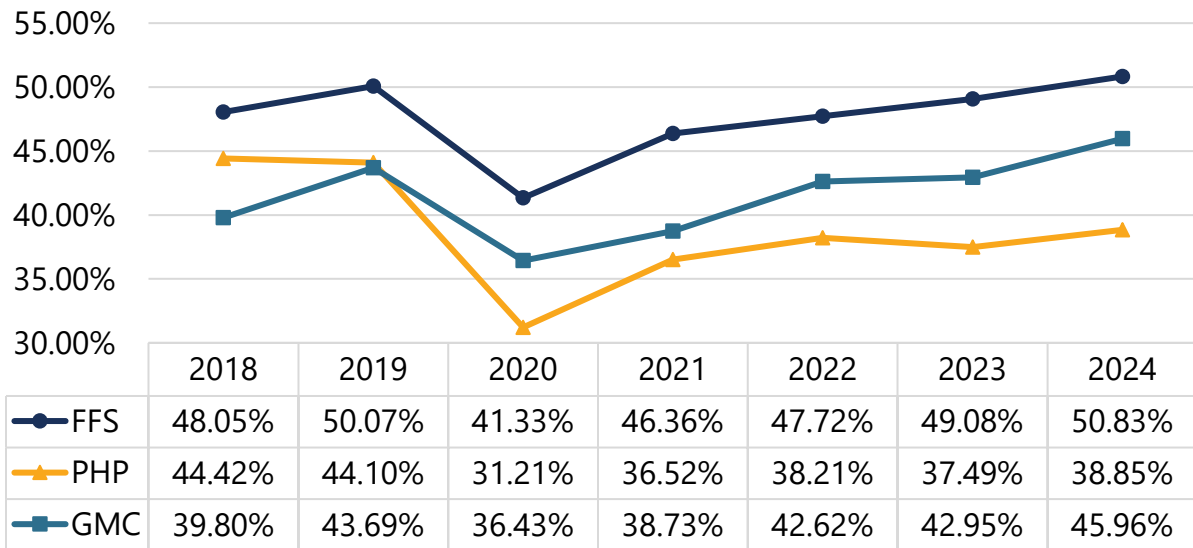


Figure 6 below draws comparison between FFS and DMC plans ADV utilization for children ages 0-20 from 2018 through 2024. Utilization rates for FFS have been historically higher than DMC plans—Geographic Managed Care (GMC) and Prepaid Health Plans (PHP). Overall trends show a gradual increase in ADV utilization for all delivery systems until utilization decreased in 2020 due to the COVID-19 pandemic. Utilization has continued to increase since 2021, except for PHP, which saw a small decline from 2022 to 2023.

*Figure 6: Annual Dental Visits for Children Ages 0-20 by Delivery System by Calendar Year*



## Preventive Services

Similar to ADV utilization results, preventive services utilization also includes SNC encounter data and medical fluoride varnishes.

Figures 7 and 8 below summarize preventive services utilization for children ages 1-20 with data broken out separately for GMC/PHP and by DMC plans from 2018 through 2024.

Figure 7: Geographic Managed Care Plans Preventive Services for Children Ages 1-20 by Calendar Year

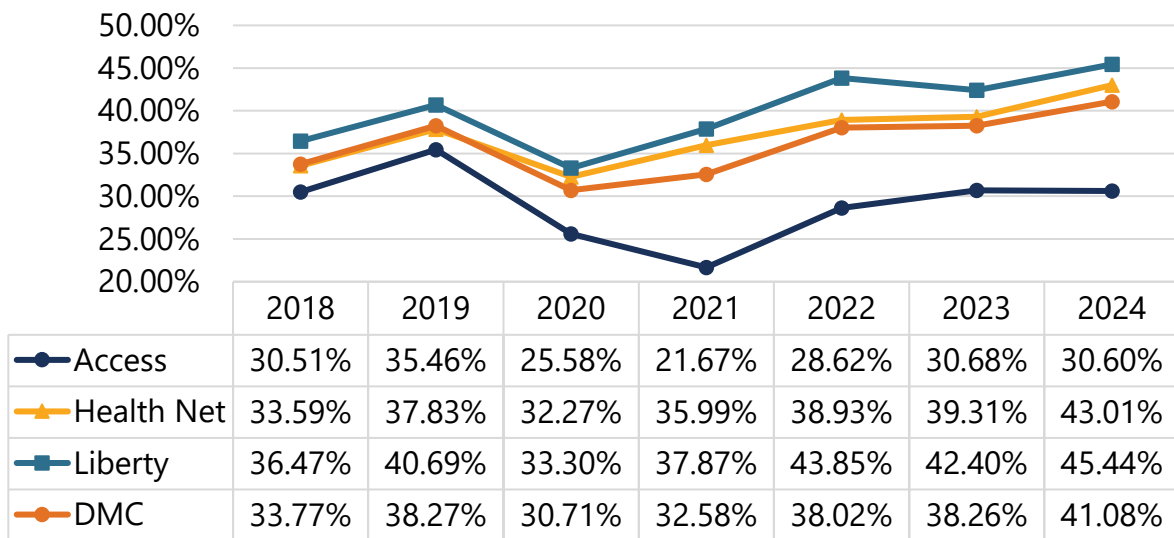
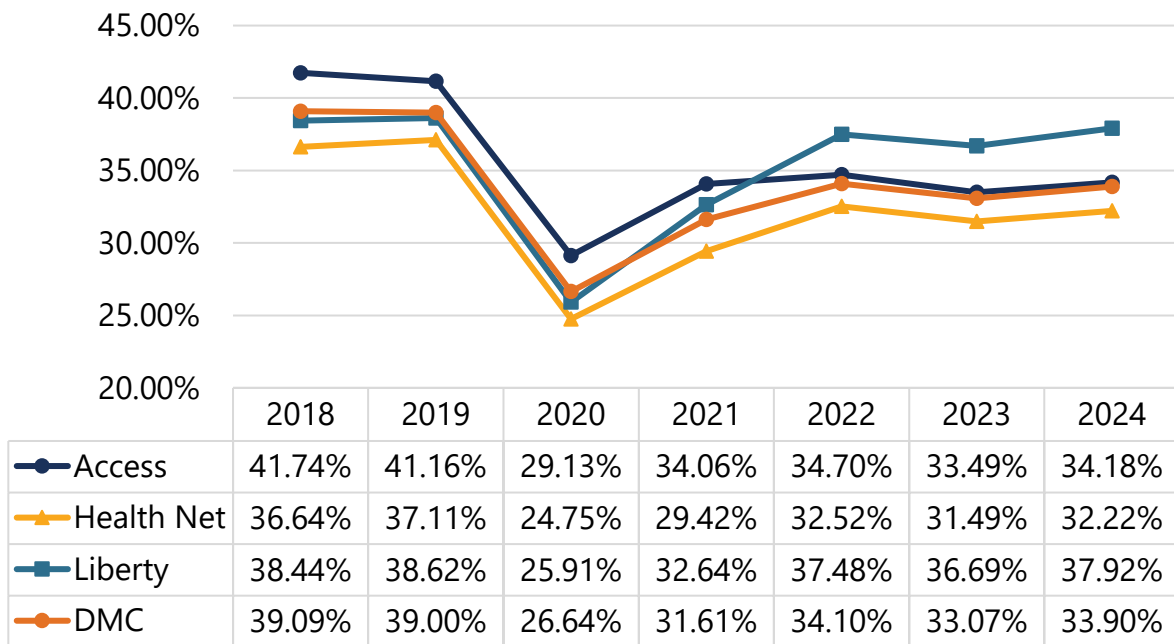


Figure 8: Prepaid Health Plans Preventive Services for Children Ages 1-20 for by Calendar Year

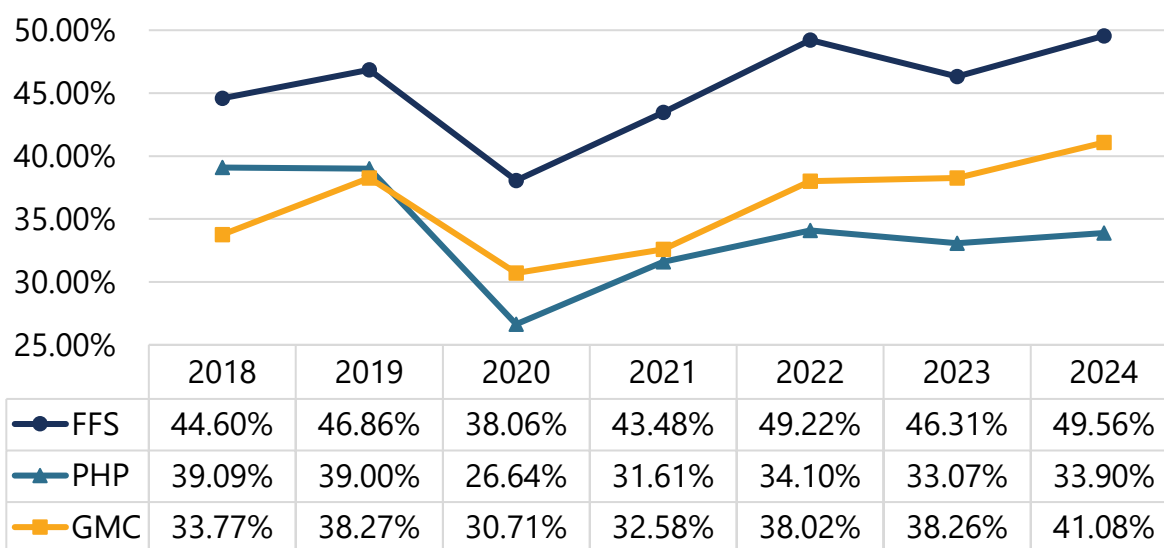


The utilization of preventative services for children in PHP remains slightly lower than 2018-2019 levels, prior to the COVID-19 pandemic. This is likely because LA County’s dental network is significantly larger and more complex than Sacramento’s, which results in more variability in provider participation and stability. These network

challenges can make it more difficult for preventive care utilization to rebound as quickly as it has in GMC plans.

Figure 9 draws a comparison between FFS and DMC plans preventive services utilization for children ages 1-20 from 2018 through 2024. Since 2018, utilization rates for FFS have consistently been higher than DMC plans—GMC and PHP. Overall trends show a gradual increase in preventive service utilization for all delivery systems until utilization decreased in 2020 due to the COVID-19 pandemic. Utilization increased from 2020 to 2022 then decreased for all delivery systems from 2022 to 2023. Preventive services utilization across all delivery systems increased from 2023 to 2024.

Figure 9: Preventive Services for Children Ages 0-20 by Delivery System by Calendar Year



### Data Updates on Department of Health Care Services' Website

From 2021-2024, Department of Health Care Services (DHCS) published quarterly performance measure utilization reports to the Dental Data Reports<sup>1</sup> page of the DHCS website for both Dental Fee-for-Service (FFS)<sup>2</sup> and DMC<sup>3</sup> delivery systems. Each quarterly report encompasses a 12-month span of data. As new quarterly data becomes available, a new report is generated to replace data from the oldest quarter. In this way, quarterly reports are updated on a rolling annual basis, providing DHCS and interested stakeholders with a more accurate means of evaluating ongoing utilization trends.

<sup>1</sup> <https://www.dhcs.ca.gov/services/Pages/DentalReports.aspx>

<sup>2</sup> <https://www.dhcs.ca.gov/services/Pages/FFSPerformanceMeasures.aspx>

<sup>3</sup> <https://www.dhcs.ca.gov/services/Pages/DMCPerformanceMeasures.aspx>

## California Health Human Services Open Data Portal

The California Health Human Services Open Data Portal<sup>4</sup> (ODP) compiles reports from fifteen various state agencies. From 2021-2024, DHCS contributed to the ODP by publishing the following dental-specific datasets on Medi-Cal performance measure utilization:

- » One Year User Utilization Reports:
  - Dental Utilization Measures and Sealant Data by Age Group<sup>5</sup>
  - Dental Utilization Measures and Sealant Data by County and Age Group<sup>6</sup>
  - Dental Utilization Measures and Sealant Data by Ethnicity and Age Group<sup>7</sup>
  - Dental Utilization Measures and Sealant Data by County, Ethnicity, and Age Group<sup>8</sup>
- » Multi Year User Utilization Reports:
  - Dental Utilization Measures by Age<sup>9</sup>
  - Dental Utilization Measures by Age and County<sup>10</sup>
- » Provider Reports
  - Dental Utilization by Provider<sup>11</sup> FFS Provider Listing<sup>12</sup>

The datasets are inclusive of utilization data from 2013 to 2022 for both FFS and DMC. Protected Health Information is de-identified to allow researchers, stakeholders, and

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<sup>4</sup> <https://data.chhs.ca.gov/>

<sup>5</sup> <https://data.chhs.ca.gov/dataset/test-dhcs-dental-utilization-measures-and-sealant-data-by-age-groups-calendar-year-2013-to-2021>

<sup>6</sup> <https://data.chhs.ca.gov/dataset/test-dhcs-utilization-measures-and-sealant-data-by-county-calendar-year-2013-to-2021>

<sup>7</sup> <https://data.chhs.ca.gov/dataset/dhcs-test-dental-utilization-measures-and-sealant-data-by-ethnicity-calendar-year-2013-to-2021>

<sup>8</sup> <https://data.chhs.ca.gov/dataset/dental-utilization-measures-and-sealant-data-by-county-ethnicity-age-calendar-year-2013-to-2021>

<sup>9</sup> <https://data.chhs.ca.gov/dataset/test-dhcs-multi-year-dental-measures-data-by-age-groups-calendar-year-2013-to-2021>

<sup>10</sup> <https://data.chhs.ca.gov/dataset/test-dhcs-multi-year-dental-measures-data-by-county-calendar-year-2013-to-2021>

<sup>11</sup> <https://data.chhs.ca.gov/dataset/dental-utilization-per-provider>

<sup>12</sup> <https://data.chhs.ca.gov/dataset/medi-cal-dental-fee-for-service-provider-listing>

other local health care agencies to access the data. In addition, the datasets allow users to filter data by various criteria such as year, age, county, ethnicity, and dental service and extract the desired information.

## **Compliance Monitoring**

DHCS is committed to ongoing efforts to utilize effective monitoring systems and strategies to require DMC plans to comply with all federal, state, and contractual requirements on a continuous basis.

## **Audits and Investigations Audits and Corrective Action Plans**

DHCS Audits and Investigations (A&I) Division is the designated program integrity unit for the Medi-Cal program. A&I performs annual audits of Medi-Cal managed care health and dental plans, which include onsite documentation review, verification studies, interviews with the plan personnel, and evaluation of categories of performance such as Utilization Management, Case Management and Coordination of Care, Access and Availability of Care, Member Rights, Quality Management, and Administrative and Organizational Capacity. Following the issuance of the final audit report,<sup>13</sup> DHCS provides oversight and technical assistance of the Corrective Action Plan (CAP) process to the DMC plans. DHCS determines CAP closures based on the plans' ability to adequately resolve the findings through efforts such as revisions or creation of policy and procedures, education of provider network, and demonstration of on-going validation and improvement activities. Between 2021-2024 A&I conducted audits on all three DMC plans each year, except for Access in Calendar Year (CY) 2023. Figure 10 provides a summary of audit periods for each plan from CY 2021-2024.

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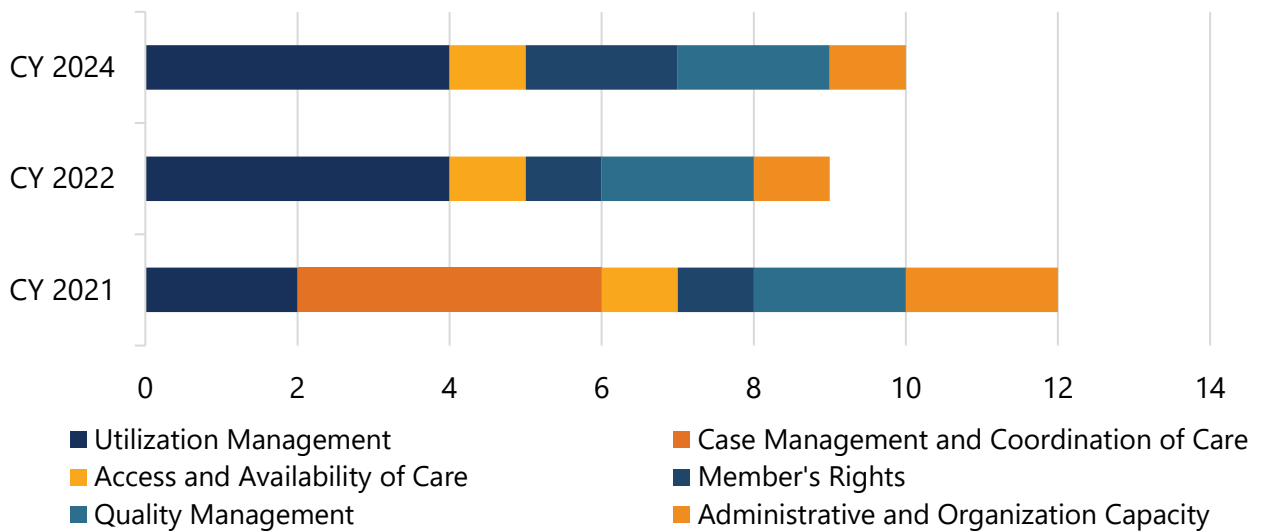
<sup>13</sup> <https://www.dhcs.ca.gov/services/Pages/Dentalmanagedcare.aspx>

Figure 10: Dental Managed Care Plans Audit Periods 2021-2024

Plan	Year Conducted	Audit Period
Access	2021	01/01/2020-06/30/2021
	2022	07/01/2021-10/31/22
	2024	11/1/2022-10/31/2023
Health Net	2021	03/01/2020-02/28/2021
	2022	04/01/2021-3/21/2022
	2023	04/01/2022-03/31/2023
	2024	04/1/2023-03/31/2024
Liberty	2021	07/01/2019-6/30/2021
	2022	07/01/2021-6/30/2022
	2023	07/1/2022-06/30/2023
	2024	07/01/2023-06/30/2024

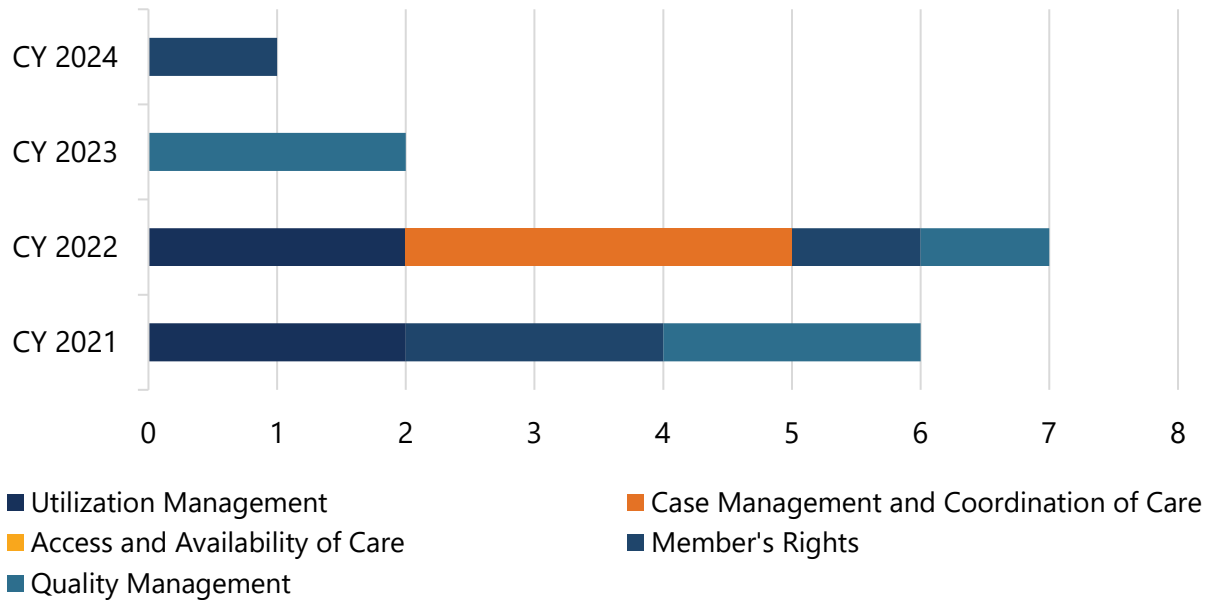
Figures 11-13 display a summary of each plan’s findings by category and year.

Figure 11: Access Dental Plans Audit Findings by Category by Calendar Year



Between 2021-2024 most of Access’ findings were in the “Utilization Management” category.

Figure 12: Health Net Dental Plans Audit Findings by Category by Calendar Year



Health Net’s audit findings were mostly in the “Quality Management”, “Members Rights” and “Utilization Management” categories.

Figure 13: Liberty Dental Plans Audit Findings by Category by Calendar Year



Liberty’s audit findings were mostly in Case Management and Coordination of Care, Access and Availability of Care, and Quality Management. Liberty had no findings as a result of their CY 2023 and 2024 audits. All audit findings from CY 2021-2024 and resulting CAPs have been closed.

## Beneficiary Dental Exception

The Beneficiary Dental Exception (BDE) is required by Welfare and Institution Code Section 14089.09 and is available to Medi-Cal DMC plans members in Sacramento County who are unable to secure access to services through their dental plan in accordance with the contractually mandated timeframes and the Knox-Keene Health Care Services Plan Act of 1975. The BDE process allows DHCS staff to work with the DMC plans on behalf of the members to facilitate the scheduling of appropriate appointments based on the identified needs of the member and to offer continuity of care if appropriate.

If an appointment is available within the required timeframe, the DMC plan will work with the member to coordinate care. DMC plans verify whether the member attended their scheduled appointment and if treatment was rendered. The DMC plan will work with the member until the case is resolved. If a network appointment is not available, the DMC plans must offer an appointment with an out-of-network Dentist. If an appointment is not available within the required timeframe, the member may request to opt out of Medi-Cal DMC plans and move into Medi-Cal Dental FFS where they may select their own dental provider on an ongoing basis.

Since its inception in 2012, no Medi-Cal members have been transferred to FFS through the BDE process. This trend continued into 2024 as DHCS and DMC plans continue to operate the BDE process, assisting members with obtaining timely access to appointments, and responding to general inquiries and requests for information about plans, providers, benefits, and eligibility status. DHCS routinely publishes monthly BDE reports on the DHCS website<sup>14</sup>. Prior to April 2023, the BDE reports included actual BDE requests and general inquiry numbers received through the BDE phonenumber. Starting with the April 2023 reporting period and in accordance with reporting requirements in Welfare and Institutions Code Section 14048.09, DHCS began reporting actual requests from members to be exempted from receiving services through the Dental Managed Care delivery system. Non-BDE requests received through the BDE phone line and on the BDE form but not actually requesting the BDE process will no longer be reported.

Based on the parity evaluations of DMC plans, members enrolled in DMC plans had the option to enroll in FFS beginning in December 2023 through June 2025, until the start of the new contract with DMC plans on July 1, 2025. Consequently, starting December 2023, members were not required to submit a BDE to transition from Dental Managed

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<sup>14</sup> <https://www.dhcs.ca.gov/services/Pages/BDE-Reporting.aspx>

Care to FFS, which resulted in no reporting for BDE until the start of the new contracts with DMC plans effect July 1, 2025.

Figure 14 provides a summary of appointment requests by appointment type for CY 2021-2023.

*Figure 14: Beneficiary Dental Exception Appointment Requests by Category by Calendar Year*

Measurement Period	Routine	Specialist	Urgent	Emergency	Total
CY 2021	11	1	0	0	12
CY 2022	20	10	2	3	35
CY 2023	50	25	23	6	104

## All Plan Letters

Dental All Plan Letters (APLs) are the means by which DHCS conveys information or interpretation of policy or procedure at the Federal or State levels and provides instruction to DMC plans on how to implement these changes on an operational basis.

Between 2021-2024 DHCS provided DMC plans with ongoing policy updates and guidance through issuance of over 30 APLs posted on the DMC APLs page<sup>15</sup> of the DHCS website.

## Annual Network Certification

Pursuant to Title 42, Code of Federal Regulations, Section 438.207, DHCS is required to submit an annual assurance of compliance to Centers for Medicare and Medicaid Services (CMS) certifying that all contracted DMC plans maintain a network of providers that meet the needs of its anticipated enrollment.

Between 2021 and 2024 DHCS completed its yearly network certification for all three DMC plans, as required by federal regulations. DHCS' review consisted of an evaluation of enrollment trends, assessment of provider-to-member ratios and specialist counts, an analysis of geographic provider distribution, and a validation of compliance with timely access standards. All plans in each measurement period were found to meet network adequacy standards. Although several ZIP codes in Sacramento and Los Angeles counties have needed Alternate Access Standards to meet requirements, the number has reduced significantly over the years. By 2024, Sacramento County had zero Alternate

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<sup>15</sup> <https://www.dhcs.ca.gov/services/Pages/DentalAllPlanLetters.aspx>

Access Standards requests, and requests in Los Angeles dropped by 64% compared to the previous year. These results show steady progress and DHCS' commitment to making sure members have timely access to care and strong provider networks across California.

## **External Quality Review Organization**

Annually, the External Quality Review Organizations (EQRO) prepare an independent, External Quality Review Technical Report that analyzes and evaluates aggregated information on the DMC plans. As part of the external quality review technical report, the EQRO prepares a plan-specific evaluation report for each of DMC plans from 2021-2024. DHCS continued to work in close collaboration with Health Services Advisory Group (HSAG), the contracted EQRO, designated to oversee the performance of mandatory activities, including validation of performance measures, Performance Improvement Projects (PIP) and Network Adequacy Validation (NAV). HSAG continued to provide technical assistance to DMC plans on their individual PIP and provide feedback on their Statewide Quality Improvement Projects (QIP) progress reports.

In February 2023, CMS released updates to the Protocol which directed states to implement NAV in alignment with Protocol 4 beginning no later than February 2024. The results are to be included in the EQRO technical report submitted to CMS in April 2025 (Contract Year July 1, 2023, through June 30, 2024).

HSAG provided the following recommendations for NAV Volume 2 2023-2024:

- » Access: HSAG identified no specific opportunities for improvement related to Access' DMC plan's data collection and management processes used to inform network adequacy standard and indicator calculations.
- » Health Net: HSAG identified no specific opportunities for improvement related to Health Net's data collection and management processes used to inform network adequacy standard and indicator calculations.
- » Liberty: HSAG identified one opportunity and provided Liberty with a recommendation that the plan explore options to automate data transfer from Conduent to Health Solutions Plus.
- » DHCS: HSAG recommends DHCS explore options to develop stored procedures for provider and member data integration and provider ratio calculations. HSAG recommends updating methodology and provide to plans to ensure alignment with reporting requirements and expectations. HSAG recommends centralizing systems and process documentation to mitigate gaps and/or errors in reporting.

DHCS is actively working on the recommendations from HSAG to ensure clear and cohesive expectations are shared with the DMC plans and has a streamlined process for handling all Network Adequacy requirements.

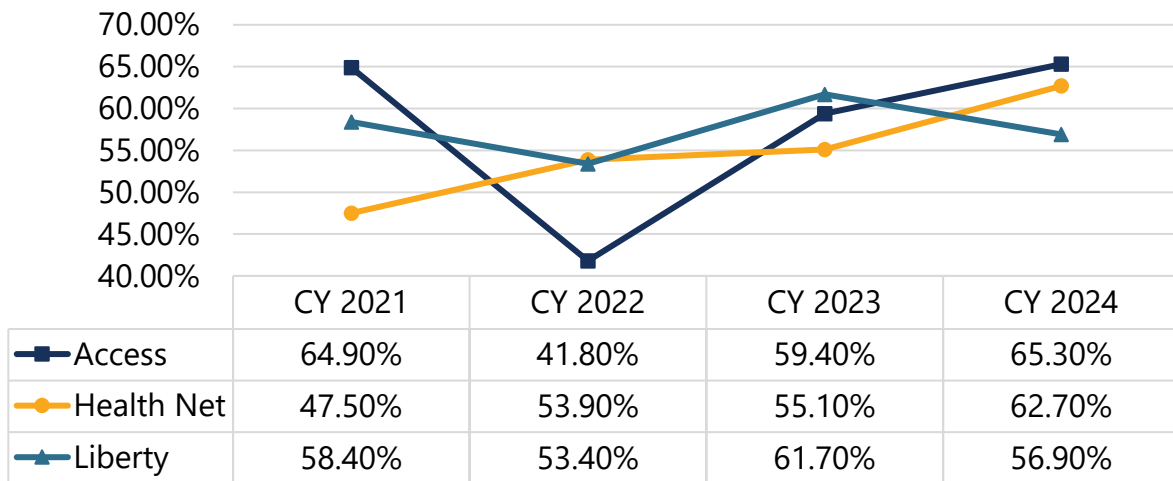
## **Child Dental Satisfaction Survey**

DMC plans are contractually required to contract with an EQRO to conduct one consumer satisfaction survey per year. The survey is designed to evaluate overall consumer satisfaction with the plan as well as its network of contracted providers. The survey yields 10 measures of satisfaction:

- » Rating of All Dental Care
- » Rating of Dental Plan
- » Rating of Finding a Dentist
- » Rating of Regular Dentist
- » Access to Dental Care
- » Care from Dentists and Staff
- » Dental Plan Services
- » Care from Regular Dentist
- » Would Recommend Regular Dentist
- » Would Recommend Dental Plan

Figure 15 summarizes the response rate to the measure “Would Recommend Dental Plan” from 2021-2024.

Figure 15: Response Rates to "Would Recommend Dental Plan" by Calendar Year



During each survey period from 2021 to 2024, an average of 3,867 parents and/or caretakers were selected per plan to participate in the survey. The sample size includes both Los Angeles County and Sacramento County. The response rate was defined as the total number of completed surveys divided by all eligible child Medi-Cal members of the sample. The average response rate from 2021 to 2024 was 4.46 percent.

While the low response rate should be considered prior to interpreting or applying results to the overall population, DMC plans have continued to utilize survey reports<sup>16</sup> to develop strategies for improvements. These survey reports are intended to assist DMC plans with prioritizing areas of improvement.

DHCS will continue to monitor DMC plans to ensure the Child Dental Satisfaction Survey reports are reviewed to identify opportunities for improvement.

## Improvement Efforts

In addition to monitoring DMC plans dental utilization, DHCS continually strives to implement effective strategies to increase member utilization in partnership with DMC plans and providers through various innovative programs and initiatives. This commitment aligns with CMS' goal of improving children's access to oral health services as well as DHCS' goal of achieving at least a 60 percent dental utilization rate for eligible Medi-Cal children.

<sup>16</sup> <https://www.dhcs.ca.gov/services/Pages/Dentalmanagedcare.aspx>

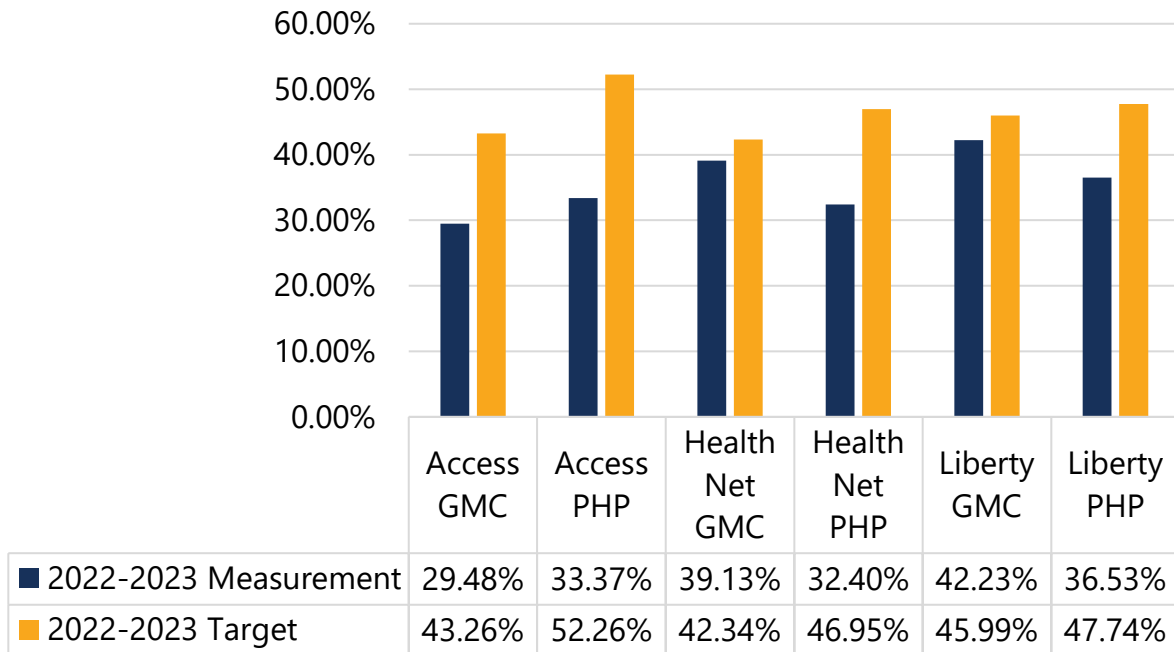
## **Quality Improvement Projects**

The DMC plans are contractually required to participate in two Quality Improvement Projects (QIPs) per year: a “Statewide Collaborative QIP” and an “Individual QIP.” For the Statewide Collaborative QIP, DHCS designates the topic of review, and selects a key area for all DMC plans focus on. For the Individual QIP, DMC plans have the discretion to focus on any area self-identified as in need of improvement. Between 2021-2024, DHCS monitored the DMC plans’ progress on the Statewide QIP through review of annual progress reports reviewed by HSAG as part of the PIP process, and DHCS monitored the Individual QIP through review of quarterly progress reports.

## **Statewide Collaborative Quality Improvement Projects**

In January 2018, DHCS established the target of the Statewide Collaborative QIP of achieving at least a 60 percent dental utilization rate for eligible Medi-Cal children. To reach this goal, the Statewide Collaborative QIP aims to increase the annual percentage of preventive services utilization of children ages 1-20 by 10 percent over a five-year measurement period. To meet this objective, each DMC plan must aim to increase preventive measure utilization by 2 percent each year. In April 2018, DHCS established baseline measurements and benchmarks for each DMC plan. Figure 16 displays the actual measurement and the target for each plan at the end of the five-year period. None of the DMC plans were able to meet the overall utilization target set by the Statewide QIP. This is likely due to the initial drop in utilization during the COVID-19 pandemic combined with the rising annual benchmark, which makes it difficult for plans to close the widening gap in utilization.

Figure 16: Statewide Quality Improvement Projects Measurement vs. Target per Dental Managed Care Plan



In January 2024, DHCS established the target of the next Statewide Collaborative QIP, which is to increase the rates of annual dental visits and the rates of completion for the Oral Health Risk Assessment (OHRA).

DMC plans aim to improve the completion rates of the OHRA for enrollees within 90 days of enrollment to the regulated requirement of 100 percent. CY 2023 is the established baseline for all of the DMC plans.

Figures 17 and 18 present the DMC plan baselines for CY 2023. Re-measurement data for CY 2024 will be available in the 2025 Legislative Report Card.

Figure 17: Statewide Performance Improvement Projects Baseline for Annual Dental Visits Rates for Children Ages 0-20

Period	Access GMC	Access PHP	Health Net GMC	Health Net PHP	Liberty GMC	Liberty PHP
CY 2023 (Baseline)	32.80%	32.80%	42.30%	31.66%	47.10%	37.60%

Figure 18: Oral Health Risk Assessment Completion Rate

Period	Access	Health Net	Liberty
CY 2023 (Baseline)	4.9%	0.41%	5.58%

## Individual Quality Improvement Projects

HSAG provided specific requirement information for the Statewide QIP intervention progress reports and individual PIP overview. DMC plans were trained to apply the rapid-cycle process to set clear individual PIP targets, establish measurable outcomes, select and test interventions, and sustain improvement. HSAG provided technical assistance to the DMC plans on their individual PIP using these parameters and continues to provide feedback to DMC plans. Figure 19 shows the DHCS approved individual PIP topics for 2021-2024.

*Figure 19: Approved Performance Improvement Project topics by Dental Managed Care Plans by Calendar Year*

MCP	2021 Topic	2022 Topic	2023 Topic	2024 Topic
Access	Dental Utilization	Increase teledentistry utilization among members without a dental visit in the prior 12 months.	Increase teledentistry utilization among members without a dental visit in the prior 12 months.	Improve annual dental visit rates among members ages 0-20.
Health Net	Coordination of Care for High-Risk Members	Increase Annual Dental Visits (ADV) among high-risk diabetic members ages 65-85 from 5.17 percent to 10 percent.	Increase ADV among high-risk diabetic members ages 65-85 from 5.17 percent to 10 percent.	Increase utilization of all dental services and will be aligned with performance measures as listed in the Special Terms and Conditions (STC).

MCP	2021 Topic	2022 Topic	2023 Topic	2024 Topic
Liberty	Oral Health Utilization	Increase utilization in the African American children population, ages 0-3, by closing the five percent oral health disparity gap (when compared to overall utilization rate) through targeted outreach methods.	Increase preventive services among children ages 0-20 enrolled in the DMC plans for at least 90 continuous days, the annual percentage of children who receive any preventive dental service by 10 percentage points over a five-year period.	Increase utilization of sealants for all children ages 6-14 on their permanent first/second molars and will be aligned with the following STC performance measures: Use of Sealants–Child (Ages 6-9 and 10-14).

**Smile, California Outreach Campaign**

DHCS and its contractors have continued the *Smile, California Outreach Campaign (Smile, California)* to build positive momentum and drive increased utilization of dental services for Medi-Cal members, largely through the *Smile, California* website. The user-friendly *Smile, California* website provides an intuitive interface and provides a clear explanation of the scope of covered dental services by age group. The “Find a Dentist” button is featured prominently throughout the site and links the user to an upgraded provider directory. The website also contains a link to the DMC Plan Directory<sup>17</sup>. In addition to the member materials, the website includes a “Partners & Providers” tab featuring resources and materials for partners and providers to use, including Partner Toolkits available for hosting an event, materials, and presentations to educate the members, and provider testimonial videos. It is a statewide effort, so all activities and materials are available to the DMC plans and their members. Additionally, *Smile, California* continued to leverage social media platforms such as Facebook and Instagram to promote Medi-Cal dental benefits. Additionally, DHCS co-branded *Smile, California* with non-profit governmental agencies for printed materials and social media videos.

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<sup>17</sup> [https://dental.dhcs.ca.gov/Members/Dental\\_Managed\\_Care/DMC\\_Dental\\_Plan\\_Directory/](https://dental.dhcs.ca.gov/Members/Dental_Managed_Care/DMC_Dental_Plan_Directory/)

## California Advancing and Innovating Medi-Cal

In October 2019, DHCS released the California Advancing and Innovating Medi-Cal (CalAIM) proposal, a multi-year initiative to improve the quality of life and health outcomes by implementing broad delivery system, program, and payment reforms across the Medi-Cal program. The major components of CalAIM build upon the successful outcomes of various pilots including the Dental Transformation Initiative (DTI). To progress towards DHCS' goal of achieving at least a 60 percent dental utilization rate for eligible Medi-Cal children, DHCS proposed the following dental-specific reforms for Medi-Cal statewide:

- » Adding new dental benefits based on the outcomes and successes from the DTI that will provide better care and align with national dental care standards. The proposed new benefits would include a Caries Risk Assessment (CRA) Bundle for young children and Silver Diamine Fluoride (SDF) for young children and specified high-risk and institutional populations.
- » Continuing and expanding the Pay for Performance that was initiated under the DTI which would reward increasing the use of preventive services and establishing and maintaining continuity of care through a dental home. These expanded initiatives would be available statewide for children and adults.

Prior to the COVID-19 pandemic, DHCS developed an ambitious plan for advancing Medi-Cal for the future through the implementation of CalAIM set to begin in January 2021. Due to the COVID-19 pandemic, DHCS delayed the CalAIM initiative for one year. To enable all affected parties to prepare for the significant changes contemplated by CalAIM, DHCS requested an 18-month extension of the 1915(b) Waiver and on June 2, 2020, CMS approved a 6-month extension.

In November 2021, DHCS issued [All Plan Letter 21-005](#) to inform all DMC plans of the requirements to implement statewide dental policies associated with CalAIM oral health initiatives, with an effective date of January 1, 2022.

In December 2021, CMS approved State Plan Amendment to Attachment 4.19-B, CA-21-0019, effective January 1, 2022, authorizing the CalAIM oral health initiatives.

DHCS is currently compiling the Program Year 1 CalAIM Report, which will analyze data from utilization of the CalAIM services in CY 2023 and utilize it to inform future policy developments. The report will be posted to the dental data webpage<sup>18</sup> once complete. DHCS also created a CalAIM Performance Update Fact Sheet that is posted and shared

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<sup>18</sup> <https://www.dhcs.ca.gov/services/Pages/DentalReports.aspx>

with stakeholders biannually at the statewide stakeholder meeting that provides updates on the CalAIM initiative utilization. Figure 20 displays DMC plans rendering providers for preventive services, CRA, and SDF for CY 2022-2024.

*Figure 20: Dental Managed Care Plans Rendering Providers by California Advancing and Innovating Medi-Cal Initiative from by Calendar Year*

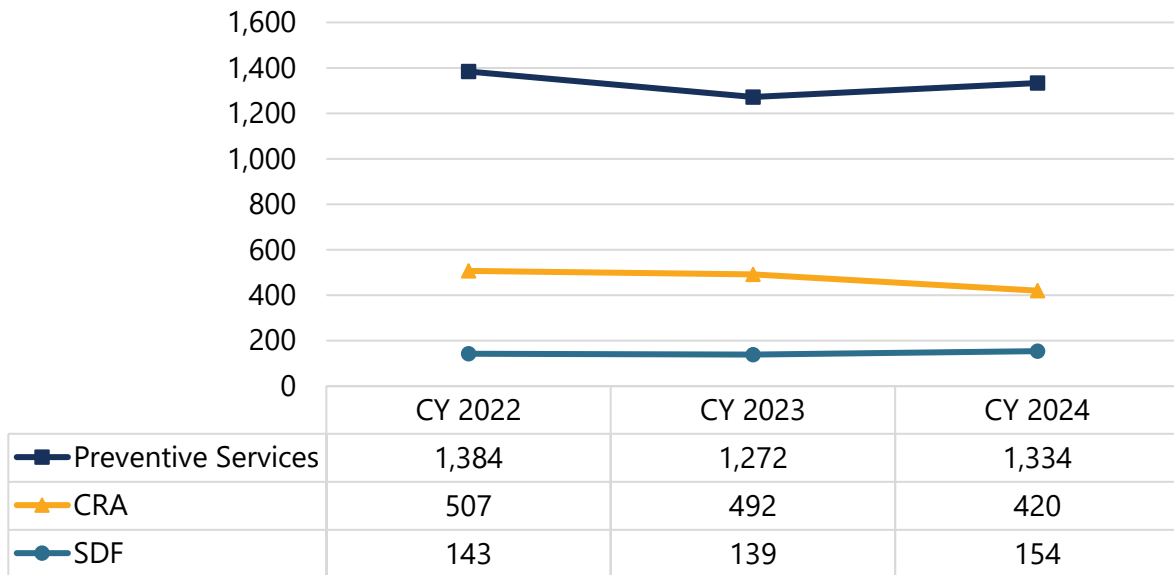
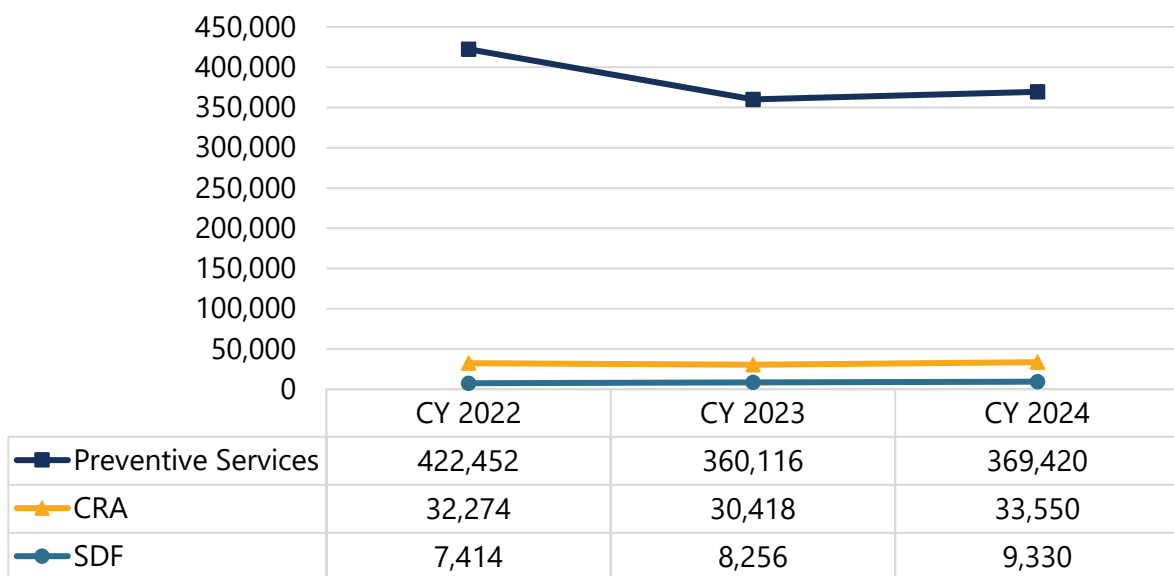


Figure 21 shows DMC plans service counts by preventive services, CRA, and SDF for CY 2022-2024.

*Figure 21: Dental Managed Care Plans Service Counts by California Advancing and Innovating Medi-Cal Initiative by Calendar Year*



## **1915(b) Waiver Special Terms and Conditions**

On December 29, 2022, Centers for Medicare and Medicaid Services (CMS) approved the CalAIM Section 1915(b) Waiver<sup>19</sup>, which seeks to transform and strengthen the Medi-Cal program, including DMC plans. As a component of the CalAIM 1915(b) Waiver's Special Terms and Conditions (STCs), DHCS was required to assess DMC plans parity with statewide Medi-Cal Dental Fee-for-Service (FFS) in Sacramento County for CY 2022, given historical challenges and utilization gaps in DMC. In accordance with the STCs, if parity was not met in the required measures, members enrolled in DMC plans (in which enrollment is mandatory) were allowed to disenroll from any plan that was not ensuring adequate, equitable, and quality services.

DHCS compared the performance of DMC plans with dental plan parity in Sacramento County that offered statewide FFS options during CY 2022. DHCS compared the DMC plans and dental plan parity's performances in the following categories: ADV, Preventive Dental Services, and Use of Sealants for Children and Adults, pursuant to the federal CMS approved CalAIM Section 1915(b) Waiver. DHCS determined that the three DMC plans operating in Sacramento County: Access, Health Net, and Liberty—did not meet parity with statewide FFS utilization averages in all required measures. As a result, members enrolled in DMC plans had the option to enroll in the Dental FFS delivery system, and new Medi-Cal members were automatically enrolled in the Dental FFS delivery system until new DMC plans are procured for Sacramento County. DHCS allowed an exception for new members to enroll in a DMC plan if they have experienced access to care issues in the Dental FFS delivery system.

## **Procurement**

As required in Senate Bill 184 and Welfare and Institution Code Section 14087.46, in 2024, DHCS conducted a competitive bid and procurement process to award new Dental Managed Care contracts. The Request for Proposal (RFP) was released on August 3, 2023, with proposals due to DHCS on February 22, 2024. The RFP aimed to procure new DMC plans under the following models:

- Geographic Managed Care (GMC) in Sacramento County
- Prepaid Health Plan (PHP) in Los Angeles County

Proposals were reviewed by a diverse team of DHCS staff across multiple divisions. The evaluation process began in early March 2024 and continued through mid-May 2024.

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<sup>19</sup> <https://www.dhcs.ca.gov/provgovpart/Documents/CalAIM-1915b-Approval-Letter-Revised-STCs.pdf>

After additional review, it was determined that further evaluation was required, which commenced in mid-July 2024 and concluded at the end of August 2024.

Key milestones in the procurement process included:

- » September 20, 2024: The “Notice of Intent to Award” was released by the Procurement and Contracting Division, announcing DHCS’ intent to award to:
  - Liberty
  - California Dental Network and
  - Health Net Community Solutions
- » September 20, 2024: The bidder’s package, which included all proposals and evaluation materials, was released.
- » September 27, 2024: The award letters for RFP 23-30001 were issued by DHCS’ Procurement and Contracting Division.

The RFP described DHCS requirements for specific deliverables, activities, and testing that contractors must complete during the implementation period before beginning operations in order to ensure contract readiness. The first phase of deliverable reviews was completed at the end of 2024. All deliverables and contract readiness activities are expected to be finalized prior to the contract execution date of July 1, 2025.

## **Stakeholder Engagement**

DHCS is committed towards maintaining effective partnerships with stakeholders to foster open communication, transparency, and active engagement while collaboratively developing strategies to further drive quality and maintain members’ access to oral health care. The following sections highlight the results of these partnerships in CY 2024.

### **Sacramento County Medi-Cal Dental Advisory Committee**

Pursuant to Welfare and Institutions Code Section 14089, Sacramento County was authorized to establish the Sacramento County Medi-Cal Dental Advisory Committee (SC-MCDAC), comprised of providers, dental plans, researchers, advocates, and beneficiaries. SC-MCDAC’s purpose is to provide input on the delivery of oral health and dental care services. This includes, but is not limited to, prevention and education services and the collaboration and examination of new approaches to member care to maximize dental health. SC-MCDAC holds bimonthly meetings to discuss findings and potential improvements to DMC plans and FFS in Sacramento County and may submit written input for consideration to DHCS.

## **Reported Efforts and Accomplishments CY 2021-2024**

- » Supported projects and policies to improve utilization and access issues, such as the Medical Dental Referral and Navigation System and Early Smiles Sacramento.
- » Participated in CalAIM implementation Stakeholder meetings.
- » Commissioned and collaborated on an updated Sacramento County Oral Health Needs Assessment to better understand the population of Medi-Cal beneficiaries in Sacramento County and challenges to accessing oral health care services.
- » Established a Provider Network Adequacy Committee to track beneficiary access issues resulting from the dental plan parity action taken by DHCS.
- » Revised the SC-MCDAC Committee Charter to include four additional Federally Qualified Health Center clinics. The additional interest and ability to expand membership has alleviated quorum issues, which SC-MCDAC has experienced in the past.
- » Established four workgroups: Provider Network Adequacy, Oral Health Equity, Oral Health & Health Integration, and General Anesthesia Workgroups.
- » Maintained a meaningful partnership with DHCS to accomplish the State's oral health goals for children and adults.
- » Provided regional stakeholders with the opportunity to bring dental issues for discussion, problem solving, and action.

## **Los Angeles Dental Stakeholder Meetings**

The Los Angeles (LA) Dental Stakeholder Group includes member advocacy organizations, DMC plans, and representatives of various Medi-Cal provider groups. The group provides input on the delivery of oral health and dental care services in Los Angeles County for both DMC plans and FFS. Comprised of dental providers, DMC plan representatives, researchers, statewide and community advocates, community members, state and county representatives, and DHCS staff, the LA Dental Stakeholder Group convenes on a bimonthly basis to review data, discuss barriers, and identify solutions to promote timely access to care for Medi-Cal members specific to Los Angeles County. LA Dental Stakeholder Group reviews data on members in Los Angeles County, identifies gaps in care, assesses new approaches to provide member education and provider incentives, and collaborates on programs aimed to improve timely access to dental care.

## Statewide Dental Stakeholder Group Meetings

The Statewide Dental Stakeholder Group participants include dental providers, DMC plan representatives, community advocates, county and state representatives, and DHCS staff. The meetings convene on a semi-annual basis to offer dental stakeholders across the state with an ongoing forum to provide input on Medi-Cal Dental to help improve the delivery of oral health and for DHCS to share updates and information on new and/or upcoming work efforts. The participants discuss new approaches to provide member and provider education and outreach, ways to increase provider participation, and collaborate on programs aimed to improve timely access to dental care.

From 2021-2024, the LA Dental Stakeholder Group and Statewide Dental Stakeholder meetings provided a forum for stakeholders to discuss various oral health issues and share feedback and guidance on DHCS specific efforts, including:

- » Newly uploaded tools, forms and videos to *Smile, California* and the Medi-CalDental websites.
- » State Plan Amendment 24-0016, which allows Community Health Workers to provide services covered under Medi-Cal Dental benefits.
- » Transition of the Child Health and Disability Prevention Program to the Children's Presumptive Eligibility Program per SB 184<sup>20</sup>.
- » The introduction of a new online care coordination form.
- » Continued member outreach to newly enrolled members and members who have not utilized dental services for 12 months.
- » Provider outreach efforts focused on enrollment, recruitment, training, and retention, including letter campaigns to newly licensed providers, presentations, seminars, increased provider support, and enrollment assistance events.
- » A comparison of LA County-specific data and statewide data, as it relates to language assistance and dental utilization for children and adults.
- » Expansion of the teledentistry policy including the updated teledentistry resources webpage.

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<sup>20</sup> [https://leginfo.legislature.ca.gov/faces/billNavClient.xhtml?bill\\_id=202120220SB184](https://leginfo.legislature.ca.gov/faces/billNavClient.xhtml?bill_id=202120220SB184)

## CONCLUSION

DHCS' mission is to provide Californians with access to affordable, high-quality dental services, with the specific goal of the DMC services to achieve significant cost savings while ensuring access and quality of care. To this end, DHCS will continue to collaborate with contracted DMC plans, legislative and federal partners, and stakeholders to attain the goals identified in this report.

DHCS will continue to closely monitor DMC plans' contract compliance and provide oversight of DMC plans to achieve growth in dental utilization. Additionally, DHCS will collaborate with DMC plans to develop new strategies for addressing challenges in increasing utilization for performance measures as well as meeting the plans' own improvement goals. These efforts remain a top priority for DHCS, constantly striving to improve the quality of dental services and provide member-centered coordinated care within the DMC plans delivery system.