

Medi-Cal Dental Managed Care External Quality Review Technical Report

July 1, 2022–June 30, 2023

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

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Table of Contents

Medi-Cal Dental Managed Care Plan Name Abbreviations	iv
Commonly Used Abbreviations and Acronyms	v
Commonly Used Abbreviations and Acronyms.....	v
1. Executive Summary.....	1
Purpose	1
Medi-Cal Dental Managed Care Program Overview.....	1
External Quality Review Highlights.....	2
Recommendations Across All Assessed External Quality Review Activities	2
2. Introduction.....	3
External Quality Review	3
Purpose of Report	5
Quality, Access, and Timeliness.....	6
Summary of Report Content.....	7
Medi-Cal Dental Managed Care Overview	8
3. DHCS Comprehensive Quality Strategy	9
Recommendations—DHCS Comprehensive Quality Strategy	9
4. Compliance Reviews	10
Objectives.....	10
Technical Methods of Data Collection and Analysis	11
Results	11
Conclusions.....	12
Recommendation—Compliance Reviews	13
5. Performance Measure Validation	14
Objective	14
Technical Methods of Data Collection and Analysis	14
Description of Data Obtained.....	15
Results	15
Conclusions.....	15
6. Performance Measures	16
Objective	16
Technical Methods of Data Collection and Analysis	16
Description of Data Obtained.....	16
Results	16
Comparison Across All Dental Managed Care Plans	19
Conclusions.....	23

7. Performance Improvement Projects	25
Objectives.....	25
Technical Methods of Data Collection and Analysis	26
Description of Data Obtained.....	28
Results—Performance Improvement Projects.....	28
Conclusions	29
8. Follow-Up on Prior Year’s Recommendations	31
External Quality Review Recommendations for DHCS	31
External Quality Review Recommendations for Dental MC Plans.....	32
Appendix A. Comparative Dental MC Plan-Specific Compliance Review Scoring Results	A-1
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 Quality Improvement Project and Performance Improvement Project Information.....	C-1
Statewide Quality Improvement Project.....	C-1
Individual Performance Improvement Project.....	C-4
Appendix D. Dental MC Plan-Specific External Quality Review Assessments and Recommendations	D-1
Description of Manner in Which Dental MC Plan Data Were Aggregated and Analyzed and Conclusions Drawn Related to Quality, Access, and Timeliness	D-1
Access Dental Plan, Inc.....	D-2
Health Net of California, Inc.....	D-11
LIBERTY Dental Plan of California, Inc.	D-15

Table of Tables

Table 2.1—Dental Managed Care Plan Names, Reporting Units, and Enrollment as of June 2023	8
Table 6.1—Measurement Years 2020, 2021, and 2022 Dental Managed Care Weighted Average Performance Measure Results	17
Table 6.2—Measurement Year 2022 Dental Managed Care Plan Comparative Performance Measure Results—Los Angeles County	20
Table 6.3—Measurement Year 2022 Dental Managed Care Plan Comparative Performance Measure Results—Sacramento County	22
Table 8.1—DHCS’ Self-Reported Follow-Up on External Quality Review Recommendations from the 2021–22 Medi-Cal Dental Managed Care Technical Report.....	31
Table A.1—Audit Year 2022 Dental MC Plan Compliance Review Scores	A-1

Table B.1—Measurement Years 2020, 2021, and 2022 Dental Managed Care Plan Performance Measure Results Access Dental Plan, Inc.— Los Angeles County	B-1
Table B.2—Measurement Years 2020, 2021, and 2022 Dental Managed Care Plan Performance Measure Results Access Dental Plan, Inc.— Sacramento County	B-4
Table B.3—Measurement Years 2020, 2021, and 2022 Dental Managed Care Plan Performance Measure Results Health Net of California, Inc.— Los Angeles County	B-6
Table B.4—Measurement Years 2020, 2021, and 2022 Dental Managed Care Plan Performance Measure Results Health Net of California, Inc.— Sacramento County	B-9
Table B.5—Measurement Years 2020, 2021, and 2022 Dental Managed Care Plan Performance Measure Results LIBERTY Dental Plan of California, Inc.—Los Angeles County	B-11
Table B.6—Measurement Years 2020, 2021, and 2022 Dental Managed Care Plan Performance Measure Results LIBERTY Dental Plan of California, Inc.—Sacramento County	B-14
Table C.1—Dental Managed Care Plan 2022 Preventive Services Utilization Statewide Quality Improvement Project Intervention Progress Update— Findings and Considerations	C-1
Table C.2—Dental Managed Care Plan 2020–22 Performance Improvement Project Topics and Final Confidence Levels	C-7
Table C.3—Dental Managed Care Plan 2020–22 Performance Improvement Project Interventions	C-8
Table D.1—Access Dental Plan, Inc.’s Self-Reported Follow-Up on the 2021–22 External Quality Review Recommendations	D-2
Table D.2—Health Net of California, Inc.’s Self-Reported Follow-Up on the 2021–22 External Quality Review Recommendations	D-11
Table D.3—LIBERTY Dental Plan of California, Inc.’s Self-Reported Follow-Up on the 2021–22 External Quality Review Recommendations	D-15

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.
- ◆ **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

- ◆ **A&I**—Audits & Investigations Division
- ◆ **BRUSH**—Benefits and Rewards for Utilization, Services and Healthy outcomes
- ◆ **CalAIM**—California Advancing and Innovating Medi-Cal
- ◆ **CAP**—corrective action plan
- ◆ **CFR**—Code of Federal Regulations
- ◆ **CHIP**—Children’s Health Insurance Program
- ◆ **CMS**—Centers for Medicare & Medicaid Services
- ◆ **COVID-19**—coronavirus disease 2019
- ◆ **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
- ◆ **FMEA**—failure modes and effects analysis
- ◆ **GMC**—Geographic Managed Care
- ◆ **HEDIS®**—Healthcare Effectiveness Data and Information Set¹
- ◆ **HHS**—Department of Health and Human Services
- ◆ **HSAG**—Health Services Advisory Group, Inc.
- ◆ **LLP**—Limited Liability Partnership
- ◆ **MCMC**—Medi-Cal Managed Care program
- ◆ **MCO**—managed care organization
- ◆ **NCQA**—National Committee for Quality Assurance
- ◆ **P4P**—pay-for-performance
- ◆ **PAHP**—prepaid ambulatory health plan
- ◆ **PCCM**—primary care case management
- ◆ **PDSA**—Plan-Do-Study-Act
- ◆ **PHP**—prepaid health plan
- ◆ **PIHP**—prepaid inpatient health plan
- ◆ **PIP**—performance improvement project

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

- ◆ **PMV**—performance measure validation
- ◆ **QAPI**—quality assessment and performance improvement
- ◆ **QIP**—quality improvement project
- ◆ **SDOH**—social determinants of health
- ◆ **SHCN**—special health care needs
- ◆ **SMART**—Specific, Measurable, Achievable, Relevant, and Time-bound

1. Executive Summary

Purpose

This *2022–23 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 of, timeliness of, and access to 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.² Annually, DHCS thoroughly reviews the EQR technical report to determine how the results contribute to progress toward achieving the DHCS Comprehensive Quality Strategy goals as well as whether DHCS needs to revise the Comprehensive Quality Strategy based on the results presented in the EQR technical report.

The review period for this report is July 1, 2022, through June 30, 2023. HSAG will report on activities that take place beyond this report's review period in the *2023–24 Medi-Cal Dental Managed Care External Quality Review 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 2023:³ **More than 1 million**

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

Counties served: **Los Angeles and Sacramento**

² *Department of Health Care Services Comprehensive Quality Strategy 2022*. Available at: <https://www.dhcs.ca.gov/services/Documents/Formatted-Combined-CQS-2-4-22.pdf>. Accessed on: Aug 11, 2023.

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: Jul 12, 2023.

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 during the review period, the following are notable highlights:

- ◆ Compliance Reviews
 - To meet the Centers for Medicare & Medicaid Services’ (CMS’) compliance review requirements, DHCS developed and implemented a compliance scoring methodology that includes all Code of Federal Regulations (CFR) standards required by CMS.
 - Based on the compliance review information DHCS sent to HSAG, it appears that DHCS conducted a review of all CFR standards for each Dental MC plan within the three-year period prior to the review dates for this report, as required by CMS.
 - DHCS’ compliance review scores reflect that all three Dental MC plans were compliant with most CFR standard requirements.
- ◆ 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 significant improvement from measurement year 2021 to measurement year 2022 for most performance measures. This improvement demonstrates Dental MC plans’ success with ensuring member access to needed dental care services.
- ◆ Dental MC plans successfully completed their 2020–22 individual performance improvement projects (PIPs). HSAG’s PIP validation findings show that all three Dental MC plans conducted PIPs that were methodologically sound and achieved improvement as a result of at least one of the interventions they tested.

More detailed aggregate and Dental MC plan-specific information about each activity may be found in the applicable sections and appendices in this report.

Recommendations Across All Assessed External Quality Review Activities

- ◆ HSAG recommends that DHCS ensure the Dental MC plans understand the scoring methodology and definition of “full compliance” prior to conducting the next compliance reviews for the Dental MC plans.

Dental MC plan-specific recommendations are in *Appendix D* of this report.

2. Introduction

External Quality Review

Title 42 CFR Section (§)438.320 defines “EQR” as an EQRO’s analysis and evaluation of aggregated information on the quality of, timeliness of, and access to health care services that a managed care organization (MCO), prepaid inpatient health plan (PIHP), prepaid ambulatory health plan (PAHP), or primary care case management (PCCM) entity (described in §438.310[c][2]) or their contractors furnish to Medicaid beneficiaries. Each state must comply with §457.1250,⁴ and as required by §438.350, each state that contracts with MCOs, PIHPs, PAHPs, or PCCM entities must ensure that:

- ◆ Except as provided in §438.362, a qualified EQRO performs an annual EQR for each such contracting MCO, PIHP, PAHP, or PCCM entity.
- ◆ 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 to prepare an annual, independent, Dental MC plan technical report. HSAG meets the qualifications of an EQRO as outlined in §438.354 and performs annual EQRs of DHCS’ contracted MCOs, PIHPs, PAHPs, and PCCM entities to evaluate their quality of, timeliness of, and access to health care services to Medi-Cal managed care program (MCMC) members. In addition to providing its assessment of the quality of, timeliness of, and access to care delivered to MCMC 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 Comprehensive Quality Strategy.⁵ Annually, DHCS thoroughly reviews the EQR technical report to determine how the results contribute to progress toward achieving the DHCS Comprehensive Quality Strategy goals as well as

⁴ 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: Aug 11, 2023.

⁵ *Department of Health Care Services Comprehensive Quality Strategy 2022*. Available at: <https://www.dhcs.ca.gov/services/Documents/Formatted-Combined-CQS-2-4-22.pdf>. Accessed on: Aug 11, 2023.

whether DHCS needs to revise the Comprehensive Quality Strategy 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, PAHP, or PCCM entity.
 - 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, PAHP, or PCCM entity and validated by an EQRO in accordance with §438.358(b)(1)(ii).
 - Conducting PIPs in addition to those conducted by an MCO, PIHP, PAHP, or PCCM entity 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, PAHPs, or PCCM entities 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 for the July 1, 2022, through June 30, 2023, review period. 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 of, timeliness of, and access to 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 (CHIP) 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 and timeliness of, and access to care furnished by the MCO, PIHP, PAHP, or PCCM entity.
- ◆ 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, PIHP, PAHP, or PCCM entity's strengths and weaknesses for the quality and timeliness of, and access to health care services furnished to Medicaid beneficiaries.
- ◆ Recommendations for improving the quality of health care services furnished by each MCO, PIHP, PAHP, or PCCM entity, including how the State can target goals and objectives in the quality strategy, under §438.340, to better support improvement in the quality and timeliness of, and access to health care services furnished to Medicaid beneficiaries.
- ◆ Methodologically appropriate, comparative information about all MCOs, PIHPs, PAHPs, and PCCM entities, 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, PAHP, or PCCM entity 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.

Section 438.2 defines an MCO, in part, as “an entity that has, or is seeking to qualify for, a comprehensive risk contract.” CMS designates DHCS-contracted Dental MC plans as MCOs.

This report provides a summary of Dental MC plan activities. HSAG summarizes activities for Medi-Cal managed care physical health plans in the *2022–23 Medi-Cal Managed Care External Quality Review Technical Report*. Except when citing Title 42 CFR, this report refers to DHCS’ dental MCOs as “Dental MC plans.” Note that DHCS does not exempt any Dental MC plans from EQR.

Quality, Access, and Timeliness

CMS requires that the EQR evaluate the performance of MCOs, PIHPs, PAHPs, and PCCM entities related to the quality of, timeliness of, and access to care they deliver. Section 438.320 indicates that quality, as it pertains to EQR, means the degree to which an MCO, PIHP, PAHP, or PCCM entity 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 access, 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 of, timeliness of, and access to 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, access, and timeliness 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, accessibility, and timeliness 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 Manner in Which Dental MC Plan Data Were Aggregated and Analyzed and Conclusions Drawn Related to Quality, Access, and Timeliness

HSAG uses the following process to aggregate and analyze data from all applicable EQR activities it conducts to draw conclusions about the quality of, timeliness of, and access to 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 of, timeliness of, and access to 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 of, timeliness of, and access to 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 of, timeliness of, or access to care).

In *Appendix D* of this Dental MC EQR technical report, 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 provides:

- ◆ An overview of Medi-Cal Dental MC.
- ◆ A description of the DHCS Comprehensive Quality Strategy report.
- ◆ An aggregate assessment of Medi-Cal Dental MC for the federally mandated EQR activities conducted during the review period of July 1, 2022, through June 30, 2023, 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 Compliance Review Scoring Results
 - Appendix B—Dental MC Plan-Specific Performance Measure Results

- Appendix C—Comparative Dental MC Plan-Specific Quality Improvement Project (QIP) and PIP Information
- Appendix D—Dental MC Plan-Specific EQR Assessments and Recommendations
 - Dental MC plans' self-reported follow-up on EQR recommendations from the 2021–22 review period
 - HSAG's assessment of Dental MC plans' EQR strengths, weaknesses, and recommendations from the 2022–23 review period

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 the review period, 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 2023, Dental MC plans were serving 465,024 members in Los Angeles County and 617,276 members in Sacramento County.⁶

Table 2.1 shows the Dental MC plan names, reporting units, and enrollment as of June 2023.

Table 2.1—Dental Managed Care Plan Names, Reporting Units, and Enrollment as of June 2023

Dental Managed Care Plan Name	Reporting Unit	Enrollment as of June 2023
Access Dental	Los Angeles County	137,934
	Sacramento County	177,471
Health Net	Los Angeles County	234,693
	Sacramento County	202,154
LIBERTY Dental	Los Angeles County	92,397
	Sacramento County	237,651

⁶ 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 numbers are based on June 2021 enrollment information from the report downloaded on July 12, 2023.

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 or with a PCCM entity as described in §438.310(c) must draft and implement a written quality strategy for assessing and improving the quality of health care and services furnished by the MCO, PIHP, PAHP, or PCCM entity. 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 the 2021–22 Dental MC EQR technical report,⁷ HSAG indicated that DHCS submitted the *DHCS Comprehensive Quality Strategy 2022* to CMS on February 4, 2022, and HSAG also summarized the following:

- ◆ DHCS' process for reviewing and updating the Comprehensive Quality Strategy.
- ◆ The Comprehensive Quality Strategy vision, goals, and guiding principles.
- ◆ Notable aspects of the Comprehensive Quality Strategy related to improving access to comprehensive care and managed care performance monitoring and accountability.

During the review period for this EQR technical report, DHCS did not publicly post any formal updates to the Comprehensive Quality Strategy.

The most up-to-date information on the DHCS Comprehensive Quality Strategy is located at <https://www.dhcs.ca.gov/services/Pages/DHCS-Comprehensive-Quality-Strategy.aspx>. Information regarding California Advancing and Innovating Medi-Cal (CalAIM) is located at <https://www.dhcs.ca.gov/calaim>.

Recommendations—DHCS Comprehensive Quality Strategy

Because DHCS did not publicly post any formal updates to its Comprehensive Quality Strategy during the review period for this EQR technical report, HSAG has no recommendations for DHCS. When DHCS produces an updated version of the Comprehensive Quality Strategy, HSAG will review the updated strategy to determine if it has recommendations on how DHCS can target the Comprehensive Quality Strategy vision, goals, and guiding principles to better support improvement to the quality, timeliness, and accessibility of care for Dental MC members.

⁷ *Medi-Cal Dental Managed Care External Quality Review Technical Report—July 1, 2021–June 30, 2022*. Available at: [Dental Managed Care Technical Report: July 1, 2021–June 30, 2022](#). Accessed on: Aug 24, 2023.

4. Compliance Reviews

In accordance with 42 CFR §438.358, the state or its designee must conduct a review within the previous three-year period to determine each MCO's, PIHP's, PAHP's, or PCCM entity'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 Comprehensive Quality Strategy, 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, accessible, and timely health care services to Medi-Cal members.⁸

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 three-year period prior to the review dates for this report.
- ◆ Dental MC plans' compliance with the areas that DHCS reviewed as part of the compliance review process.

⁸ *Department of Health Care Services Comprehensive Quality Strategy 2022*. Available at: <https://www.dhcs.ca.gov/services/Documents/Formatted-Combined-CQS-2-4-22.pdf>. Accessed on: Aug 11, 2023.

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 (A&I) 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.

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 at least once within the three-year period prior to the review dates for this report. Unless noted, HSAG excluded from its analysis information from compliance reviews conducted earlier than July 1, 2019, (i.e., three years prior to the start of the review period) and later than June 30, 2023, (i.e., the end of the review period).

Results

DHCS conducted the compliance review scoring for all required CFR standards for each Dental MC plan on October 20, 2023. While DHCS conducted the reviews outside the review dates for this EQR technical report, HSAG includes the results because they were available prior to HSAG finalizing the report.

On November 6, 2023, DHCS notified the Dental MC plans of the scoring methodology as well as their individual plan scoring results. DHCS will require that the deficiencies be cleared or corrective action plans (CAPs) for the deficiencies DHCS identified during the compliance review process.

Compliance review scores across all three Dental MC plans show that the plans were fully compliant with most CFR standards. DHCS identified findings for each plan related to the following standards:

- ◆ Availability of Services
- ◆ Grievances and Appeals
- ◆ Health Information Systems

DHCS also identified findings for Access Dental in the Coordination and Continuity of Care and Coverage and Authorization of Services standards.

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

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 on which DHCS conducted compliance reviews of Dental MC plans and determined that DHCS conducted a compliance review no earlier than three years from the start of the review period for this report (July 1, 2022) for all Dental MC plans.

CMS' Protocol 3. Review of Compliance With Medicaid and CHIP Managed Care Regulations: A Mandatory EQR-Related Activity, February 2023, indicates that plans must understand the definition of "full compliance" before the review.⁹ DHCS conducting the compliance review scoring prior to notifying the Dental MC plans of the scoring methodology is not consistent with Protocol 3.

DHCS' compliance review scores reflect that all three Dental MC plans were compliant with most CFR standard requirements. DHCS identified findings related to Dental MC plans ensuring that providers meet required standards for timely access to care and services, data accuracy and completeness, and the need for new or improved policies and procedures designed to support the delivery of quality, accessible, and timely health care services to Medi-Cal members.

⁹ Department of Health and Human Services, Centers for Medicare & Medicaid Services. *Protocol 3. Review of Compliance With Medicaid and CHIP Managed Care Regulations: A Mandatory EQR-Related Activity*, February 2023. Available at: <https://www.medicaid.gov/medicaid/quality-of-care/downloads/2023-eqr-protocols.pdf>. Accessed on: Nov 6, 2023.

All three plans have opportunities to create new or to revise existing policies and procedures that will hold providers accountable to meet timeliness standards, improve data quality, and ensure quality and accessible care for members.

Recommendation—Compliance Reviews

HSAG recommends that DHCS ensure the Dental MC plans understand the scoring methodology and definition of “full compliance” prior to conducting the next compliance reviews for the Dental MC plans.

5. Performance Measure Validation

In accordance with 42 CFR §438.330(c), states must require that MCOs, PIHPs, PAHPs, and PCCM entities 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, PAHP, and PCCM entity performance measures (as required by the state) or MCO, PIHP, PAHP, and PCCM entity 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 reporting units' 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. and LIBERTY Dental Plan of California, Inc.

Health Net and LIBERTY Dental both 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™,¹⁰ standards, policies, and procedures. Attest Health Care Advisors assessed both Dental MC plans' conformity with the performance measure specifications to evaluate the validity of the DHCS-selected performance measures these plans calculated and submitted.

Description of Data Obtained

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

Results

All three Dental MC plans were able to report valid rates for all required measurement year 2022 performance measures, and no findings were identified by the auditing organizations.

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.

In *Appendix D* of this EQR technical report, 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.

¹⁰ HEDIS Compliance Audit™ is a trademark of NCQA.

6. Performance Measures

Objective

The primary objective related to performance measures is for HSAG to assess Dental MC plans' performance in providing quality, accessible, and timely 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 accessible, timely, and quality 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.¹¹

Description of Data Obtained

HSAG obtained the 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

¹¹ Centers for Medicare & Medicaid Services. Technical Assistance Brief: Calculating State-Level Rates Using Data from Multiple Reporting Units. March 2023. Available at: [Calculating State-Level Rates Using Data from Multiple Reporting Units \(medicaid.gov\)](https://www.medicare.gov/technical-assistance-briefs/calculating-state-level-rates-using-data-from-multiple-reporting-units). Accessed on: Aug 14, 2023.

the percentage of members who received any dental service in both the first and second years during the measurement period.

Table 6.1—Measurement Years 2020, 2021, and 2022 Dental Managed Care Weighted Average Performance Measure Results

 = Statistical testing result indicates that the measurement year 2022 rate is significantly better than the measurement year 2021 rate.

 = Statistical testing result indicates that the measurement year 2022 rate is significantly worse than the measurement year 2021 rate.

Measurement year 2020 rates reflect data from January 1, 2020, through December 31, 2020.

Measurement year 2021 rates reflect data from January 1, 2021, through December 31, 2021.

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

Performance comparisons are based on the Chi-square test of statistical significance, with a *p* value of <0.05.

Not Tested = A measurement year 2021–22 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 2020 Rate	Measurement Year 2021 Rate	Measurement Year 2022 Rate	Measurement Years 2021–22 Rate Difference
Access to Care				
<i>Annual Dental Visits—Ages 0–20 Years</i>	32.01%	36.47%	39.48%	3.02
<i>Annual Dental Visits—Ages 21+ Years</i>	16.54%	19.59%	19.73%	0.14
<i>Continuity of Care—Ages 0–20 Years</i>	50.60%	62.03%	66.01%	3.98
<i>Continuity of Care—Ages 21+ Years</i>	28.70%	39.27%	40.15%	0.88
<i>Exam/Oral Health Evaluations—Ages 0–20 Years</i>	26.71%	30.95%	33.59%	2.63
<i>Exam/Oral Health Evaluations—Ages 21+ Years</i>	11.49%	14.88%	15.30%	0.42
<i>General Anesthesia—Ages 0–20 Years</i>	61.02%	66.83%	68.13%	Not Tested

Measure	Measurement Year 2020 Rate	Measurement Year 2021 Rate	Measurement Year 2022 Rate	Measurement Years 2021–22 Rate Difference
<i>General Anesthesia— Ages 21+ Years</i>	27.98%	42.19%	45.37%	Not Tested
<i>Overall Utilization of Dental Services— One Year— Ages 0–20 Years</i>	34.12%	38.31%	41.40%	3.09
<i>Overall Utilization of Dental Services— One Year— Ages 21+ Years</i>	16.59%	19.70%	19.45%	-0.25
<i>Use of Dental Treatment Services— Ages 0–20 Years</i>	17.17%	21.59%	23.78%	Not Tested
<i>Use of Dental Treatment Services— Ages 21+ Years</i>	11.17%	13.25%	13.51%	Not Tested
<i>Usual Source of Care— Ages 0–20 Years</i>	27.67%	24.09%	28.91%	4.82
<i>Usual Source of Care— Ages 21+ Years</i>	8.92%	8.98%	10.23%	1.26
Preventive Care				
<i>Preventive Services to Filling—Ages 0–20 Years</i>	79.84%	83.77%	84.88%	1.11
<i>Preventive Services to Filling—Ages 21+ Years</i>	38.59%	47.82%	49.55%	1.73
<i>Sealants to Restoration Ratio (Surfaces)— Ages 6–9 Years</i>	7.37	6.12	4.91	Not Tested
<i>Sealants to Restoration Ratio (Surfaces)— Ages 10–14 Years</i>	2.68	2.57	2.30	Not Tested
<i>Treatment/Prevention of Caries—Ages 0–20 Years</i>	24.22%	28.67%	31.80%	3.13

Measure	Measurement Year 2020 Rate	Measurement Year 2021 Rate	Measurement Year 2022 Rate	Measurement Years 2021–22 Rate Difference
<i>Treatment/Prevention of Caries—Ages 21+ Years</i>	6.59%	8.97%	9.56%	0.59
<i>Use of Preventive Services—Ages 0–20 Years</i>	26.82%	31.31%	34.36%	3.05
<i>Use of Preventive Services—Ages 21+ Years</i>	7.63%	10.00%	9.86%	-0.14
<i>Use of Sealants—Ages 6–9 Years</i>	9.63%	11.76%	13.72%	1.97
<i>Use of Sealants—Ages 10–14 Years</i>	4.66%	6.20%	7.70%	1.50

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 2022. Table 6.2 displays the measurement year 2022 performance measure results for each Dental MC plan for Los Angeles County, and Table 6.3 displays the measurement year 2022 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 2022 Dental Managed Care Plan Comparative Performance Measure Results—Los Angeles County

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

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>	35.19%	32.31%	39.41%
<i>Annual Dental Visits—Ages 21+ Years</i>	16.60%	19.69%	23.91%
<i>Continuity of Care—Ages 0–20 Years</i>	60.49%	63.57%	66.93%
<i>Continuity of Care—Ages 21+ Years</i>	31.39%	41.16%	45.25%
<i>Exam/Oral Health Evaluations—Ages 0–20 Years</i>	31.73%	28.71%	33.79%
<i>Exam/Oral Health Evaluations—Ages 21+ Years</i>	12.42%	16.11%	19.79%
<i>General Anesthesia—Ages 0–20 Years</i>	72.22%	65.65%	63.70%
<i>General Anesthesia—Ages 21+ Years</i>	58.18%	45.05%	44.24%
<i>Overall Utilization of Dental Services—One Year—Ages 0–20 Years</i>	35.26%	34.80%	42.59%
<i>Overall Utilization of Dental Services—One Year—Ages 21+ Years</i>	16.56%	19.04%	22.52%
<i>Use of Dental Treatment Services—Ages 0–20 Years</i>	14.09%	22.65%	22.07%
<i>Use of Dental Treatment Services—Ages 21+ Years</i>	10.21%	13.03%	16.00%
<i>Usual Source of Care—Ages 0–20 Years</i>	24.63%	23.33%	28.88%

Measure	Access Dental Plan, Inc.	Health Net of California, Inc.	LIBERTY Dental Plan of California, Inc.
<i>Usual Source of Care— Ages 21+ Years</i>	7.23%	9.59%	11.82%
Preventive Care			
<i>Preventive Services to Filling—Ages 0–20 Years</i>	79.14%	83.78%	87.31%
<i>Preventive Services to Filling—Ages 21+ Years</i>	46.89%	42.42%	47.49%
<i>Sealants to Restoration Ratio (Surfaces)—Ages 6–9 Years</i>	4.71	6.06	5.51
<i>Sealants to Restoration Ratio (Surfaces)—Ages 10–14 Years</i>	3.85	2.42	2.05
<i>Treatment/Prevention of Caries—Ages 0–20 Years</i>	29.05%	21.72%	27.28%
<i>Treatment/Prevention of Caries—Ages 21+ Years</i>	7.82%	8.06%	10.07%
<i>Use of Preventive Services— Ages 0–20 Years</i>	30.95%	27.86%	35.14%
<i>Use of Preventive Services— Ages 21+ Years</i>	7.78%	9.57%	12.82%
<i>Use of Sealants—Ages 6–9 Years</i>	11.57%	11.48%	12.95%
<i>Use of Sealants—Ages 10–14 Years</i>	6.58%	5.53%	5.93%

Table 6.3—Measurement Year 2022 Dental Managed Care Plan Comparative Performance Measure Results—Sacramento County

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

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>	32.99%	41.48%	49.59%
<i>Annual Dental Visits—Ages 21+ Years</i>	16.13%	19.47%	23.13%
<i>Continuity of Care—Ages 0–20 Years</i>	59.15%	68.34%	71.07%
<i>Continuity of Care—Ages 21+ Years</i>	30.51%	44.38%	44.29%
<i>Exam/Oral Health Evaluations—Ages 0–20 Years</i>	26.72%	35.94%	40.82%
<i>Exam/Oral Health Evaluations—Ages 21+ Years</i>	10.85%	15.02%	17.77%
<i>General Anesthesia—Ages 0–20 Years</i>	66.33%	67.50%	69.36%
<i>General Anesthesia—Ages 21+ Years</i>	47.94%	42.22%	43.17%
<i>Overall Utilization of Dental Services—One Year—Ages 0–20 Years</i>	33.32%	44.76%	52.85%
<i>Overall Utilization of Dental Services—One Year—Ages 21+ Years</i>	16.19%	20.14%	23.61%
<i>Use of Dental Treatment Services—Ages 0–20 Years</i>	12.77%	30.40%	32.27%
<i>Use of Dental Treatment Services—Ages 21+ Years</i>	10.43%	14.72%	16.87%
<i>Usual Source of Care—Ages 0–20 Years</i>	20.42%	32.09%	38.56%

Measure	Access Dental Plan, Inc.	Health Net of California, Inc.	LIBERTY Dental Plan of California, Inc.
<i>Usual Source of Care— Ages 21+ Years</i>	8.37%	11.42%	13.52%
Preventive Care			
<i>Preventive Services to Filling—Ages 0–20 Years</i>	73.98%	88.71%	88.63%
<i>Preventive Services to Filling—Ages 21+ Years</i>	45.17%	54.60%	55.53%
<i>Sealants to Restoration Ratio (Surfaces)—Ages 6–9 Years</i>	3.90	4.55	5.16
<i>Sealants to Restoration Ratio (Surfaces)—Ages 10–14 Years</i>	3.00	2.07	2.25
<i>Treatment/Prevention of Caries—Ages 0–20 Years</i>	26.97%	35.54%	41.73%
<i>Treatment/Prevention of Caries—Ages 21+ Years</i>	8.22%	11.05%	12.58%
<i>Use of Preventive Services— Ages 0–20 Years</i>	26.87%	36.77%	43.76%
<i>Use of Preventive Services— Ages 21+ Years</i>	7.24%	10.03%	12.26%
<i>Use of Sealants—Ages 6–9 Years</i>	7.60%	15.65%	18.71%
<i>Use of Sealants—Ages 10–14 Years</i>	5.05%	8.75%	10.99%

See *Appendix B* of this EQR technical report for Dental MC plan-specific performance measure results for measurement years 2020, 2021, and 2022.

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 2021 to measurement year 2022 for most measures. This improvement demonstrates Dental MC plans' continued success with ensuring member access to needed

dental care services. While statistical testing determined that the Dental MC statewide weighted averages for the *Overall Utilization of Dental Services—One Year—Ages 21+ Years* and *Use of Preventive Services—Ages 21+ Years* measures declined significantly from measurement year 2021 to measurement year 2022, other statewide weighted averages reflecting services for members ages 21 and over improved significantly during this same time frame. The statistically significant decline in the statewide weighted averages for the *Overall Utilization of Dental Services—One Year—Ages 21+ Years* and *Use of Preventive Services—Ages 21+ Years* measures, with rate differences of only 0.25 and 0.14 percentage points, respectively, is more likely due to the large denominator sizes for these measures which results in small percentage point differences reflecting statistically significant changes, rather than a reflection of overall performance.

In both Los Angeles and Sacramento counties in measurement year 2022, LIBERTY Dental Plan of California, Inc.'s rates for most performance measures were better than the other two Dental MC plans' rates. Additionally, across both counties in measurement year 2022, 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 when compared to the other two Dental MC plans.

In *Appendix D* of this EQR technical report, 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.

7. 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, PAHPs, and PCCM entities 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.

Beginning in January 2019, DHCS contracted with HSAG to work on QIPs with DHCS and the Dental MC plans. DHCS requested that HSAG provide technical assistance to Dental MC plans and DHCS related to the statewide QIP. Additionally, DHCS requested that HSAG conduct Dental MC plan training about HSAG's rapid-cycle PIP process to transition Dental MC plans into conducting their individual QIPs using that process.

Objectives

The purpose of HSAG's PIP validation is to ensure that Dental MC plans, DHCS, and stakeholders can have confidence that any reported improvement is related and can be linked to the quality improvement strategies conducted through the PIPs.

HSAG evaluates two key components of each PIP:

- ◆ Technical structure, to determine whether a PIP's initiation (i.e., topic rationale, PIP team, global aim, SMART [Specific, Measurable, Achievable, Relevant, and Time-bound] Aim, key driver diagram, and data collection methodology) is based on sound methodology and could reliably measure outcomes. Successful execution of this component ensures that reported PIP results are accurate and capable of measuring sustained improvement.
- ◆ Conducting quality improvement activities. Once designed, a PIP's effectiveness in improving outcomes depends on thoughtful and relevant intervention determination, intervention testing, evaluation using Plan-Do-Study-Act (PDSA) cycles, sustainability, and spreading successful change. This component evaluates how well Dental MC plans execute quality improvement activities and whether the PIP achieves and sustains the desired aim.

Technical Methods of Data Collection and Analysis

DHCS requires Dental MC plans to conduct two QIPs per year. Dental MC plans must participate in a DHCS-established and facilitated statewide QIP as well as an individual QIP that aligns with a demonstrated area in need of improvement. Each QIP must be designed to achieve significant improvement, sustained over time, in health outcomes and member satisfaction.

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

Statewide Quality Improvement Project

DHCS requires Dental MC plans to conduct a statewide QIP focused on *Preventive Services Utilization*. The goal of the statewide QIP is to increase preventive services among children ages 1 to 20 by 10 percentage points by the end of 2023. Dental MC plans must submit two reports annually for the statewide QIP—one intervention progress report to HSAG, and an annual QIP submission to DHCS.

HSAG reviews the intervention progress reports and provides feedback to each Dental MC plan.

Individual Performance Improvement Project

DHCS requires Dental MC plans to conduct one individual PIP using HSAG's rapid-cycle PIP process. (Because Dental MC plans' individual QIPs are conducted using HSAG's rapid-cycle PIP process, HSAG refers to these QIPs as "individual PIPs.")

HSAG's rapid-cycle PIP approach places emphasis on improving both health care outcomes and processes through the integration of quality improvement science. This approach guides Dental MC plans through a process for conducting PIPs using a rapid-cycle improvement method to pilot small changes rather than implementing one large transformation. Performing small tests of changes requires fewer resources and allows more flexibility for adjusting throughout the improvement process. By piloting changes on a smaller scale, Dental MC plans have opportunities to determine the effectiveness of several changes prior to expanding the successful interventions.

The following modules guide Dental MC plans through the rapid-cycle PIP approach:

- ◆ Module 1: PIP Initiation
- ◆ Module 2: Intervention Determination
- ◆ Module 3: Intervention Testing
- ◆ Module 4: PIP Conclusions

HSAG's rapid-cycle PIP process requires extensive, up-front preparation to allow for a structured, scientific approach to quality improvement, and it also provides sufficient time for Dental MC plans to test interventions. Modules 1 through 3 create the basic infrastructure to help Dental MC plans identify interventions to test. Once the plans achieve all validation criteria for modules 1 through 3, they test interventions using a series of PDSA cycles.

Once Dental MC plans complete intervention testing, they determine the next steps based on results and lessons learned—whether the intervention was successful and should be spread (adopt), whether modifications need to be made to the existing intervention (adapt), or whether the intervention was unsuccessful and should be stopped (abandon). Dental MC plans complete Module 4 after testing all interventions and finalizing analyses of the PDSA cycles. Module 4 summarizes the results of the tested interventions. At the end of the PIP, the plans identify successful interventions that may be implemented on a larger scale to achieve the desired health care outcomes.

Module Submission, Validation, and Technical Assistance

Based on the agreed-upon timeline, Dental MC plans submit each module to HSAG for validation. Throughout the rapid-cycle PIP process, HSAG provides technical assistance to these plans to ensure that PIPs are methodologically sound and to problem-solve with the plans regarding how to address challenges. HSAG conducts PIP validation in accordance with the CMS *Protocol 1. Validation of Performance Improvement Projects: A Mandatory EQR-Related Activity*.¹² In *Appendix C* of this EQR technical report, HSAG includes a description of the validation criteria that HSAG uses for each module.

After validating each PIP module, HSAG provides written feedback to Dental MC plans summarizing HSAG's findings and whether the plans achieved all validation criteria. Through an iterative process, plans have opportunities to revise modules 1 through 3 to achieve all validation criteria. Once Dental MC plans achieve all validation criteria for modules 1 through 3, they test intervention(s) through the end of the SMART Aim end date. HSAG requests status updates from Dental MC plans throughout the PIP intervention testing phase and, when needed, provides technical assistance.

Once a PIP reaches completion, HSAG assesses the validity and reliability of the results to determine whether key stakeholders may have confidence in the reported PIP findings. HSAG assigns the following confidence levels for each PIP:

¹² Note that for the 2020–22 PIPs, HSAG used the Department of Health and Human Services, Centers for Medicare & Medicaid Services. *Protocol 1. Validation of Performance Improvement Projects: A Mandatory EQR-Related Activity*, October 2019. Available at: <https://www.medicaid.gov/medicaid/quality-of-care/downloads/2019-eqr-protocols.pdf>. Accessed on: Aug 14, 2023. For future PIPs, HSAG will use *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: Aug 14, 2023.

- ◆ High confidence
- ◆ Moderate confidence
- ◆ Low confidence
- ◆ No confidence

In *Appendix C* of this EQR technical report, HSAG includes the definition for each confidence level assigned for the 2020–22 PIPs.

Description of Data Obtained

HSAG obtained the data for the analyses in this section from the statewide QIP intervention progress reports and from individual PIP Module 4s the Dental MC plans submitted to HSAG.

The statewide QIP intervention progress reports included:

- ◆ Causal/barrier analysis process and findings.
- ◆ Intervention description, including how the intervention impacted the identified barriers.
- ◆ Intervention effectiveness evaluation results and plans for next steps.

The individual PIP Module 4 submissions included:

- ◆ A summary of PDSA cycles completed.
- ◆ Interpretation of PIP results related to the SMART Aim goal.
- ◆ Final key driver diagram with a determination of whether each listed intervention was adopted, adapted, abandoned, not tested, or will require continued testing.
- ◆ A summary of conclusions including whether the intervention(s) had an impact on the SMART Aim, a description of plans for spreading successful interventions, a summary of challenges and lessons learned, and a description of plans for sustaining any improvement achieved beyond the SMART Aim end date.

Results—Performance Improvement Projects

Statewide Quality Improvement Project

In January 2023, Dental MC plans submitted to HSAG the 2022 *Preventive Services Utilization* statewide QIP intervention progress report, which included a summary of identified barriers and interventions Dental MC plans conducted as of December 31, 2022. HSAG reviewed the progress reports and provided feedback to Dental MC plans in January and February 2023.

In *Appendix C* of this EQR technical report, HSAG includes a summary of notable findings and future considerations provided to each Dental MC plan based on HSAG's 2022 statewide QIP intervention progress update reviews.

Individual Performance Improvement Project

During the review period, Dental MC plans completed the 2020–22 rapid-cycle PIPs. HSAG validated three PIP Module 4s that the Dental MC plans submitted. In its PIP validation, HSAG assessed the validity and reliability of the PIP results to determine whether DHCS and key stakeholders can have confidence in the reported PIP findings. HSAG assigned a *High Confidence* level to Access Dental's and LIBERTY Dental's PIPs, and a *Moderate Confidence* level to Health Net's PIP. All three Dental MC plans followed the approved PIP methodology, achieved improvement, and documented data to clearly link improvement to at least one tested intervention. Additionally, Access Dental and LIBERTY Dental accurately summarized the key findings and conclusions.

All three Dental MC plans indicated that they intend to adopt the interventions they tested throughout the 2020–22 PIPs. Most of the tested interventions targeted members, which included outreach to encourage members to complete their dental services. One Dental MC plan conducted a provider pay-for-performance (P4P) incentive program.

In *Appendix C* of this EQR technical report, HSAG includes Dental MC plan-specific PIP topics and module progression, as well as descriptions of interventions Dental MC plans tested related to the PIP topics during the review period.

Conclusions

To draw conclusions related to Dental MC plans' QIPs and PIPs, HSAG assessed the QIP intervention progress report submissions and the PIP validation results, including the confidence levels HSAG assigned to each PIP.

During the review period, Dental MC plans submitted their fifth annual Preventive Services Utilization statewide QIP intervention progress reports and received HSAG's feedback on their intervention progress. Additionally, the Dental MC plans successfully completed their 2020–22 individual PIPs through the SMART Aim end date of December 31, 2022, and submitted Module 4s for HSAG's final PIP validation. All three Dental MC plans conducted PIPs that were methodologically sound and achieved improvement as a result of at least one of the tested interventions. While the types of interventions tested varied by PIP topic and each Dental MC plan's barrier analyses, most tested interventions directly targeted members. All three Dental MC plans determined to adopt the tested interventions beyond the life of the PIPs.

In *Appendix D* of this EQR technical report, 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.

8. Follow-Up on Prior Year’s Recommendations

External Quality Review Recommendations for DHCS

As part of the process for producing the *2022–23 Medi-Cal Dental Managed Care External Quality Review Technical Report*, DHCS provided the following information on the actions that DHCS took to address the recommendation that HSAG made in the *2021–22 Medi-Cal Dental Managed Care External Quality Review Technical Report*. Table 8.1 provides the EQR recommendation from the *2021–22 Medi-Cal Dental Managed Care External Quality Review Technical Report*, along with DHCS’ self-reported actions taken through June 30, 2023, that address the EQR recommendation. Please note that HSAG made minimal edits to Table 8.1 to preserve the accuracy of DHCS’ self-reported actions.

Table 8.1—DHCS’ Self-Reported Follow-Up on External Quality Review Recommendations from the 2021–22 Medi-Cal Dental Managed Care Technical Report

2021–22 External Quality Review Recommendation	Self-Reported Actions Taken by DHCS during the Period of July 1, 2022–June 30, 2023, that Address the External Quality Review Recommendation
To meet CMS’ requirements, HSAG recommends that DHCS provide HSAG with the Dental Audit scoring methodology and Dental MC plan-specific Dental Audit results in accordance with the <i>CMS Protocol 3. Review of Compliance With Medicaid and CHIP Managed Care Regulations: A Mandatory EQR-Related Activity</i> , February 2023. ¹³	Based on HSAG’s 2021–22 EQR recommendation for DHCS related to compliance reviews, and as a result of CMS’ feedback, DHCS completed a Dental Audit for each Dental MC plan and developed a scoring methodology to help define performance standards. DHCS completed an audit crosswalk which aligns the audit findings with the applicable CFR allowing for full transparency and accountability on the Dental MC plans’ performance. The scoring methodology and findings were shared with the EQRO to include in the upcoming technical report.

¹³ Department of Health and Human Services, Centers for Medicare & Medicaid Services. *Protocol 3. Review of Compliance With Medicaid and CHIP Managed Care Regulations: A Mandatory EQR-Related Activity*, February 2023. Available at: <https://www.medicaid.gov/medicaid/quality-of-care/downloads/2023-eqr-protocols.pdf>. Accessed on: Feb 23, 2023.

Assessment of DHCS' Self-Reported Actions

HSAG reviewed DHCS' self-reported actions in Table 8.1 and determined that DHCS adequately addressed the 2021–22 EQR recommendations. DHCS indicated that it has implemented processes to meet the CMS requirements and provided HSAG with compliance review scores for each Dental MC plan for HSAG to include in this EQR technical report.

External Quality Review Recommendations for Dental MC Plans

DHCS provided each Dental MC plan an opportunity to summarize actions taken to address recommendations HSAG made in its 2021–22 Dental MC plan-specific evaluation report. In *Appendix D* of this EQR technical report, HSAG includes each Dental MC plan's self-reported follow-up on the 2021–22 EQR recommendations as well as HSAG's assessment of the self-reported actions.

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

Table A.1 shows the compliance review scores for audit year 2022 that DHCS provided to HSAG for inclusion in this EQR technical report for each of the Dental MC plans.

Table A.1—Audit Year 2022 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	83%	83%	83%
§438.207	Assurance of Adequate Capacity and Services	100%	100%	100%
§438.208	Coordination and Continuity of Care	85%	100%	100%
§438.210	Coverage and Authorization of Services	83%	100%	100%
§438.214	Provider Selection	100%	100%	100%
§438.224	Confidentiality	100%	100%	100%
§438.228	Grievance and Appeal Systems	95%	95%	85%
§438.230	Subcontractual Relationships and Delegation	100%	100%	100%
§438.236	Practice Guidelines	100%	100%	100%
§438.242	Health Information Systems	50%	50%	20%
§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 Post-stabilization Services	100%	100%	100%
Total Score		91%	94%	90%

Appendix B. Dental MC Plan-Specific Performance Measure Results


This appendix provides each Dental MC plan's measurement years 2020, 2021, and 2022 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 2020, 2021, and 2022 for each Dental MC plan reporting unit.

**Table B.1—Measurement Years 2020, 2021, and 2022
Dental Managed Care Plan Performance Measure Results
Access Dental Plan, Inc.—Los Angeles County**

 = Statistical testing result indicates that the measurement year 2022 rate is significantly better than the measurement year 2021 rate.

 = Statistical testing result indicates that the measurement year 2022 rate is significantly worse than the measurement year 2021 rate.

Measurement year 2020 rates reflect data from January 1, 2020, through December 31, 2020. Measurement year 2021 rates reflect data from January 1, 2021, through December 31, 2021. Measurement year 2022 rates reflect data from January 1, 2022, through December 31, 2022. Performance comparisons are based on the Chi-square test of statistical significance, with a p value of <0.05 .

NA = The Dental MC plan followed the measure specifications, but the denominator was too small (less than 30) to report a valid rate.

Not Tested = A measurement year 2021–22 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 2020 Rate	Measurement Year 2021 Rate	Measurement Year 2022 Rate	Measurement Years 2021–22 Rate Difference
Access to Care				
<i>Annual Dental Visits— Ages 0–20 Years</i>	30.50%	35.31%	35.19%	-0.12
<i>Annual Dental Visits— Ages 21+ Years</i>	13.77%	16.83%	16.60%	-0.23
<i>Continuity of Care— Ages 0–20 Years</i>	44.99%	60.05%	60.49%	0.43
<i>Continuity of Care— Ages 21+ Years</i>	23.17%	30.37%	31.39%	1.02
<i>Exam/Oral Health Evaluations— Ages 0–20 Years</i>	25.98%	31.31%	31.73%	0.42
<i>Exam/Oral Health Evaluations— Ages 21+ Years</i>	9.15%	11.98%	12.42%	0.44
<i>General Anesthesia— Ages 0–20 Years</i>	NA	NA	72.22%	Not Tested
<i>General Anesthesia— Ages 21+ Years</i>	NA	NA	58.18%	Not Tested
<i>Overall Utilization of Dental Services— One Year— Ages 0–20 Years</i>	30.60%	35.48%	35.26%	-0.21
<i>Overall Utilization of Dental Services— One Year— Ages 21+ Years</i>	13.71%	16.76%	16.56%	-0.20
<i>Use of Dental Treatment Services— Ages 0–20 Years</i>	11.10%	14.39%	14.09%	Not Tested
<i>Use of Dental Treatment Services— Ages 21+ Years</i>	8.32%	10.59%	10.21%	Not Tested

APPENDIX B. DENTAL MC PLAN-SPECIFIC PERFORMANCE MEASURE RESULTS

Measure	Measurement Year 2020 Rate	Measurement Year 2021 Rate	Measurement Year 2022 Rate	Measurement Years 2021–22 Rate Difference
<i>Usual Source of Care— Ages 0–20 Years</i>	23.78%	21.50%	24.63%	3.13
<i>Usual Source of Care— Ages 21+ Years</i>	6.41%	6.49%	7.23%	0.74
Preventive Care				
<i>Preventive Services to Filling—Ages 0–20 Years</i>	77.50%	84.26%	79.14%	-5.12
<i>Preventive Services to Filling—Ages 21+ Years</i>	34.61%	42.72%	46.89%	4.18
<i>Sealants to Restoration Ratio (Surfaces)— Ages 6–9 Years</i>	7.45	7.03	4.71	Not Tested
<i>Sealants to Restoration Ratio (Surfaces)— Ages 10–14 Years</i>	4.07	3.93	3.85	Not Tested
<i>Treatment/Prevention of Caries—Ages 0–20 Years</i>	26.43%	30.83%	29.05%	-1.78
<i>Treatment/Prevention of Caries—Ages 21+ Years</i>	5.78%	7.70%	7.82%	0.13
<i>Use of Preventive Services— Ages 0–20 Years</i>	26.16%	30.74%	30.95%	0.22
<i>Use of Preventive Services— Ages 21+ Years</i>	5.55%	7.40%	7.78%	0.39
<i>Use of Sealants— Ages 6–9 Years</i>	8.46%	11.91%	11.57%	-0.33
<i>Use of Sealants— Ages 10–14 Years</i>	4.22%	6.29%	6.58%	0.29

Table B.2—Measurement Years 2020, 2021, and 2022
Dental Managed Care Plan Performance Measure Results
Access Dental Plan, Inc.—Sacramento County

 = Statistical testing result indicates that the measurement year 2022 rate is significantly better than the measurement year 2021 rate.

 = Statistical testing result indicates that the measurement year 2022 rate is significantly worse than the measurement year 2021 rate.

Measurement year 2020 rates reflect data from January 1, 2020, through December 31, 2020.

Measurement year 2021 rates reflect data from January 1, 2021, through December 31, 2021.

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

Performance comparisons are based on the Chi-square test of statistical significance, with a *p* value of <0.05.

NA = The Dental MC plan followed the measure specifications, but the denominator was too small (less than 30) to report a valid rate.

Not Tested = A measurement year 2021–22 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 2020 Rate	Measurement Year 2021 Rate	Measurement Year 2022 Rate	Measurement Years 2021–22 Rate Difference
Access to Care				
<i>Annual Dental Visits—Ages 0–20 Years</i>	28.70%	25.78%	32.99%	7.21
<i>Annual Dental Visits—Ages 21+ Years</i>	14.48%	17.27%	16.13%	-1.14
<i>Continuity of Care—Ages 0–20 Years</i>	47.23%	43.09%	59.15%	16.06
<i>Continuity of Care—Ages 21+ Years</i>	23.86%	30.49%	30.51%	0.03
<i>Exam/Oral Health Evaluations—Ages 0–20 Years</i>	22.95%	21.07%	26.72%	5.65
<i>Exam/Oral Health Evaluations—Ages 21+ Years</i>	8.51%	11.64%	10.85%	-0.79

APPENDIX B. DENTAL MC PLAN-SPECIFIC PERFORMANCE MEASURE RESULTS


Measure	Measurement Year 2020 Rate	Measurement Year 2021 Rate	Measurement Year 2022 Rate	Measurement Years 2021–22 Rate Difference
<i>General Anesthesia— Ages 0–20 Years</i>	59.85%	71.01%	66.33%	Not Tested
<i>General Anesthesia— Ages 21+ Years</i>	NA	NA	47.94%	Not Tested
<i>Overall Utilization of Dental Services— One Year— Ages 0–20 Years</i>	29.15%	25.99%	33.32%	7.33
<i>Overall Utilization of Dental Services— One Year— Ages 21+ Years</i>	14.49%	17.27%	16.19%	-1.08
<i>Use of Dental Treatment Services— Ages 0–20 Years</i>	10.71%	11.12%	12.77%	Not Tested
<i>Use of Dental Treatment Services— Ages 21+ Years</i>	10.04%	11.67%	10.43%	Not Tested
<i>Usual Source of Care— Ages 0–20 Years</i>	24.74%	15.85%	20.42%	4.57
<i>Usual Source of Care— Ages 21+ Years</i>	8.13%	7.91%	8.37%	0.45
Preventive Care				
<i>Preventive Services to Filling—Ages 0–20 Years</i>	71.66%	69.28%	73.98%	4.70
<i>Preventive Services to Filling—Ages 21+ Years</i>	41.44%	45.22%	45.17%	-0.05
<i>Sealants to Restoration Ratio (Surfaces)— Ages 6–9 Years</i>	6.42	3.46	3.90	Not Tested
<i>Sealants to Restoration Ratio (Surfaces)— Ages 10–14 Years</i>	3.66	2.68	3.00	Not Tested


Measure	Measurement Year 2020 Rate	Measurement Year 2021 Rate	Measurement Year 2022 Rate	Measurement Years 2021–22 Rate Difference
<i>Treatment/Prevention of Caries—Ages 0–20 Years</i>	24.23%	20.56%	26.97%	6.41
<i>Treatment/Prevention of Caries—Ages 21+ Years</i>	6.64%	8.22%	8.22%	0.00
<i>Use of Preventive Services—Ages 0–20 Years</i>	22.85%	18.98%	26.87%	7.90
<i>Use of Preventive Services—Ages 21+ Years</i>	5.31%	7.01%	7.24%	0.24
<i>Use of Sealants—Ages 6–9 Years</i>	6.72%	5.08%	7.60%	2.52
<i>Use of Sealants—Ages 10–14 Years</i>	3.45%	2.51%	5.05%	2.54

Health Net of California, Inc.

Table B.3 and Table B.4 present Health Net's audited performance measure rates for measurement years 2020, 2021, and 2022 for each Dental MC plan reporting unit.

Table B.3—Measurement Years 2020, 2021, and 2022
Dental Managed Care Plan Performance Measure Results
Health Net of California, Inc.—Los Angeles County

 = Statistical testing result indicates that the measurement year 2022 rate is significantly better than the measurement year 2021 rate.

 = Statistical testing result indicates that the measurement year 2022 rate is significantly worse than the measurement year 2021 rate.

Measurement year 2020 rates reflect data from January 1, 2020, through December 31, 2020. Measurement year 2021 rates reflect data from January 1, 2021, through December 31, 2021. Measurement year 2022 rates reflect data from January 1, 2022, through December 31, 2022. Performance comparisons are based on the Chi-square test of statistical significance, with a *p* value of <0.05.

APPENDIX B. DENTAL MC PLAN-SPECIFIC PERFORMANCE MEASURE RESULTS


Not Tested = A measurement year 2021–22 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 2020 Rate	Measurement Year 2021 Rate	Measurement Year 2022 Rate	Measurement Years 2021–22 Rate Difference
Access to Care				
<i>Annual Dental Visits—Ages 0–20 Years</i>	27.00%	30.85%	32.31%	1.46
<i>Annual Dental Visits—Ages 21+ Years</i>	15.84%	19.14%	19.69%	0.55
<i>Continuity of Care—Ages 0–20 Years</i>	47.69%	61.51%	63.57%	2.06
<i>Continuity of Care—Ages 21+ Years</i>	29.35%	39.97%	41.16%	1.19
<i>Exam/Oral Health Evaluations—Ages 0–20 Years</i>	22.75%	27.02%	28.71%	1.69
<i>Exam/Oral Health Evaluations—Ages 21+ Years</i>	11.77%	15.55%	16.11%	0.56
<i>General Anesthesia—Ages 0–20 Years</i>	50.62%	65.68%	65.65%	Not Tested
<i>General Anesthesia—Ages 21+ Years</i>	36.83%	48.85%	45.05%	Not Tested
<i>Overall Utilization of Dental Services—One Year—Ages 0–20 Years</i>	30.15%	33.76%	34.80%	1.03
<i>Overall Utilization of Dental Services—One Year—Ages 21+ Years</i>	15.94%	19.05%	19.04%	-0.01
<i>Use of Dental Treatment Services—Ages 0–20 Years</i>	13.51%	17.67%	22.65%	Not Tested

APPENDIX B. DENTAL MC PLAN-SPECIFIC PERFORMANCE MEASURE RESULTS

Measure	Measurement Year 2020 Rate	Measurement Year 2021 Rate	Measurement Year 2022 Rate	Measurement Years 2021–22 Rate Difference
<i>Use of Dental Treatment Services— Ages 21+ Years</i>	10.06%	12.16%	13.03%	Not Tested
<i>Usual Source of Care— Ages 0–20 Years</i>	24.29%	20.26%	23.33%	3.07
<i>Usual Source of Care— Ages 21+ Years</i>	8.30%	8.07%	9.59%	1.52
Preventive Care				
<i>Preventive Services to Filling—Ages 0–20 Years</i>	75.54%	80.92%	83.78%	2.86
<i>Preventive Services to Filling—Ages 21+ Years</i>	27.24%	40.57%	42.42%	1.85
<i>Sealants to Restoration Ratio (Surfaces)— Ages 6–9 Years</i>	7.26	6.99	6.06	Not Tested
<i>Sealants to Restoration Ratio (Surfaces)— Ages 10–14 Years</i>	2.65	2.95	2.42	Not Tested
<i>Treatment/Prevention of Caries—Ages 0–20 Years</i>	16.86%	20.15%	21.72%	1.57
<i>Treatment/Prevention of Caries—Ages 21+ Years</i>	5.15%	7.59%	8.06%	0.47
<i>Use of Preventive Services— Ages 0–20 Years</i>	22.44%	26.24%	27.86%	1.63
<i>Use of Preventive Services— Ages 21+ Years</i>	7.39%	9.52%	9.57%	0.05
<i>Use of Sealants— Ages 6–9 Years</i>	7.64%	9.80%	11.48%	1.68
<i>Use of Sealants— Ages 10–14 Years</i>	3.48%	4.83%	5.53%	0.70

**Table B.4—Measurement Years 2020, 2021, and 2022
Dental Managed Care Plan Performance Measure Results
Health Net of California, Inc.—Sacramento County**

 = Statistical testing result indicates that the measurement year 2022 rate is significantly better than the measurement year 2021 rate.

 = Statistical testing result indicates that the measurement year 2022 rate is significantly worse than the measurement year 2021 rate.

Measurement year 2020 rates reflect data from January 1, 2020, through December 31, 2020.

Measurement year 2021 rates reflect data from January 1, 2021, through December 31, 2021.

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

Performance comparisons are based on the Chi-square test of statistical significance, with a *p* value of <0.05.

Not Tested = A measurement year 2021–22 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 2020 Rate	Measurement Year 2021 Rate	Measurement Year 2022 Rate	Measurement Years 2021–22 Rate Difference
Access to Care				
<i>Annual Dental Visits—Ages 0–20 Years</i>	34.06%	39.30%	41.48%	2.18
<i>Annual Dental Visits—Ages 21+ Years</i>	17.09%	19.90%	19.47%	-0.43
<i>Continuity of Care—Ages 0–20 Years</i>	56.44%	68.60%	68.34%	-0.26
<i>Continuity of Care—Ages 21+ Years</i>	31.82%	43.51%	44.38%	0.87
<i>Exam/Oral Health Evaluations—Ages 0–20 Years</i>	28.86%	34.25%	35.94%	1.69
<i>Exam/Oral Health Evaluations—Ages 21+ Years</i>	11.85%	15.02%	15.02%	-0.01
<i>General Anesthesia—Ages 0–20 Years</i>	61.59%	65.47%	67.50%	Not Tested

APPENDIX B. DENTAL MC PLAN-SPECIFIC PERFORMANCE MEASURE RESULTS


Measure	Measurement Year 2020 Rate	Measurement Year 2021 Rate	Measurement Year 2022 Rate	Measurement Years 2021–22 Rate Difference
<i>General Anesthesia— Ages 21+ Years</i>	21.02%	34.46%	42.22%	Not Tested
<i>Overall Utilization of Dental Services— One Year— Ages 0–20 Years</i>	38.52%	42.55%	44.76%	2.22
<i>Overall Utilization of Dental Services— One Year— Ages 21+ Years</i>	18.01%	20.85%	20.14%	-0.71
<i>Use of Dental Treatment Services— Ages 0–20 Years</i>	22.42%	25.86%	30.40%	Not Tested
<i>Use of Dental Treatment Services— Ages 21+ Years</i>	12.32%	14.42%	14.72%	Not Tested
<i>Usual Source of Care— Ages 0–20 Years</i>	30.99%	28.15%	32.09%	3.94
<i>Usual Source of Care— Ages 21+ Years</i>	10.08%	10.22%	11.42%	1.20
Preventive Care				
<i>Preventive Services to Filling—Ages 0–20 Years</i>	86.09%	87.31%	88.71%	1.40
<i>Preventive Services to Filling—Ages 21+ Years</i>	44.96%	54.72%	54.60%	-0.12
<i>Sealants to Restoration Ratio (Surfaces)— Ages 6–9 Years</i>	7.58	5.78	4.55	Not Tested
<i>Sealants to Restoration Ratio (Surfaces)— Ages 10–14 Years</i>	2.85	2.27	2.07	Not Tested
<i>Treatment/Prevention of Caries—Ages 0–20 Years</i>	27.16%	32.74%	35.54%	2.80


Measure	Measurement Year 2020 Rate	Measurement Year 2021 Rate	Measurement Year 2022 Rate	Measurement Years 2021–22 Rate Difference
<i>Treatment/Prevention of Caries—Ages 21+ Years</i>	7.78%	10.49%	11.05%	0.55
<i>Use of Preventive Services—Ages 0–20 Years</i>	29.93%	35.25%	36.77%	1.52
<i>Use of Preventive Services—Ages 21+ Years</i>	8.63%	11.07%	10.03%	-1.04
<i>Use of Sealants—Ages 6–9 Years</i>	12.12%	14.21%	15.65%	1.44
<i>Use of Sealants—Ages 10–14 Years</i>	5.66%	7.44%	8.75%	1.31

LIBERTY Dental Plan of California, Inc.

Table B.5 and Table B.6 present LIBERTY Dental Plan’s audited performance measure rates for measurement years 2020, 2021, and 2022 for each Dental MC plan reporting unit.

Table B.5—Measurement Years 2020, 2021, and 2022
Dental Managed Care Plan Performance Measure Results
LIBERTY Dental Plan of California, Inc.—Los Angeles County

 = Statistical testing result indicates that the measurement year 2022 rate is significantly better than the measurement year 2021 rate.

 = Statistical testing result indicates that the measurement year 2022 rate is significantly worse than the measurement year 2021 rate.

Measurement year 2020 rates reflect data from January 1, 2020, through December 31, 2020.

Measurement year 2021 rates reflect data from January 1, 2021, through December 31, 2021.

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

Performance comparisons are based on the Chi-square test of statistical significance, with a *p* value of <0.05.

Not Tested = A measurement year 2021–22 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 2020 Rate	Measurement Year 2021 Rate	Measurement Year 2022 Rate	Measurement Years 2021–22 Rate Difference
Access to Care				
<i>Annual Dental Visits— Ages 0–20 Years</i>	29.86%	37.37%	39.41%	2.04
<i>Annual Dental Visits— Ages 21+ Years</i>	18.31%	21.96%	23.91%	1.95
<i>Continuity of Care— Ages 0–20 Years</i>	51.53%	64.43%	66.93%	2.50
<i>Continuity of Care— Ages 21+ Years</i>	32.67%	43.22%	45.25%	2.03
<i>Exam/Oral Health Evaluations— Ages 0–20 Years</i>	25.93%	31.66%	33.79%	2.13
<i>Exam/Oral Health Evaluations— Ages 21+ Years</i>	14.29%	18.09%	19.79%	1.70
<i>General Anesthesia— Ages 0–20 Years</i>	56.56%	58.87%	63.70%	Not Tested
<i>General Anesthesia— Ages 21+ Years</i>	37.65%	50.67%	44.24%	Not Tested
<i>Overall Utilization of Dental Services— One Year— Ages 0–20 Years</i>	32.59%	40.33%	42.59%	2.26
<i>Overall Utilization of Dental Services— One Year— Ages 21+ Years</i>	18.05%	21.57%	22.52%	0.95
<i>Use of Dental Treatment Services— Ages 0–20 Years</i>	14.96%	22.86%	22.07%	Not Tested
<i>Use of Dental Treatment Services— Ages 21+ Years</i>	11.86%	14.28%	16.00%	Not Tested

APPENDIX B. DENTAL MC PLAN-SPECIFIC PERFORMANCE MEASURE RESULTS

Measure	Measurement Year 2020 Rate	Measurement Year 2021 Rate	Measurement Year 2022 Rate	Measurement Years 2021–22 Rate Difference
<i>Usual Source of Care— Ages 0–20 Years</i>	26.19%	22.74%	28.88%	6.14
<i>Usual Source of Care— Ages 21+ Years</i>	10.17%	9.78%	11.82%	2.04
Preventive Care				
<i>Preventive Services to Filling—Ages 0–20 Years</i>	79.02%	83.31%	87.31%	4.01
<i>Preventive Services to Filling—Ages 21+ Years</i>	32.70%	42.48%	47.49%	5.01
<i>Sealants to Restoration Ratio (Surfaces)— Ages 6–9 Years</i>	6.99	7.75	5.51	Not Tested
<i>Sealants to Restoration Ratio (Surfaces)— Ages 10–14 Years</i>	2.16	2.60	2.05	Not Tested
<i>Treatment/Prevention of Caries—Ages 0–20 Years</i>	18.75%	25.37%	27.28%	1.91
<i>Treatment/Prevention of Caries—Ages 21+ Years</i>	6.33%	8.95%	10.07%	1.12
<i>Use of Preventive Services— Ages 0–20 Years</i>	25.83%	33.04%	35.14%	2.10
<i>Use of Preventive Services— Ages 21+ Years</i>	9.92%	12.58%	12.82%	0.24
<i>Use of Sealants— Ages 6–9 Years</i>	8.54%	11.35%	12.95%	1.60
<i>Use of Sealants— Ages 10–14 Years</i>	4.38%	5.74%	5.93%	0.19

Table B.6—Measurement Years 2020, 2021, and 2022
Dental Managed Care Plan Performance Measure Results
LIBERTY Dental Plan of California, Inc.—Sacramento County

 = Statistical testing result indicates that the measurement year 2022 rate is significantly better than the measurement year 2021 rate.

 = Statistical testing result indicates that the measurement year 2022 rate is significantly worse than the measurement year 2021 rate.

Measurement year 2020 rates reflect data from January 1, 2020, through December 31, 2020.

Measurement year 2021 rates reflect data from January 1, 2021, through December 31, 2021.

Measurement year 2021 rates reflect data from January 1, 2022, through December 31, 2022.

Performance comparisons are based on the Chi-square test of statistical significance, with a p value of <0.05 .

Not Tested = A measurement year 2021–22 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 2020 Rate	Measurement Year 2021 Rate	Measurement Year 2022 Rate	Measurement Years 2021–22 Rate Difference
Access to Care				
<i>Annual Dental Visits—Ages 0–20 Years</i>	38.05%	46.56%	49.59%	3.04
<i>Annual Dental Visits—Ages 21+ Years</i>	20.31%	22.99%	23.13%	0.14
<i>Continuity of Care—Ages 0–20 Years</i>	55.61%	69.46%	71.07%	1.60
<i>Continuity of Care—Ages 21+ Years</i>	31.68%	44.18%	44.29%	0.10
<i>Exam/Oral Health Evaluations—Ages 0–20 Years</i>	31.44%	38.08%	40.82%	2.73
<i>Exam/Oral Health Evaluations—Ages 21+ Years</i>	13.92%	17.25%	17.77%	0.51
<i>General Anesthesia—Ages 0–20 Years</i>	62.80%	68.53%	69.36%	Not Tested

APPENDIX B. DENTAL MC PLAN-SPECIFIC PERFORMANCE MEASURE RESULTS

Measure	Measurement Year 2020 Rate	Measurement Year 2021 Rate	Measurement Year 2022 Rate	Measurement Years 2021–22 Rate Difference
<i>General Anesthesia— Ages 21+ Years</i>	27.23%	40.57%	43.17%	Not Tested
<i>Overall Utilization of Dental Services— One Year— Ages 0–20 Years</i>	41.41%	49.74%	52.85%	3.12
<i>Overall Utilization of Dental Services— One Year— Ages 21+ Years</i>	21.21%	23.83%	23.61%	-0.22
<i>Use of Dental Treatment Services— Ages 0–20 Years</i>	25.02%	32.48%	32.27%	Not Tested
<i>Use of Dental Treatment Services— Ages 21+ Years</i>	14.89%	16.74%	16.87%	Not Tested
<i>Usual Source of Care— Ages 0–20 Years</i>	34.37%	31.63%	38.56%	6.93
<i>Usual Source of Care— Ages 21+ Years</i>	12.36%	12.07%	13.52%	1.45
Preventive Care				
<i>Preventive Services to Filling—Ages 0–20 Years</i>	81.73%	87.61%	88.63%	1.02
<i>Preventive Services to Filling—Ages 21+ Years</i>	45.30%	54.30%	55.53%	1.23
<i>Sealants to Restoration Ratio (Surfaces)— Ages 6–9 Years</i>	7.52	6.52	5.16	Not Tested
<i>Sealants to Restoration Ratio (Surfaces)— Ages 10–14 Years</i>	2.44	2.46	2.25	Not Tested
<i>Treatment/Prevention of Caries—Ages 0–20 Years</i>	27.36%	37.19%	41.73%	4.54

APPENDIX B. DENTAL MC PLAN-SPECIFIC PERFORMANCE MEASURE RESULTS

Measure	Measurement Year 2020 Rate	Measurement Year 2021 Rate	Measurement Year 2022 Rate	Measurement Years 2021–22 Rate Difference
<i>Treatment/Prevention of Caries—Ages 21+ Years</i>	8.39%	11.27%	12.58%	1.31
<i>Use of Preventive Services— Ages 0–20 Years</i>	31.30%	40.83%	43.76%	2.93
<i>Use of Preventive Services— Ages 21+ Years</i>	9.74%	13.03%	12.26%	-0.77
<i>Use of Sealants— Ages 6–9 Years</i>	11.93%	15.74%	18.71%	2.97
<i>Use of Sealants— Ages 10–14 Years</i>	5.97%	8.74%	10.99%	2.25

Appendix C. Comparative Dental MC Plan-Specific Quality Improvement Project and Performance Improvement Project Information

This appendix provides notable findings and future considerations made to Dental MC plans based on HSAG’s review of the 2022 *Preventive Services Utilization* statewide QIP intervention progress reports. Additionally, this appendix includes HSAG’s rapid-cycle PIP module validation criteria and confidence level definitions, as well as Dental MC plan-specific individual PIP topics, module progression, and descriptions of interventions Dental MC plans tested during the review period.

Statewide Quality Improvement Project

Table C.1 provides notable findings and future considerations that HSAG provided to Dental MC plans based on HSAG’s review of the 2022 *Preventive Services Utilization* statewide QIP intervention progress updates.

Table C.1—Dental Managed Care Plan 2022 Preventive Services Utilization Statewide Quality Improvement Project Intervention Progress Update—Findings and Considerations

Dental MC Plan Name	Notable Findings	Future Considerations
Access Dental	<p>The Dental MC plan:</p> <ul style="list-style-type: none">◆ Completed a causal/barrier analysis annual update and submitted the key driver diagram.◆ Identified one new barrier and corresponding telephonic campaign intervention targeting members who need help identifying an in-network dentist.◆ Implemented two interventions, each logically linked to its corresponding barriers:<ul style="list-style-type: none">■ The Dental MC plan continued the text message campaign geared toward member	<ul style="list-style-type: none">◆ Revisit the causal/barrier analysis at least annually and update the key driver diagram based on the findings.◆ Identify if there are additional key drivers to achieving the goal for the QIP’s performance indicator. Based on the analysis, the Dental MC plan should consider additional interventions.◆ Provide a narrative interpretation of the intervention evaluation results for each population.

Dental MC Plan Name	Notable Findings	Future Considerations
	<p>education that began in May 2018, and created more theme-based campaigns (e.g., back-to-school, happy holidays).</p> <ul style="list-style-type: none"> ■ The Dental MC plan initiated the new telephonic campaign intervention in May 2022. <p>◆ Provided measurement period data, which demonstrated a decline in performance from baseline and results that did not meet the goals for either reporting unit.</p>	
Health Net	<ul style="list-style-type: none"> ◆ The Dental MC plan revisited the key driver diagram and: <ul style="list-style-type: none"> ■ Added a member incentive intervention which was logically linked with a barrier. ■ Removed the Community Smiles Referral Program intervention even though the Dental MC plan determined that social determinants of health (SDOH) is an ongoing barrier. ■ Did not add to the diagram the identified barriers specific to the coronavirus disease 2019 (COVID-19) pandemic. ◆ The Dental MC plan conducted the following interventions: <ul style="list-style-type: none"> ■ Early Smiles program ■ Provider and member incentives ■ Member telephonic outreach ■ Texting campaign ◆ The Dental MC plan provided evaluation results for each intervention. Run charts indicated 	<ul style="list-style-type: none"> ◆ Include the barriers identified through its causal/barrier analysis process within the key driver diagram. ◆ Re-examine barriers and determine if there are other barriers that should be addressed with interventions to help reach the QIP goal. The Dental MC plan should consider developing interventions to address the barriers associated with the COVID-19 pandemic. ◆ Consider developing additional interventions that are linked to the performance indicator and based on evaluation results for the member outreach intervention.

Dental MC Plan Name	Notable Findings	Future Considerations
	<p>that the QIP performance indicator results have not yet achieved the QIP goals.</p> <ul style="list-style-type: none"> ■ The Dental MC plan reported next steps for each intervention based on evaluation results. 	
LIBERTY Dental	<ul style="list-style-type: none"> ◆ The Dental MC plan revisited the key driver diagram and: <ul style="list-style-type: none"> ■ Added a member incentive intervention which was logically linked with a barrier. ■ Removed the Community Smiles Referral Program intervention even though the Dental MC plan determined that SDOH is an ongoing barrier. ■ Did not add to the diagram the identified barriers specific to the COVID-19 pandemic. ◆ The Dental MC plan conducted the following interventions: <ul style="list-style-type: none"> ■ Early Smiles program ■ Provider and member incentives ■ Member telephonic outreach ■ Texting campaign ◆ The Dental MC plan provided evaluation results for each intervention. Run charts indicated that the QIP performance indicator results have not yet achieved the QIP goals. <ul style="list-style-type: none"> ■ The Dental MC plan reported next steps for each intervention based on evaluation results. 	<ul style="list-style-type: none"> ◆ Include the barriers identified through its causal/barrier analysis process within the key driver diagram. ◆ Re-examine barriers and determine if there are other barriers that should be addressed with interventions to help reach the QIP goal. The Dental MC plan should consider developing interventions to address the barriers associated with the COVID-19 pandemic. ◆ Consider developing additional interventions that are linked to the performance indicator and based on evaluation results for the member outreach intervention.

Dental MC Plan Name	Notable Findings	Future Considerations
	<ul style="list-style-type: none"> The Dental MC plan reported that although the member outreach intervention did not achieve improvement, it will continue the effort for 2023. 	

Individual Performance Improvement Project

Rapid-Cycle PIP Module Validation Criteria

HSAG conducts PIP validation in accordance with the CMS *Protocol 1. Validation of Performance Improvement Projects: A Mandatory EQR-Related Activity*.¹⁴ Following are the validation criteria that HSAG uses for each module:

Module 1—PIP Initiation

- ◆ The Dental MC plan provided the description and rationale for the selected narrowed focus, and the reported baseline data supports an opportunity for improvement.
- ◆ The narrowed focus baseline specifications and data collection methodology supported the rapid-cycle process and included the following:
 - Complete and accurate specifications.
 - Data source(s).
 - Step-by-step data collection process.
 - Narrowed focus baseline data that considered claims data completeness.
- ◆ The SMART Aim was stated accurately and included all required components (i.e., narrowed focus, intervention(s), baseline percentage, goal percentage, and end date).
- ◆ The SMART Aim run chart included all required components (i.e., run chart title, Y-axis title, SMART Aim goal percentage line, narrowed focus baseline percentage line, and X-axis months).

¹⁴ Note that for the 2020–22 PIPs, HSAG used the Department of Health and Human Services, Centers for Medicare & Medicaid Services. *Protocol 1. Validation of Performance Improvement Projects: A Mandatory EQR-Related Activity*, October 2019. Available at: <https://www.medicaid.gov/medicaid/quality-of-care/downloads/2019-eqr-protocols.pdf>. Accessed on: Aug 14, 2023. For future PIPs, HSAG will use *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: Aug 14, 2023.

- ◆ The Dental MC plan completed the attestation and confirmed the SMART Aim run chart measurement data will be based on the rolling 12-month methodology.
- ◆ The Dental MC plan accurately completed all required components of the key driver diagram. The drivers and interventions were logically linked and have the potential to impact the SMART Aim goal.

Module 2—Intervention Determination

- ◆ The Dental MC plan included a process map that clearly illustrated the step-by-step flow of the current processes for the narrowed focus.
- ◆ The prioritized steps in the process map identified as gaps or opportunities for improvement were clearly labeled.
- ◆ The steps documented in the failure modes and effects analysis (FMEA) table aligned with the steps in the process map that were identified as gaps or opportunities for improvement.
- ◆ The failure modes, failure causes, and failure effects were logically linked to the steps in the FMEA table.
- ◆ The Dental MC plan prioritized the listed failure modes and ranked them from highest to lowest in the failure mode priority ranking table.
- ◆ The key drivers and interventions in the key driver diagram were updated according to the results of the corresponding process map and FMEA. In the key driver diagram, the Dental MC plan included interventions that were culturally and linguistically appropriate and have the potential for impacting the SMART Aim goal.

Module 3—Intervention Testing

- ◆ The intervention plan included at least one corresponding key driver and one failure mode from Module 2.
- ◆ The Dental MC plan included all components for the intervention plan.
- ◆ The intervention effectiveness measure(s) was appropriate for the intervention.
- ◆ The data collection process was appropriate for the intervention effectiveness measure(s) and addressed data completeness.

Module 4—PIP Conclusions

- ◆ The rolling 12-month data collection methodology was followed for the SMART Aim measure for the duration of the PIP.
- ◆ The Dental MC plan provided evidence to demonstrate at least one of the following:
 - The SMART Aim goal was achieved.
 - Statistically significant improvement over the narrowed focus baseline percentage was achieved (95 percent confidence level, $p < 0.05$).
 - Non-statistically significant improvement in the SMART Aim measure.
 - Significant clinical improvement in processes and outcomes.

- Significant programmatic improvement in processes and outcomes.
- ◆ If improvement was demonstrated, at least one of the tested interventions could reasonably result in the demonstrated improvement.
- ◆ The Dental MC plan completed the PDSA worksheet(s) with accurately reported data and interpretation of testing results.
- ◆ The narrative summary of the project conclusions was complete and accurate.
- ◆ If improvement was demonstrated, the Dental MC plan documented plans for sustaining improvement beyond the SMART Aim end date.

Confidence Level Definitions

Once a PIP reaches completion, HSAG assesses the validity and reliability of the results to determine whether key stakeholders may have confidence in the reported PIP findings. HSAG assigns the following confidence levels for each PIP:

- ◆ High confidence
 - The PIP was methodologically sound.
 - The Dental MC plan achieved the SMART Aim goal or achieved statistically significant, clinically significant, or programmatically significant improvement.
 - At least one of the tested interventions could reasonably result in the demonstrated improvement.
 - The Dental MC plan accurately summarized the key findings and conclusions.
- ◆ Moderate confidence
 - The PIP was methodologically sound.
 - At least one of the tested interventions could reasonably result in the demonstrated improvement.
 - One of the following occurred:
 - Non-statistically significant improvement in the SMART Aim measure was achieved, with no evidence of statistically significant, clinically significant, or programmatically significant improvement; and the Dental MC plan accurately summarized the key findings and conclusions.
 - The Dental MC plan achieved the SMART Aim goal or achieved statistically significant, non-statistically significant, clinically significant, or programmatically significant improvement; however, the Dental MC plan did not accurately summarize the key findings and conclusions.
- ◆ Low confidence
 - The PIP was methodologically sound.
 - One of the following occurred:
 - No improvement was achieved.
 - The Dental MC plan achieved the SMART Aim goal or achieved statistically significant, non-statistically significant, clinically significant, or programmatically

significant improvement; however, none of the tested interventions could reasonably result in the demonstrated improvement.

- ◆ No confidence
 - The SMART Aim measure and/or approved rapid-cycle PIP methodology was not followed through the SMART Aim end date.

Performance Improvement Project Validation Findings

During the review period of this *2022–23 Dental Managed Care External Quality Review Technical Report*, all Dental MC plans continued to test interventions for their 2020–22 PIPs through the SMART Aim end date of December 31, 2022. In April 2023, the Dental MC plans submitted their final Module 4s to HSAG for validation. In June 2023, HSAG validated Module 4 submissions and assigned final PIP confidence levels for all Dental MC plans' 2020–22 PIPs.

Table C.2 lists Dental MC plans' 2020–22 PIP topics and the final confidence levels HSAG assigned to the PIPs as part of the validation process.

**Table C.2—Dental Managed Care Plan
2020–22 Performance Improvement Project Topics and Final Confidence Levels**

Dental MC Plan Name	PIP Topic	Final Confidence Level
Access Dental	<i>Dental Utilization</i>	High Confidence
Health Net	<i>Coordination of Care for High-Risk Members</i>	Moderate Confidence
LIBERTY Dental	<i>Oral Health Utilization</i>	High Confidence

Performance Improvement Project Interventions

Table C.3 presents descriptions of interventions that the Dental MC plans tested for the 2020–22 PIPs. The table also indicates whether the Dental MC plans determined, based on intervention testing results, to adopt, adapt, abandon, or continue testing each intervention.

**Table C.3—Dental Managed Care Plan
2020–22 Performance Improvement Project Interventions**

Dental MC Plan Name	PIP Topic	Intervention Description	Adopt, Adapt, Abandon, or Continue Testing
Access Dental	<i>Dental Utilization</i>	<p>The Dental MC plan tested four interventions:</p> <ul style="list-style-type: none"> ◆ Telephonic outreach by Access Dental ◆ Telephonic outreach by a provider partner ◆ Teledentistry leading to accessing dental care ◆ Text messaging campaign <p>All four interventions were tested from January 1, 2022, through December 31, 2022. During the intervention testing period, the Dental MC plan documented that 374 members accessed dental care as a result of the four tested interventions. The Dental MC plan is continuing all four interventions and plans to spread the interventions to include the larger California Medi-Cal population it serves.</p>	Adopt
Health Net	<i>Coordination of Care for High-Risk Members</i>	<p>The Dental MC plan tested the provider P4P incentive program from July 1, 2021, through December 31, 2022, in two cycles. During the intervention testing period, the Dental MC plan documented that 247 members had periodontal procedures completed. The Dental MC plan plans to implement the intervention with other high-risk population groups.</p>	Adopt

APPENDIX C. COMPARATIVE DENTAL MC PLAN-SPECIFIC QIP AND PIP INFORMATION

Dental MC Plan Name	PIP Topic	Intervention Description	Adopt, Adapt, Abandon, or Continue Testing
LIBERTY Dental	<i>Oral Health Utilization</i>	The Dental MC plan conducted telephonic outreach to encourage members to complete a dental visit virtually or with their primary care dentist. The intervention was tested in two cycles, from July 1, 2021, through December 31, 2021; and from January 1, 2022, through December 31, 2022. During the intervention testing period, the Dental MC plan documented that 2,384 members accessed dental care as a result of the outreach calls. The Dental MC plan plans to fully expand this intervention to other disparate population groups or narrowed focus population groups that can leverage and benefit from direct outreach and education.	Adopt

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 2021–22 Dental MC EQR recommendations and HSAG’s assessment of the self-reported actions. Additionally, based on its assessment of the 2022–23 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 of, timeliness of, and access to care the Dental MC plan furnishes to its members. Based on the assessment, HSAG makes recommendations to each Dental MC plan.

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

HSAG used the following process to aggregate and analyze data from all applicable EQR activities it conducted to draw conclusions about the quality of, timeliness of, and access to 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 of, timeliness of, and access to 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 of, timeliness of, and access to 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 of, timeliness of, or access to care).

Access Dental Plan, Inc.

Follow-Up on Prior Year Recommendations

Table D.1 provides the 2021–22 EQR recommendations directed to Access Dental, along with the Dental MC plan’s self-reported actions taken through June 30, 2023, that address the recommendations. Please note that HSAG made minimal edits to Table D.1 to preserve the accuracy of Access Dental’s self-reported actions.

Table D.1—Access Dental Plan, Inc.’s Self-Reported Follow-Up on the 2021–22 External Quality Review Recommendations

2021–22 External Quality Review Recommendations Directed to Access Dental	Self-Reported Actions Taken by Access Dental during the Period of July 1, 2021–June 30, 2023, that Address the External Quality Review Recommendations
<p>1. Continue to work with DHCS to fully resolve all findings from the 2020 DHCS A&I Dental Audit.</p>	<p>Utilization Management</p> <p>The system we use for authorizations has limitations related to the ability to efficiently manage prior authorization processes and development of member-friendly denial rationales. Access Dental is currently in the process of migrating to a different management platform which will effectively remediate these deficiencies.</p> <p>Access Dental is continuing to conduct daily tracking of authorizations inventory, which the Dental MC plan noted in the original resolution to DHCS.</p> <p>Access Dental implemented an internal utilization management standard operating procedure, along with updated training, to correct the deficiencies that were reported within the time frame.</p> <p>Access and Availability</p> <p>The provider relations team continues to monitor telephone wait times and phone calls returned to members by the office through our</p>

2021–22 External Quality Review Recommendations Directed to Access Dental	Self-Reported Actions Taken by Access Dental during the Period of July 1, 2021–June 30, 2023, that Address the External Quality Review Recommendations
	<p>Access and Availability to Care survey that is conducted by email quarterly.</p> <p>Member’s Rights</p> <p>Access Dental continues to conduct a readability statistics review on all resolution letters as part of the overall review process. Management staff members conduct a final readability statistics review before sending the letter to the member. As such, the readability statistics are reviewed as part of the process for every letter.</p> <p>Monthly reminders have continued during staff meetings, team huddles, and email communications concerning the need to remain vigilant and respond to all concerns listed in a member’s complaint. We continue to ensure response letters address all member concerns.</p>
<p>2. Address the findings from the 2021 A&I Dental Audit of Access Dental by implementing the actions recommended by A&I.</p>	<p>Utilization Management</p> <p>The utilization management team is reviewing codes to ensure those that should be automatically approved according to the Medical Manual of Criteria are handled appropriately.</p> <p>All letters contain the required language that indicates the reason for the decision and the clinical criteria used to make the decision. Additionally, all letters, including appeal letters, are reviewed for content and readability before being sent to the members.</p> <p>Case Management and Coordination of Care</p> <p>The Dental MC plan has implemented a process, including text messages and robocalls, to ensure members receive and</p>

2021–22 External Quality Review Recommendations Directed to Access Dental	Self-Reported Actions Taken by Access Dental during the Period of July 1, 2021–June 30, 2023, that Address the External Quality Review Recommendations
	<p>submit an Oral Health Information Form within 90 days of the effective date of enrollment.</p> <p>In terms of continuity of care, the provider manual has been updated to reflect DHCS' All Plan Letters and regulations.</p> <p>Access Dental is conducting special health care needs (SHCN) dental provider training when providers join the network and on a periodic basis.</p> <p>The quality team has created new functional processes for oversight of activity conducted through shared services with the care coordination team, which is tasked with day-to-day facilitation of care coordination and nonclinical case management service actions. This includes a process to identify and refer children with eligible conditions to the local California Children's Services program.</p> <p>Access and Availability</p> <p>The Access Dental Plan Dental Care Appointment Availability & Timely Access Questionnaire has been updated with the CAP process and was approved by DHCS. However, we are currently awaiting clarification from DHCS on the requirements for the provider telephone wait times. Once we receive clarification, we can review and implement a process to address this requirement.</p> <p>Member's Rights</p> <p>Access Dental has a policy and procedures which outline the requirement that the clinical reviewer of a grievance cannot be the same clinician who participated in a review of a prior case or decision.</p>

2021–22 External Quality Review Recommendations Directed to Access Dental	Self-Reported Actions Taken by Access Dental during the Period of July 1, 2021–June 30, 2023, that Address the External Quality Review Recommendations
	<p>Quality Improvement</p> <p>Access Dental has developed and implemented a new process and standard operating procedure to monitor, evaluate, and take effective action to address any quality-of-care improvements by providers.</p> <p>The quality team has created new functional processes for oversight of activity conducted through shared service with the care coordination team, which is tasked with day-to-day facilitation of care coordination and nonclinical case management service actions. This includes a comprehensive Quality Assurance and Performance Improvement program that includes mechanisms to assess the quality of care for members with SHCN.</p> <p>Administrative and Organizational</p> <p>Access Dental has updated and implemented policies to ensure any fraud, waste, and abuse cases are reported to DHCS.</p> <p>Access Dental has implemented a process to ensure that suspended, excluded, or terminated providers are reported to DHCS. For the period noted, there have been no terminations to report.</p>
<p>3. For both reporting units, identify the factors, which may include COVID-19, that resulted in the significant decline in the <i>Usual Source of Care—Ages 0–20 Years</i> measure rates from measurement year 2020 to measurement year 2021 and implement quality improvement strategies that target the identified factors. Strategies should address the timeliness and quality of services provided to members</p>	<p>For both reporting units, the significant decline in the <i>Usual Source of Care—Ages 0–20 Years</i> measure rates in measurement year 2021 was due to COVID-19 and the resulting public health emergency. Dental offices were closed or had limited capacity for non-emergency services for much of the time frame. Tele-dental benefits were added to the Medi-Cal dental program to increase access to care, and providers were informed of the changes to benefits and proper processes. Access Dental sends text messages to members with monthly health education</p>

2021–22 External Quality Review Recommendations Directed to Access Dental	Self-Reported Actions Taken by Access Dental during the Period of July 1, 2021–June 30, 2023, that Address the External Quality Review Recommendations
<p>as well as barriers to accessing dental care services.</p>	<p>information, encouraging proper dental care, and sends reminders via phone calls and postcards when members are due for a dental visit. During COVID-19, adults were added to text messaging campaigns. Access Dental also contacted providers to assess office capacity and closure status to make sure member assignments could be adjusted as needed. Provider grants were paid to critical providers to help alleviate the burden of increased dental office supplies and staffing costs due to the public health emergency.</p>
<p>4. For Sacramento County, identify the factors that contributed to Access Dental's performance declining significantly from measurement year 2020 to measurement year 2021 for all measures targeting members ages 0 to 20 years. The Dental MC plan should implement quality improvement strategies that address the identified factors and target this age group. Strategies should address the timeliness and quality of services provided to members as well as barriers to accessing dental care services.</p>	<p>For Sacramento County, the significant decline in all performance measures from measurement year 2020 to measurement year 2021 was due to COVID-19 and the resulting public health emergency. Dental offices were closed and/or had limited capacity for non-emergency services for much of the time frame. Tele-dental benefits were added to the Medi-Cal dental program to increase access to care, and providers were informed of the changes to benefits and proper processes. Access Dental sends text messages to members with monthly health education information, encouraging proper dental care and routine dental visits, as well as makes phone calls and sends postcard reminders when members are due for a dental visit. During COVID-19, Access Dental implemented text messaging campaigns targeting adults. Text messages were sent to all members notifying them of the availability of tele-dental benefits and services. Lastly, providers were also contacted to assess office capacity and closure status to make sure member general practice assignments could be adjusted as needed. Public dental screenings and community events were not allowed and were not conducted during COVID-19 and resumed</p>

2021–22 External Quality Review Recommendations Directed to Access Dental	Self-Reported Actions Taken by Access Dental during the Period of July 1, 2021–June 30, 2023, that Address the External Quality Review Recommendations
	<p>in July 2022. According to company policy, provider relations representatives were not allowed to visit provider offices during COVID-19 and resumed the office visits in July 2022.</p> <p>To increase access and keep dental offices open, Access Dental implemented a Provider COVID Grant which was paid to primary care dentists in 2020 to relieve some of the financial hardship due to the impacts of COVID-19, as dental supplies and staffing costs increased significantly.</p> <p>In October 2022, Access Dental implemented a revised provider bonus to incentivize annual dental visits, preventive dental procedures, and sealants for Sacramento County members. Additionally, general dentist fees were increased for certain dental codes. This was to motivate general practice providers to perform services rather than refer to a specialist, as specialty referrals may delay dental care and decrease the availability of network specialist appointments. Access Dental has significantly invested in its care coordination, case management, and quality team staffing and resources to increase member outreach capacity, decrease wait time for care, and remove barriers to access. Access Dental is in the process of adding a tele-dental vendor to provide virtual dental screenings, emergency exams, and at-home fluoride applications to address the many barriers this population faces. We expect the vendor to be on board and the new services to be implemented in late 2023.</p>

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

HSAG reviewed Access Dental's self-reported actions in Table D.1 and determined that the Dental MC plan adequately addressed the 2021–22 EQR recommendations. Access Dental described in detail the steps it has taken to fully resolve all findings from the 2020 and 2021 A&I Dental Audits, including:

- ◆ Implemented policies and procedures to support improved quality of care and member access to services.
- ◆ Implemented revised Access Dental and provider trainings to address deficiencies identified in the audits.
- ◆ Implemented processes to ensure that Access Dental's responses to member complaints address all concerns.
- ◆ Updated the Dental MC plan's provider manual to reflect DHCS' All Plan Letters and regulations.

Access Dental provided details regarding what caused the rates for both reporting units to decline significantly from measurement year 2020 to measurement year 2021 for the *Usual Source of Care—Ages 0–20 Years* measure, including continued effects from COVID-19. The Dental MC plan also described member and provider outreach efforts designed to increase the number of members ages 0 to 20 years accessing needed dental services. Finally, Access Dental summarized the factors that contributed to the significant decline in rates from measurement year 2020 to measurement year 2021 for all measures targeting members ages 0 to 20 years, including the effects from COVID-19.

2022–23 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, accessible, and timely care through the 2022–23 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, accessibility, and timeliness 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

- ◆ DHCS' compliance review scores for Access Dental show that the Dental MC plan was fully compliant with most CFR standards.
- ◆ For measurement year 2022 performance measure rates that HSAG compared to measurement year 2021 rates:

- For Los Angeles County:
 - Three of 10 Access to Care measure rates (30 percent) improved significantly from measurement year 2021 to measurement year 2022.
 - Two of eight Preventive Care measure rates (25 percent) improved significantly from measurement year 2021 to measurement year 2022.
- For Sacramento County:
 - Six of 10 Access to Care measure rates (60 percent) improved significantly from measurement year 2021 to measurement year 2022.
 - Five of eight Preventive Care measure rates (63 percent) improved significantly from measurement year 2021 to measurement year 2022.
- ◆ HSAG assigned a *High Confidence* level to Access Dental's 2020–22 PIP, reflecting that the Dental MC plan followed the approved PIP methodology, achieved improvement, documented data to clearly link improvement to at least one tested intervention, and accurately summarized the key findings and conclusions. Access Dental's PIP interventions resulted in increased member access to needed dental care services.

Opportunities for Improvement

- ◆ DHCS identified findings within five of the CFR standards during the DHCS compliance review scoring process for Access Dental.
- ◆ Statistical testing determined that the rates for the following measures declined significantly from measurement year 2021 to measurement year 2022:
 - For Los Angeles County:
 - *Preventive Services to Filling—Ages 0–20 Years*
 - *Treatment/Prevention of Caries—Ages 0–20 Years*
 - For Sacramento County:
 - *Annual Dental Visits—Ages 21+ Years*
 - *Exam/Oral Health Evaluations—Ages 21+ Years*
 - *Overall Utilization of Dental Services—One Year—Ages 21+ Years*

2022–23 External Quality Review Recommendations

- ◆ Work with DHCS to resolve the identified findings from DHCS' compliance review scoring process to ensure Access Dental meets all CFR standard requirements moving forward.
- ◆ For performance measures with rates that declined significantly from measurement year 2021 to measurement year 2022, 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.

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

Health Net of California, Inc.

Follow-Up on Prior Year Recommendations

Table D.2 provides the 2021–22 EQR recommendations directed to Health Net, along with the Dental MC plan’s self-reported actions taken through June 30, 2023, that address the recommendations. Please note that HSAG made minimal edits to Table D.2 to preserve the accuracy of Health Net’s self-reported actions.

Table D.2—Health Net of California, Inc.’s Self-Reported Follow-Up on the 2021–22 External Quality Review Recommendations

2021–22 External Quality Review Recommendations Directed to Health Net	Self-Reported Actions Taken by Health Net during the Period of July 1, 2021–June 30, 2023, that Address the External Quality Review Recommendations
1. Continue to work with DHCS to fully resolve all findings from the 2021 DHCS A&I Dental Audit.	Health Net has addressed and resolved all DHCS 2021 findings. DHCS conducted the 2023 Health Net Dental Audit, and DHCS identified no repeat findings from the 2021 or 2022 audits.
2. For both reporting units, identify the factors, which may include COVID-19, that resulted in the significant decline in the <i>Usual Source of Care—Ages 0–20 Years</i> measure rates from measurement year 2020 to measurement year 2021 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>COVID-19 and the public health emergency contributed to dental offices facing significant decreases in resuming operations to pre-COVID levels. Staffing challenges, cost of personal protective equipment and supplies, adjustments to COVID-19-specific workflows, as well as practice transitions due to providers retiring from the workforce, all contributed to the reported decline in the <i>Usual Source of Care—Ages 0–20 Years</i> measure rates from measurement year 2020 to measurement year 2021.</p> <p>Health Net recognized these shifting dynamics and pivoted to support providers during these times. Offices better equipped to adapt to these changes saw a redirection of membership to their locations to address members’ oral health needs. Administrative processes were waived to ensure eligibility and assignments were not construed as potential barriers to members accessing care. Pre-authorization requirements</p>

2021–22 External Quality Review Recommendations Directed to Health Net	Self-Reported Actions Taken by Health Net during the Period of July 1, 2021–June 30, 2023, that Address the External Quality Review Recommendations
	<p>were waived to ensure timely access and delivery of care. The financial burden on practices imposed by the lockdown in addition to the exaggerated cost of personal protective equipment and supplies (due to fragmented supply chains) were addressed by increasing capitation reimbursement rates generating a positive cash flow in the office. Providers contracted on a FFS reimbursement schedule were provided the option of transitioning to a capitation model. This tremendously assisted offices in staying open for business in the midst of the public health emergency.</p>

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

HSAG reviewed Health Net’s self-reported actions in Table D.2 and determined that the Dental MC plan adequately addressed the 2021–22 EQR recommendations. Health Net indicated that the Dental MC plan has fully resolved all findings from the 2021 Dental Audit, and that DHCS identified no repeat findings during the 2022 Dental Audit of Health Net. The Dental MC plan provided details regarding what caused the rates for both reporting units to decline significantly from measurement year 2020 to measurement year 2021 for the *Usual Source of Care—Ages 0–20 Years* measure, including continued effects from COVID-19. Health Net also described administrative process changes the Dental MC plan made to remove barriers to members’ access to care and to support providers through the public health emergency.

2022–23 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, accessible, and timely care through the 2022–23 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, accessibility, and timeliness 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

- ◆ DHCS' compliance review scores for Health Net show that the Dental MC plan was fully compliant with most CFR standards.
- ◆ For measurement year 2022 performance measure rates that HSAG compared to measurement year 2021 rates:
 - For Los Angeles County:
 - Nine of 10 Access to Care measure rates (90 percent) improved significantly from measurement year 2021 to measurement year 2022.
 - Seven of eight Preventive Care measure rates (88 percent) improved significantly from measurement year 2021 to measurement year 2022.
 - For Sacramento County:
 - Five of 10 Access to Care measure rates (50 percent) improved significantly from measurement year 2021 to measurement year 2022.
 - Six of eight Preventive Care measure rates (75 percent) improved significantly from measurement year 2021 to measurement year 2022.
- ◆ HSAG assigned a *Moderate Confidence* level to Health Net's 2020–22 PIP, reflecting that the Dental MC plan followed the approved PIP methodology, achieved improvement, and documented data to clearly link improvement to at least one tested intervention. Health Net's PIP intervention resulted in improved care coordination and access to dental care services for high-risk members.

Opportunities for Improvement

- ◆ DHCS identified findings within three of the CFR standards during the DHCS compliance review scoring process for Health Net.
- ◆ Statistical testing determined that the rates for the following measures for Sacramento County declined significantly from measurement year 2021 to measurement year 2022:
 - *Annual Dental Visits—Ages 21+ Years*
 - *Overall Utilization of Dental Services—One Year—Ages 21+ Years*
 - *Use of Preventive Services—Ages 21+ Years*

2022–23 External Quality Review Recommendations

- ◆ Work with DHCS to resolve the identified findings from DHCS' compliance review scoring process to ensure Health Net meets all CFR standard requirements moving forward.
- ◆ For performance measures with rates that declined significantly from measurement year 2021 to measurement year 2022, 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.

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

LIBERTY Dental Plan of California, Inc.

Follow-Up on Prior Year Recommendations

Table D.3 provides the 2021–22 EQR recommendations directed to LIBERTY Dental, along with the Dental MC plan’s self-reported actions taken through June 30, 2023, that address the recommendations. Please note that HSAG made minimal edits to Table D.3 to preserve the accuracy of LIBERTY Dental’s self-reported actions.

Table D.3—LIBERTY Dental Plan of California, Inc.’s Self-Reported Follow-Up on the 2021–22 External Quality Review Recommendations

2021–22 External Quality Review Recommendations Directed to LIBERTY Dental	Self-Reported Actions Taken by LIBERTY Dental during the Period of July 1, 2021–June 30, 2023, that Address the External Quality Review Recommendations
<p>1. Address the findings from the 2021 DHCS A&I Dental Audit of LIBERTY Dental by implementing the actions recommended by A&I, paying particular attention to the repeat findings A&I identified in all three categories with findings.</p>	<p>Access & Availability</p> <p>In response to Finding 3.1.1, “The Plan did not effectively monitor provider compliance with timeliness standards,” LIBERTY Dental enhanced the provider network secret shopper program to include a methodology for validating its network panel that has self-reported appointment timeliness standards. The purpose of the secret shopper program is to validate appointment availability as well as telephone wait time and calls. LIBERTY Dental committed to auditing a selection of 5 percent of the Dental MC plan’s provider network quarterly for outbound calls. Activity for this program is reported to the Access and Availability Sub-Committee for trends and process improvement opportunities.</p> <p>In response to Finding 3.1.2, “The Plan did not effectively monitor provider compliance with office wait times,” LIBERTY Dental’s network managers conducted annual trainings to document observations of lobby areas, sign-in sheets, and any additional information provided by the office staff within the Health Insurance Portability and Accountability Act of</p>

2021–22 External Quality Review Recommendations Directed to LIBERTY Dental	Self-Reported Actions Taken by LIBERTY Dental during the Period of July 1, 2021– June 30, 2023, that Address the External Quality Review Recommendations
	<p>1996 Privacy Rule’s guidelines to monitor office wait times. LIBERTY Dental also conducts oversight of office wait times via complaints, quality assurance reviews, and member satisfaction surveys. Data from these sources are evaluated and monitored quarterly by LIBERTY Dental’s Access and Availability Sub-Committee.</p> <p>Member’s Rights</p> <p>In response to Finding 4.1.1, “The Plan sent grievance resolution letters to members without adequate investigation and resolution,” to ensure adequate and appropriate resolution of all member grievances is achieved, LIBERTY Dental implemented a concurrent letter review process for all grievance resolution letters. Further, LIBERTY Dental’s grievance and appeals department made the necessary updates to its adequate grievance resolution matrix and conducted a refresh training for all grievance and appeals staff members to reinforce best practices as they related to adequate grievance resolutions.</p> <p>Quality Management</p> <p>In response to Finding 5.2.1, “The Plan’s policy did not ensure that all providers received training regarding the Medi-Cal Dental Managed Care Program...the policy allows an option for the dentist provider not to attend,” LIBERTY Dental made updates to the Provider Orientation Policy and Procedure to clearly state that provider orientations should include the dentist and any auxiliary staff members as required.</p> <p>In response to Finding 5.2.2, “The Plan did not ensure that new providers completed the Medi-</p>

2021–22 External Quality Review Recommendations Directed to LIBERTY Dental	Self-Reported Actions Taken by LIBERTY Dental during the Period of July 1, 2021–June 30, 2023, that Address the External Quality Review Recommendations
	<p>Cal Dental Managed Care training within ten business days,” LIBERTY Dental added a training attestation form to the provider credentialing packet to track each new provider’s orientation. The implementation of this process ensured that the orientation is completed in person by LIBERTY Dental’s network manager or through the self-directed orientation before the activation status of the provider’s contract effective date. Additionally, LIBERTY Dental implemented a process wherein orientation dates were entered into the Dental MC plan’s Managed Information System for tracking purposes. Further, LIBERTY Dental made system updates to ensure that provider orientation dates were captured at the individual provider level. All provider activation and orientation dates would be reported and monitored at LIBERTY Dental’s quarterly Quality Management and Improvement Committee meeting.</p>
<p>2. For both reporting units, identify the factors, which may include COVID-19, that resulted in the significant decline in the <i>Usual Source of Care—Ages 0–20 Years</i> measure rates from measurement year 2020 to measurement year 2021 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>LIBERTY Dental identified several key barriers impacting its members’ access to preventive and medically necessary dental care, which affected the <i>Usual Source of Care—Ages 0–20</i> measure rates. Many of the barriers identified, whether direct or indirect, were byproducts of the COVID-19 pandemic in both Sacramento and Los Angeles counties. Additionally, LIBERTY Dental also realized that with COVID-19 in full effect throughout 2020 and 2021, many barriers and obstacles were placed between the member and the interventions. LIBERTY Dental understood that many of the provider offices throughout the Los Angeles and Sacramento regions were temporarily closed due to state-mandated shelter-in-place orders or were servicing emergency dental visits only, thus impacting the overall utilization rate for both GMC and</p>

2021–22 External Quality Review Recommendations Directed to LIBERTY Dental	Self-Reported Actions Taken by LIBERTY Dental during the Period of July 1, 2021– June 30, 2023, that Address the External Quality Review Recommendations
	<p>PHP population groups. As a result, LIBERTY Dental began developing various programs and efforts to help deliver much-needed care and outreach to the Medi-Cal population. LIBERTY Dental developed several performance improvement programs in addition to its continuous interventions that were aimed at improving access to care, utilization, and preventive services. Some of the programs are listed below:</p> <ol style="list-style-type: none"> <li data-bbox="802 814 1464 1136">1. <u>Community Smiles (Ongoing)</u>: This program is one of LIBERTY Dental's first intervention programs that focused on identifying SDOH for its members. This program 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. <li data-bbox="802 1178 1464 1465">2. <u>Medical Dental Referral and Navigation System (Ongoing)</u>: This is a pilot program created by the Dental Transformation Initiative for Sacramento County. LIBERTY Dental currently partners with community-based organizations to actively submit dental referrals for members based on their urgency level. <li data-bbox="802 1507 1464 1898">3. <u>Guided TeleDentistry (Ongoing)</u>: LIBERTY Dental launched a new intervention program in Quarter 1 2022 that focuses on providing access to care for members who are experiencing a dental emergency. The Dental MC plan also implemented new efforts to assess unique barriers to care that were brought forth due to the effects of COVID-19. This is achieved by triaging incoming requests from enrollees and then navigating, scheduling, and completing

2021–22 External Quality Review Recommendations Directed to LIBERTY Dental	Self-Reported Actions Taken by LIBERTY Dental during the Period of July 1, 2021–June 30, 2023, that Address the External Quality Review Recommendations
	<p>each request with a LIBERTY Dental staff dentist through a virtual appointment.</p> <p>4. <u>CaAIM P4P Incentive Program (Ongoing)</u>: This program aims to increase the utilization rates of annual dental visits, preventive services, and use of sealants for children under age 21 years and for adults ages 21 years and older. Both members and providers are incentivized via monetary gift card and bonus payments, respectively, after the completion of an eligible service.</p> <p>5. <u>Benefits and Rewards for Utilization, Services and Healthy outcomes (BRUSH) value-based program (Ongoing)</u>: LIBERTY Dental's BRUSH program offers rewards for providers with multiple avenues of approach that offer P4P programs. These programs can focus on improving various member quality outcomes such as HEDIS measures, reducing caries risk, and increasing utilization.</p> <p>In addition to the above, LIBERTY Dental has ongoing telephonic and text message outreach campaigns to encourage utilization while supporting the success of its interventions. LIBERTY Dental believes that as these interventions/programs are continually integrated throughout 2023–24, there will be an increase in performance measure rates on the next annual evaluation for the 2022–23 measurement period.</p>

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

HSAG reviewed LIBERTY Dental's self-reported actions in Table D.3 and determined that the Dental MC plan adequately addressed the 2021–22 EQR recommendations. LIBERTY Dental described in detail the steps it took to fully resolve all findings from the 2021 A&I Dental Audit, including:

- ◆ Enhanced its provider network secret shopper program, which assesses appointment availability and telephone wait times, and conducted activities to monitor and document office wait times.
- ◆ Implemented new processes to ensure full resolution of all member grievances.
- ◆ Revised the LIBERTY Dental Provider Orientation Policy and Procedure to specify the provider staff members who must participate in provider orientation trainings.
- ◆ Added a training attestation form to the provider credentialing packet to help the Dental MC plan track the completion of each new provider's orientation.

LIBERTY Dental provided details regarding the barriers to members accessing preventive and medically necessary dental care, which contributed to the rates for both reporting units declining significantly from measurement year 2020 to measurement year 2021 for the *Usual Source of Care—Ages 0–20 Years* measure, including continued effects from COVID-19. LIBERTY Dental described several member- and provider-focused performance improvement programs that the Dental MC plan implemented to improve access to care, utilization, and preventive services.

2022–23 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, accessible, and timely care through the 2022–23 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, accessibility, and timeliness 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

- ◆ DHCS' compliance review scores for LIBERTY Dental show that the Dental MC plan was fully compliant with most CFR standards.

- ◆ For measurement year 2022 performance measure rates that HSAG compared to measurement year 2021 rates:
 - For Los Angeles County:
 - All 10 Access to Care measure rates improved significantly from measurement year 2021 to measurement year 2022.
 - Six of eight Preventive Care measure rates (75 percent) improved significantly from measurement year 2021 to measurement year 2022.
 - For Sacramento County:
 - Seven of 10 Access to Care measure rates (70 percent) improved significantly from measurement year 2021 to measurement year 2022.
 - Six of eight Preventive Care measure rates (75 percent) improved significantly from measurement year 2021 to measurement year 2022.
- ◆ HSAG assigned a *High Confidence* level to LIBERTY Dental's 2020–22 PIP, reflecting that the Dental MC plan followed the approved PIP methodology, achieved improvement, documented data to clearly link improvement to at least one tested intervention, and accurately summarized the key findings and conclusions. LIBERTY Dental's PIP intervention resulted in increased member access to needed dental services.

Opportunities for Improvement

- ◆ DHCS identified findings within three of the CFR standards during the DHCS compliance review scoring process for LIBERTY Dental.
- ◆ Statistical testing determined that the rate for the *Use of Preventive Services—Ages 21+ Years* measure declined significantly from measurement year 2021 to measurement year 2022.

2022–23 External Quality Review Recommendations

- ◆ Work with DHCS to resolve the identified findings from DHCS' compliance review scoring process to ensure LIBERTY Dental meets all CFR standard requirements moving forward.
- ◆ Evaluate performance measure data to determine whether clinical significance is tied to the statistically significant decline for the *Use of Preventive Services—Ages 21+ Years* measure rate from measurement year 2021 to measurement year 2022.
 - If 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 preventive dental 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 these recommendations.