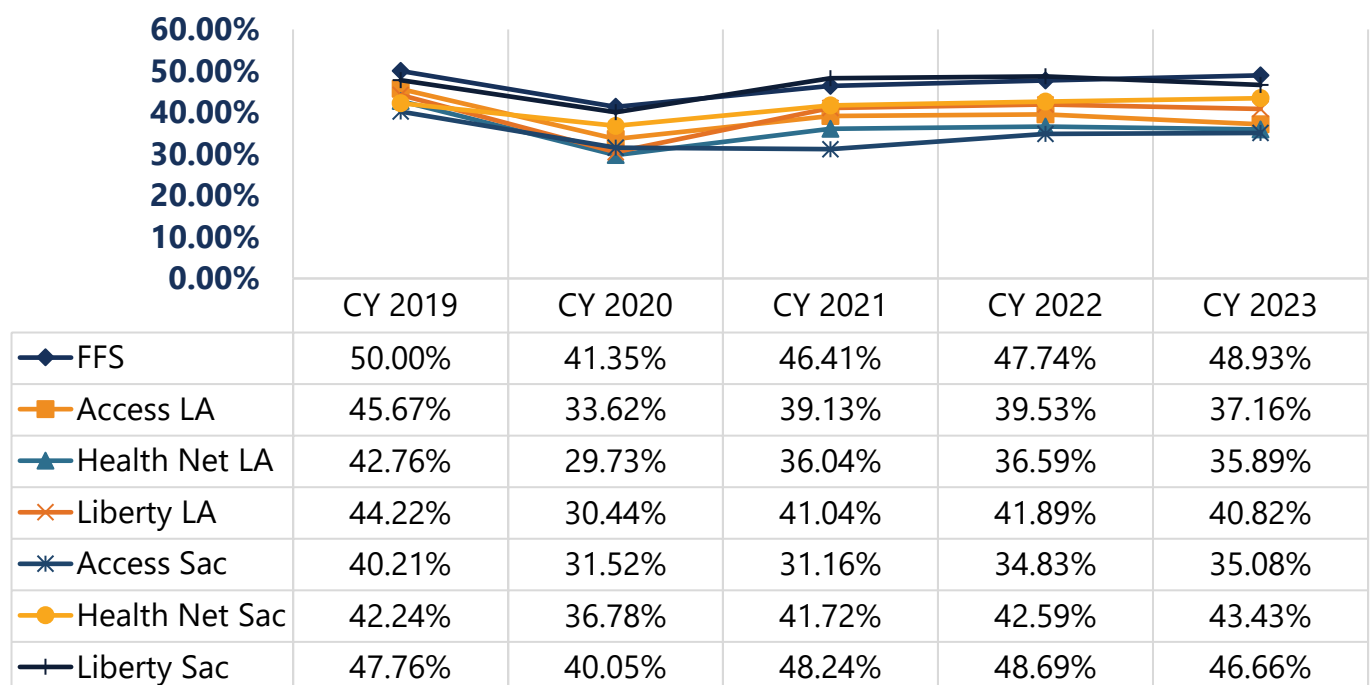


DENTAL UTILIZATION IN CHILDREN

The following section analyzes dental utilization¹ measures for both Fee-For-Service (FFS) and Dental Managed Care (DMC) plans for those aged 0 through 20² for Calendar Year (CY) 2019 to CY 2023³.

Figure 1: Annual Dental Visits (ADV) for Members aged 0-20

Annual Dental Visits CY 2019 - CY 2023 Utilization For Eligibles



¹ Utilization is calculated based on: **Numerator:** Number of members in the denominator who received any dental service (Current Dental Terminology (CDT) D0100-D9999 or Current Procedural Terminology (CPT) 99188), including dental encounters at safety net clinics (SNCs). **Denominator:** Number of members with at least 90 days continuous enrollment in the same plan during the measurement period.

² Data Source: FFS claims processed through the California Dental Medicaid Management Information System (CD-MMIS); DMC claims received via encounter data submission from the DMC plans; CPT 99188 and SNC claims processed through the California Medicaid Management Information System (CA-MMIS) as of March 7, 2024.

³ Calendar Year 2023 data is subject to change as more claims are received through the full run-out period.

Figure 2: Preventive Services for Members aged 0-20

Preventive Services CY 2019 - CY 2023 Utilization For Eligibles

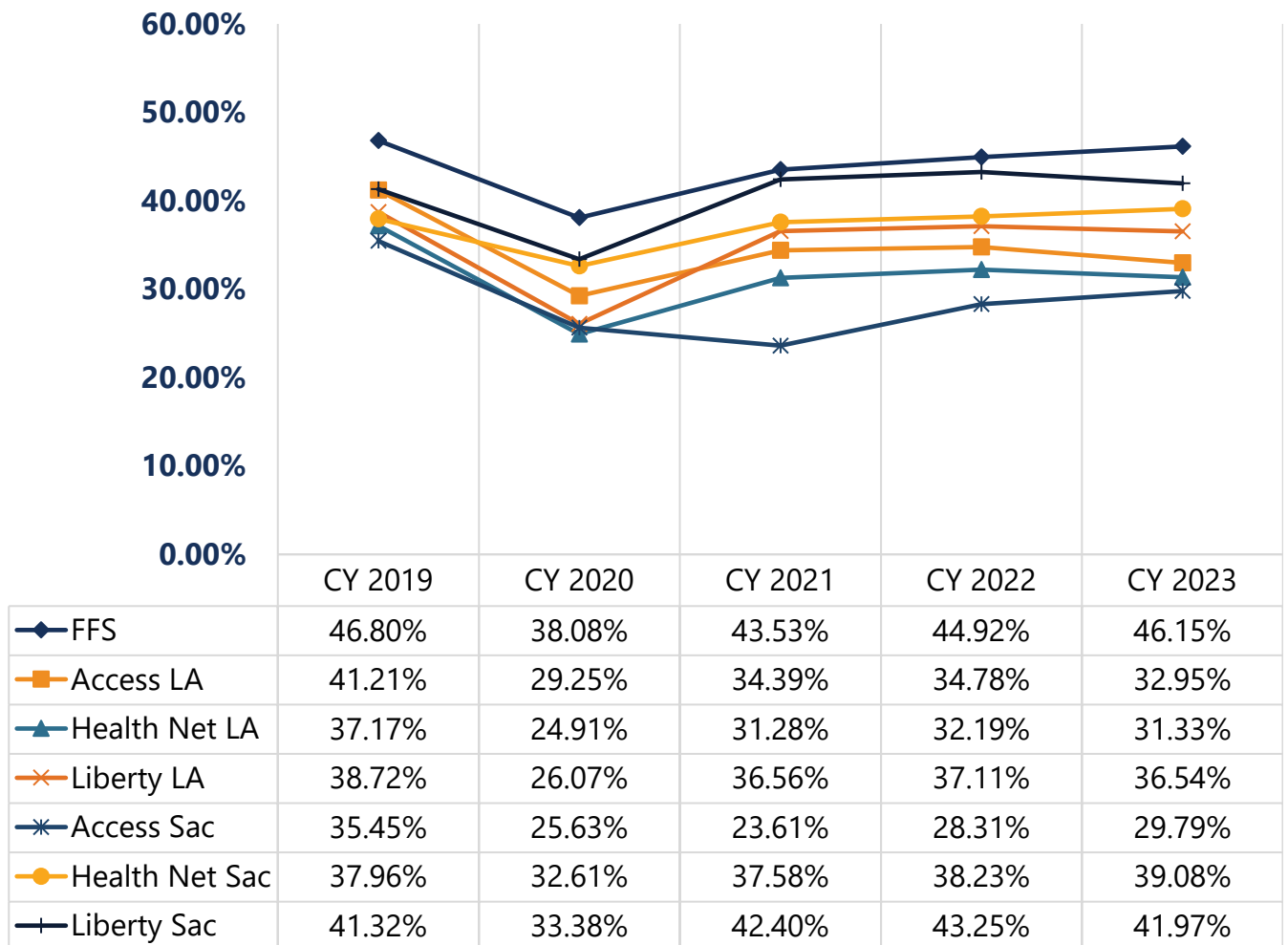


Figure 3: Sealants for Members aged 6-9

Sealants

CY 2019 - CY 2023 Utilization for Eligibles Aged 6 to 9

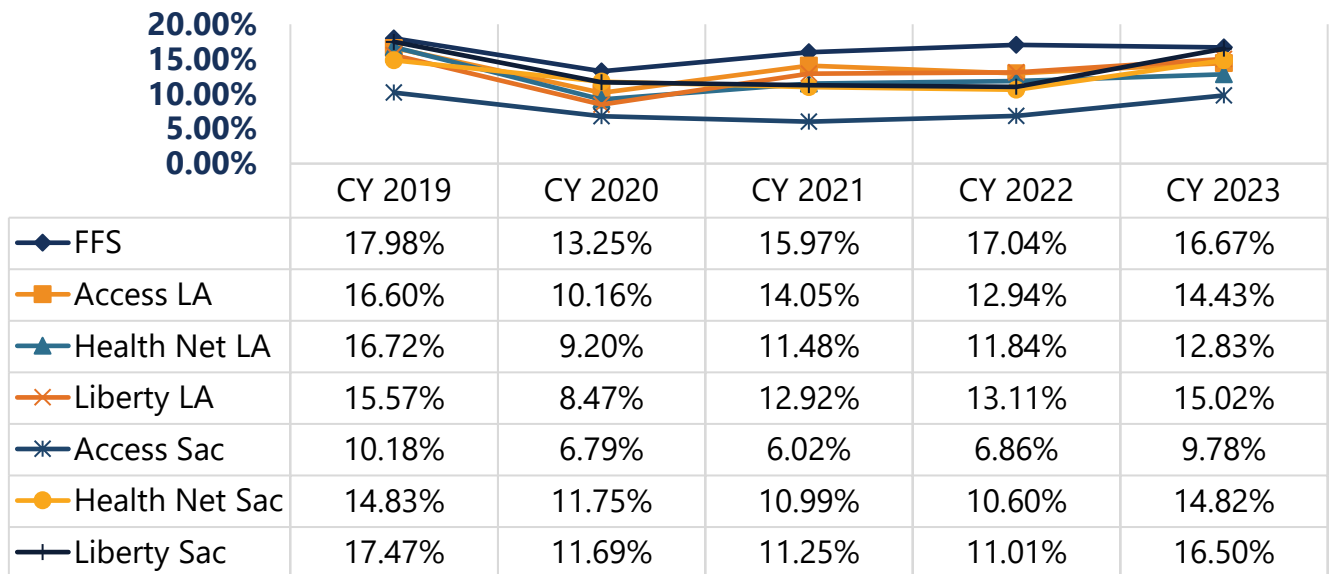
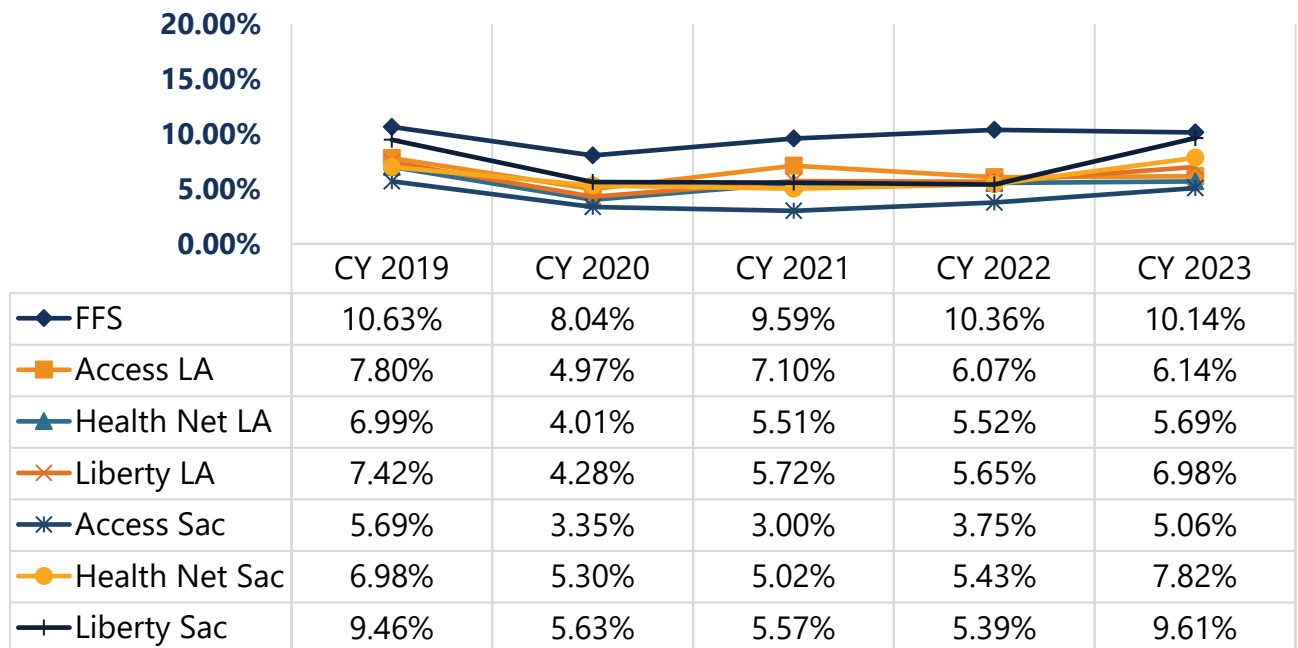


Figure 4: Sealants for Members aged 10 to 14

Sealants

CY 2019 - CY 2023 Utilization for Eligibles Aged 10 to 14



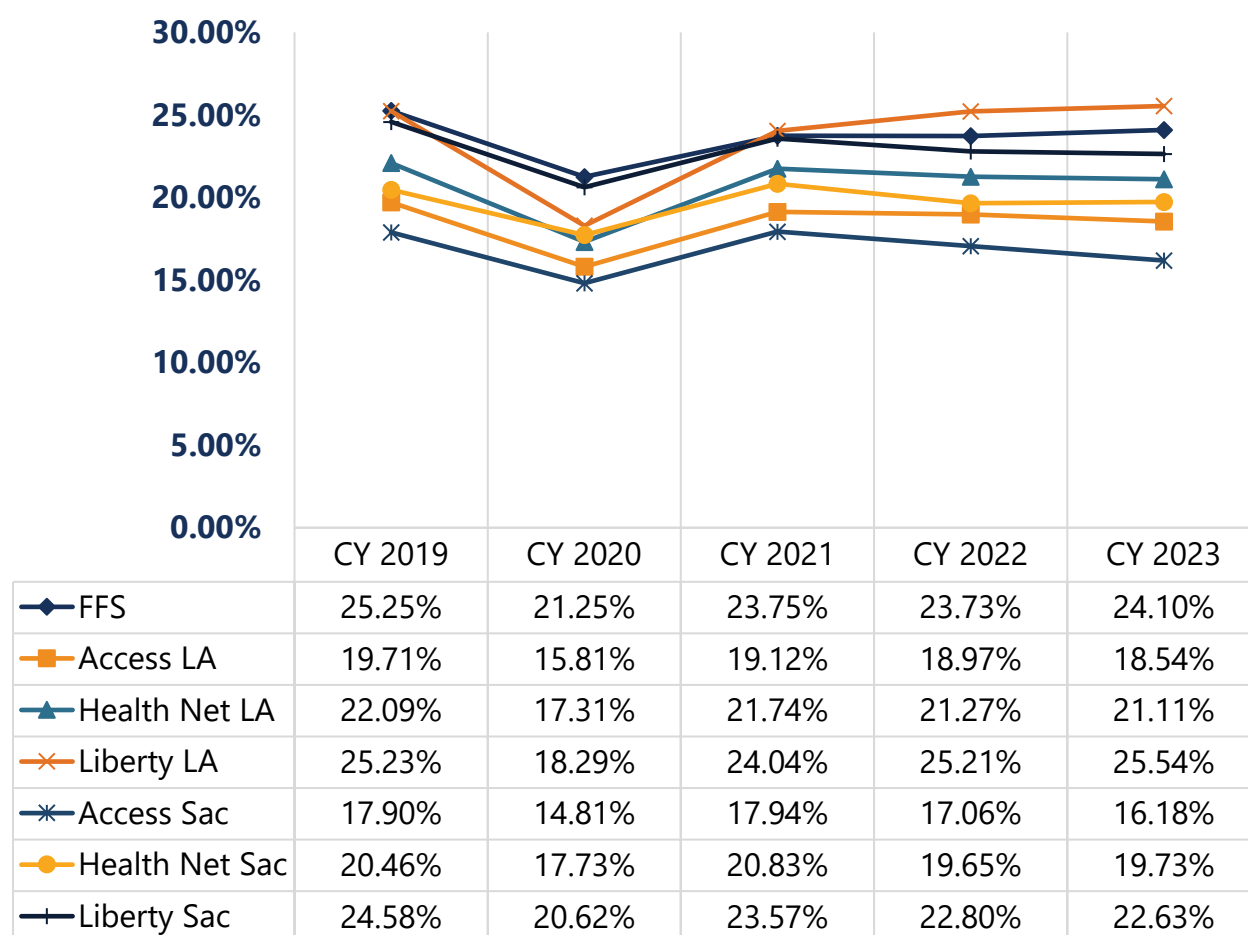
DENTAL UTILIZATION IN ADULTS (AGES 21+)

The following section analyzes dental utilization⁴ measures for both FFS and DMC plans for those aged 21 and older⁵ for Calendar Year (CY) 2019 to CY 2023⁶.

Figure 5: Annual Dental Visits (ADV) for Members aged 21 and older

Annual Dental Visits

CY 2019 - CY 2023 Utilization for Eligibles



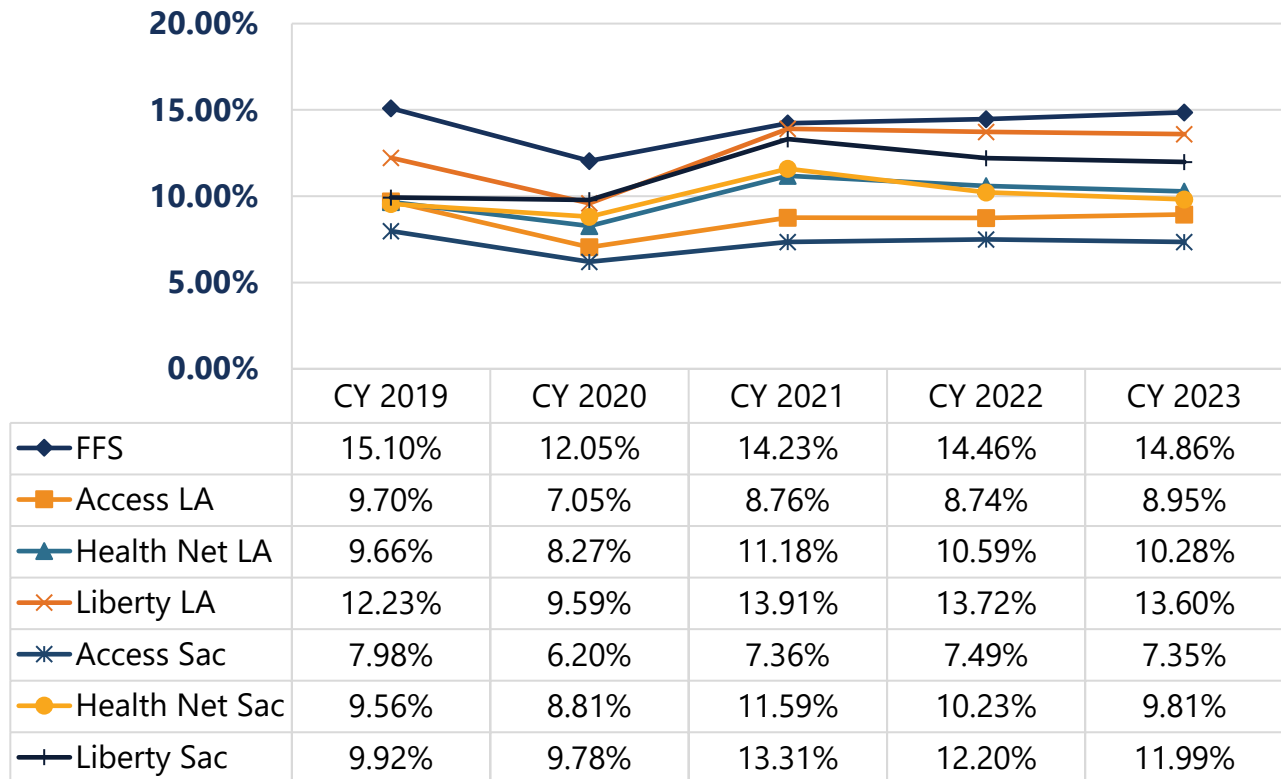
⁴ Utilization is calculated based on: **Numerator:** Number of members in the denominator who received any dental service (Current Dental Terminology (CDT) D0100-D9999 or Current Procedural Terminology (CPT) 99188), including dental encounters at safety net clinics (SNCs). **Denominator:** Number of members with at least 90 days continuous enrollment in the same plan during the measurement period.

⁵ Data Source: FFS claims processed through the California Dental Medicaid Management Information System (CD-MMIS); DMC claims received via encounter data submission from the DMC plans; CPT 99188 and SNC claims processed through the California Medicaid Management Information System (CA-MMIS) as of March 7, 2024.

⁶ Calendar Year 2023 data is subject to change as more claims are received through the full run-out period.

Figure 6: Preventive Services for Members aged 21 and older

Preventive Services CY 2019 - CY 2023 for Eligible Members



RENDERING PROVIDER DATA

The following section provides the count of enrolled providers who also provided services within the last year in dental offices or Safety Net Clinics (SNCs) within Los Angeles, Sacramento, and surrounding counties in both the Fee-For-Service (FFS) and Dental Managed Care (DMC) delivery systems.⁷

Figure 7: Rendering Provider Overlap by County

Rendering Provider Overlap by County
Active Rendering Providers from January 2024

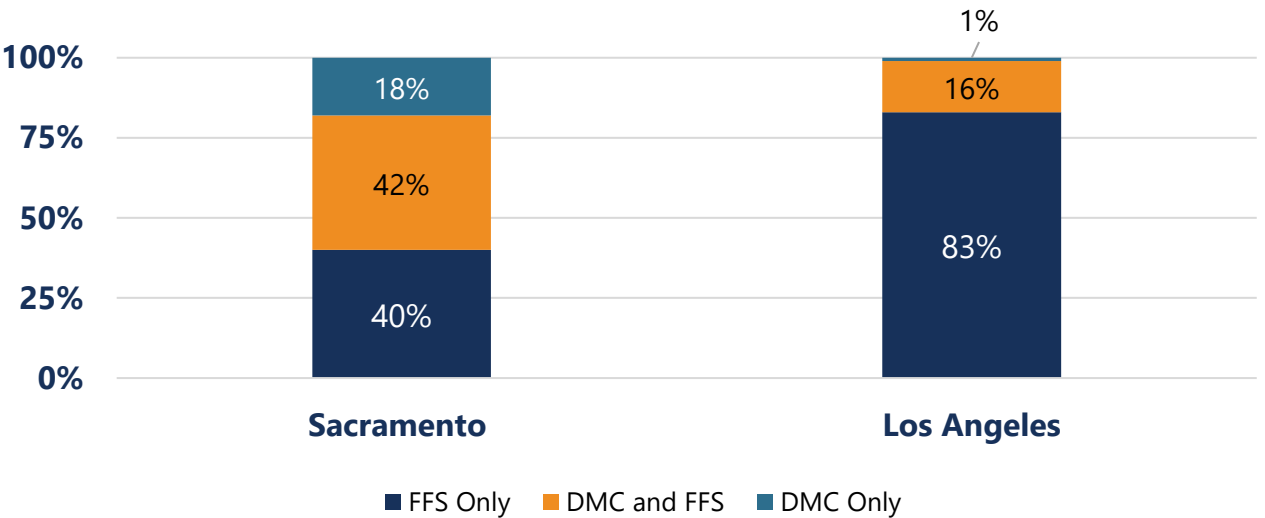


Table 1: Rendering Provider Overlap in FFS and DMC in Sacramento and Los Angeles County

Category	Sacramento Rendering Provider Count	Los Angeles Rendering Provider Count
FFS Only	256	6,244
DMC and FFS	270	1,243
DMC Only	112	72
Total	638	7,559

⁷ Data Source: Contractor reports from January 2024 matched with claims for DOS between February 1, 2023, and January 31, 2024, as of March 6, 2024, to identify the county the providers served.