Medi-Cal Dental Managed Care External Quality Review Technical Report

July 1, 2020–June 30, 2021

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

April 2022

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Commonly Used Abbreviations and Acronyms

- **A&I**—Audits & Investigations Division
- **CalAIM**—California Advancing and Innovating Medi-Cal
- **CAP**—corrective action plan
- **CA WIC**—California Welfare and Institutions Code
- **CFR**—Code of Federal Regulations
- **CHIP**—Children's Health Insurance Program
- **CMS**—Centers for Medicare & Medicaid Services
- **COVID-19**—coronavirus disease 2019
- **DHCS**—California Department of Health Care Services
- **DMC plan**—dental managed care plan
- **EQR**—external quality review
- **EQRO**—external quality review organization
- **FFS**—fee-for-service
- **FMEA**—failure modes and effects analysis
- **GMC**—Geographic Managed Care
- **HHS**—Department of Health and Human Services
- **HSAG**—Health Services Advisory Group, Inc.
- **MCMC**—Medi-Cal Managed Care program
- **MCO**—managed care organization
- **MCP**—managed care health plan
- **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
- **PSP**—population-specific health plan
- **QIP**—quality improvement project
- **SHP**—specialty health plan
- **SMART**—Specific, Measurable, Achievable, Relevant, and Time-bound

1. Executive Summary

As required by the Code of Federal Regulations (CFR) at Title 42, Section (§) 438.364, the California Department of Health Care Services (DHCS) contracts with Health Services Advisory Group, Inc. (HSAG), an external quality review organization (EQRO), to prepare an annual, independent, technical report. As described in the CFR, the independent report must summarize findings on access to 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 managed care organization (MCO), prepaid inpatient health plan (PIHP), prepaid ambulatory health plan (PAHP), or primary care case management (PCCM) entity.
- For each external quality review (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, and 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 in accordance with §438.364(a)(6).

Section 438.2 defines an MCO, in part, as "an entity that has or is seeking to qualify for a comprehensive risk contract." The Centers for Medicare & Medicaid Services (CMS) designates DHCS-contracted managed care health plans (MCPs) as MCOs and dental managed care plans (DMC plans) as PAHPs. DHCS designates three of its MCOs as population-specific health plans (PSPs). DHCS contracts with one PIHP with a specialized population, which DHCS designates as a specialty health plan (SHP).

The review period for this *2020–21 Medi-Cal Dental Managed Care External Quality Review Technical Report* is July 1, 2020, through June 30, 2021. The report provides a summary of DMC plan activities. Except when citing Title 42 CFR, this report refers to DHCS' PAHPs as DMC plans. Note that DHCS does not exempt any DMC plans from EQR.

HSAG will report on activities that take place beyond this report's review period in the *2021–22 Medi-Cal Dental Managed Care External Quality Review Technical Report*.

HSAG summarizes activities for non-DMC plans (i.e., MCPs, PSPs, and the SHP) in the *2020–21 Medi-Cal Managed Care External Quality Review Technical Report*.

Unless noted otherwise in this report, DHCS provided HSAG with sufficient information to perform the EQR for the July 1, 2020, through June 30, 2021, review period. Additionally:

- The information HSAG used to carry out the EQR was obtained from all mandatory EQR-related activities described in §438.358.
- As applicable, DHCS followed methods consistent with the protocols established by the Department of Health and Human Services (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.

Overview

DHCS is responsible for providing dental services to eligible Medi-Cal beneficiaries. DHCS offers dental services through two delivery systems, Dental Fee-for-Service (FFS) and Dental Managed Care (DMC). The DMC delivery model operates in Los Angeles and Sacramento counties and provides dental services to more than 880,000 beneficiaries (as of June 2021)[1] in Los Angeles and Sacramento counties combined. DHCS contracts with three DMC plans that each operate in Los Angeles and Sacramento counties.

Note that during the review period, DHCS allowed DMC plans continued flexibility related to select EQR activities so that these plans and their contracted providers could focus on coronavirus disease 2019 (COVID-19) response efforts. Additionally, DHCS changed its requirements related to some EQR activities, with all changes being made within CMS' allowable parameters. As applicable in this report related to specific activities, HSAG notes

[1] 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 Jul 29, 2021.

when DHCS changed its requirements due to the COVID-19 response. For details regarding all of DHCS' COVID-19-related decisions, go to DHCS COVID-19 Response.

This Executive Summary section provides a high-level overview of the activities completed during the July 1, 2020, through June 30, 2021, review period.

DHCS Comprehensive Quality Strategy

The *DHCS Comprehensive Quality Strategy 2022*[2] outlines DHCS' process for developing and maintaining a broader quality strategy to assess the quality of care that all Medi-Cal beneficiaries receive, regardless of delivery system. The strategy also defines measurable goals and tracks improvement while adhering to the regulatory federal managed care requirements. In the Quality and Health Equity Improvement Strategy section of the comprehensive quality strategy, DHCS includes details about its California Advancing and Innovating Medi-Cal (CalAIM) initiative, a five-year policy framework that encompasses a broader delivery system, program, and payment reforms across the Medi-Cal program.

Compliance Reviews

In accordance with California Welfare and Institutions Code (CA WIC) §19130(b)(3), DHCS directly conducts compliance reviews of DMC plans, rather than contracting with the EQRO to conduct reviews on its behalf. During the review period, DHCS Audits & Investigations Division (A&I) continued its suspension of the in-person Dental Audits of DMC plans, which began in April 2020 due to COVID-19 response efforts. Instead, A&I conducted virtual reviews and continued to require DMC plans to comply with all corrective action plan (CAP) requirements imposed prior to COVID-19.

To assess DHCS' compliance with §438.358, HSAG reviewed the dates on which DHCS conducted its most recent compliance reviews of DMC 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, 2020) and no later than the end of the review period for this report (June 30, 2021) for all DMC plans. HSAG identified the following notable results based on its assessment of the compliance review information submitted by DHCS to HSAG for production of the 2020–21 DMC plan-specific evaluation reports and this EQR technical report:

- DHCS provided evidence to HSAG of DHCS' ongoing follow-up with DMC plans via the CAP process regarding findings A&I identified during previous audits.
- DHCS provided evidence of ensuring A&I Dental Audits are scheduled and completed with each DMC plan.

[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 Mar 11, 2022.

- HSAG received a Dental Audit report for one DMC plan that included A&I's detailed findings and recommendations.

Performance Measures

To comply with 42 CFR §438.330, DHCS selects a set of performance measures to evaluate the quality of dental care delivered by DMC plans to their members. Each year in May, DHCS requires DMC plans to submit both reporting units' audited performance measure rates reflecting data from the previous calendar year. In 2019, DHCS began sending the rates to HSAG annually for inclusion in the EQR technical report and DMC plan-specific evaluation reports. HSAG calculated statewide weighted averages for each required measure and compared the measurement year 2020 statewide weighted averages to the measurement year 2019 statewide weighted averages to assess performance across all DMC plans.

While the DMC plan statewide averages for 16 of 22 measures for which HSAG compared measurement year 2020 rates to measurement year 2019 rates (73 percent) declined significantly from measurement year 2019 to measurement year 2020, it is likely that member reluctance to attend in-person dental appointments during the COVID-19 pandemic contributed to the significant decline in DMC plan statewide weighted averages from measurement year 2019 to 2020.

Performance Improvement Projects

During the review period, DMC plans submitted their third annual *Preventive Services Utilization* statewide quality improvement project (QIP) intervention progress report and received HSAG's feedback on their intervention progress. Through HSAG's rapid-cycle performance improvement project (PIP) training, validation, and technical assistance, the three DMC plans met all validation criteria for modules 1 and 2 for their individual PIPs. The validation findings show that DMC plans built a strong foundational framework and used quality improvement tools to define quality improvement activities that have the potential to impact their individual PIP SMART (Specific, Measurable, Achievable, Relevant, and Time-bound) Aim. All three DMC plans have progressed to Module 3, in which they will establish a plan for each intervention prior to testing the intervention through a series of Plan-Do-Study-Act (PDSA) cycles.

Recommendations across All Assessed Activities

Based on HSAG's 2020–21 EQR, HSAG has one recommendation for DHCS related to compliance reviews. As a result of CMS' feedback on the compliance review results and findings in the previous two years' MCMC EQR technical reports, DHCS informed HSAG that it is working internally to determine a process for providing HSAG with the compliance review results CMS requires the EQRO to include in the EQR technical report. HSAG recommends that DHCS ensure that the process it develops includes providing the required A&I Dental Audit information to HSAG in addition to the A&I Medical Audit information.

2. Introduction

External Quality Review

Title 42 CFR §438.320 defines "EQR" as an EQRO's analysis and evaluation of aggregated information on the quality and timeliness of, and access to health care services that an MCO, PIHP, PAHP, or PCCM entity (described in §438.310[c][2]) or their contractors furnish to Medicaid beneficiaries. Each state must comply with §457.1250,[3] 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 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, DMC 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 and timeliness of, and access to health care services to Medi-Cal managed care program (MCMC) beneficiaries.

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.

[3] 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: Nov 17, 2021.

  - 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 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).[4]
- 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, 2020, through June 30, 2021, review period. Additionally:

- The information HSAG used to carry out the EQR was obtained from all mandatory EQR-related activities described in §438.358.
- 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.

[4] Note that states are required to conduct the validation of network adequacy activity no later than one year from CMS' issuance of the validation of network adequacy EQR protocol. At the time of this report production, CMS has not yet issued this protocol; therefore, HSAG includes no information in this EQR technical report related to DHCS' validation of network adequacy for the DMC plans.

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 and timeliness of, and access to health care services provided by DMC 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 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.

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 MCPs as MCOs and DMC plans as PAHPs. DHCS designates three of its MCOs as PSPs. MCMC has one PIHP with a specialized population, which DHCS designates as an SHP.

This report provides a summary of DMC plan activities. HSAG summarizes activities for non-DMC plans (i.e., MCPs, PSPs, and the SHP) in the *2020–21 Medi-Cal Managed Care External Quality Review Technical Report*. Except when citing Title 42 CFR, this report refers to DHCS' PAHPs as DMC plans. Note that DHCS does not exempt any DMC 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 and 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 DMC plans' strengths and weaknesses with respect to the quality and timeliness of, and access to health care services furnished to DMC plan members. In this report, the term "beneficiary" refers to a person entitled to receive benefits under Medi-Cal DMC, and the term "member" refers to a person enrolled in a DMC plan. While quality, access, and timeliness are distinct aspects of care, most DMC plan activities and services cut across more than one area. Collectively, all DMC plan activities and services affect the quality, accessibility, and timeliness of care delivered to DMC plan members. In this report, when applicable, HSAG indicates instances in which DMC plan performance affects one specific aspect of care more than another.

Summary of Report Content

This report provides:

- An overview of Medi-Cal DMC.
- A description of DHCS' comprehensive quality strategy report.
- A description of the scope of EQR activities for the period of July 1, 2020, through June 30, 2021, including the methodology used for data collection and analysis; a description of the data for each activity; and an aggregate assessment of DMC plan performance related to each activity, as applicable.
- A description of HSAG's assessment related to the following federally mandated EQR-related activities as set forth in §438.358:
  - Health plan compliance reviews
  - Validation of performance measures
  - Validation of PIPs

- DMC plan-specific evaluation reports included as appendices A through C. Each DMC plan-specific evaluation report provides an assessment of the DMC plan's strengths and weaknesses with respect to the quality and timeliness of, and access to dental care services as well as recommendations to the DMC plan for improving the quality of dental care services for its members.

The Medi-Cal DMC EQR technical report and DMC plan-specific evaluation reports all align to the same review period—July 1, 2020, through June 30, 2021.

Note that during the review period, DHCS allowed DMC plans continued flexibility related to select EQR activities so that these plans and their contracted providers could focus on COVID-19 response efforts. Additionally, DHCS changed its requirements related to some EQR activities, with all changes being made within CMS' allowable parameters. As applicable in this report related to specific activities, HSAG notes when DHCS changed its requirements due to the COVID-19 response. For details regarding all of DHCS' COVID-19-related decisions, go to DHCS COVID-19 Response.

Medi-Cal Dental Managed Care Overview

DHCS is responsible for providing dental services to eligible Medi-Cal beneficiaries. DHCS offers dental services through two delivery systems, Dental FFS and DMC. The DMC delivery model operates in Los Angeles and Sacramento counties.

During the review period, DHCS contracted with three DMC plans to provide dental services in Los Angeles and Sacramento counties. In Los Angeles County, DMC plans operate as prepaid health plans (PHPs). In this county, Medi-Cal beneficiaries have the option to enroll in a DMC plan or to access dental benefits through the dental FFS delivery system. In Sacramento County, the DMC plans operate under a Geographic Managed Care (GMC) model in which DMC enrollment is mandatory. As of June 2021, DMC plans were serving more than 400,000 members in Los Angeles County and almost 480,000 members in Sacramento County.[5]

Table 2.1 shows the DMC plan names, model types, and reporting units.

Table 2.1—Medi-Cal Dental Managed Care Plan Names, Model Types, and Reporting Units as of June 30, 2021

Medi-Cal Dental Managed Care Plan Name	Model Type	Reporting Unit
Access Dental Plan	PHP	Los Angeles
	GMC	Sacramento

[5] 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 Nov 17, 2021.

Medi-Cal Dental Managed Care Plan Name	Model Type	Reporting Unit
Health Net of California, Inc.	PHP	Los Angeles
	GMC	Sacramento
LIBERTY Dental Plan of California, Inc.	PHP	Los Angeles
	GMC	Sacramento

For enrollment information about each county, go to https://data.chhs.ca.gov/dataset/medi-cal-managed-care-enrollment-report.

3. DHCS Comprehensive Quality Strategy

In accordance with 42 CFR §438.340, each state contracting with an MCO, PIHP, or PAHP as defined in §438.2 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.

2019 Comprehensive Quality Strategy Draft for Public Comment

In November 2019, DHCS posted the *State of California Department of Health Care Services Comprehensive Quality Strategy Draft Report*[6] for public comment. The draft comprehensive quality strategy report includes objectives specific to dental managed care. The Medi-Cal Dental Program, including the DMC Program, aims to improve the oral health of all members, and its fundamental objective is to increase utilization of dental visits, particularly preventive services for children. The draft quality strategy report includes the following DMC Program objectives:

- Improve health outcomes.
- Improve health equity.
- Address social determinants of health.
- Improve data quality and reporting.

DHCS requires DMC plans to report rates for a set of performance measures to evaluate the quality of dental care delivered by the plans to their members. Each year in May, DHCS requires DMC plans to submit both reporting units' (i.e., Los Angeles and Sacramento counties) audited performance measure rates reflecting data from the previous calendar year. See Section 5 of this report ("Performance Measures") for more information about the required measures. DHCS also requires each DMC plan to implement a DHCS-established and facilitated statewide QIP as well as an individual QIP that aligns with a demonstrated area in need of improvement. See Section 6 of this report ("Performance Improvement Projects") for more information about these requirements.

DHCS monitors and reports on its assessment of DMC plan performance, including the DMC Program objectives, in the quality strategy report. DHCS' DMC quality strategy objectives, plan requirements, and monitoring efforts reflect a continuous quality improvement approach that supports the delivery of quality, timely, and accessible dental health care services by DMC plans.

[6] *State of California Department of Health Care Services Comprehensive Quality Strategy Draft Report for Public Comment, November 2019*. Available at: https://www.dhcs.ca.gov/provgovpart/Documents/PRIME/DRAFT-DHCS-Comprehensive-Quality-Strategy.pdf. Accessed on: Nov 19, 2021.

2022 Final Comprehensive Quality Strategy

To allow DHCS time to incorporate stakeholder feedback and include additional details related to COVID-19 and the CalAIM initiative, CMS allowed DHCS to submit the final comprehensive quality strategy document to CMS in February 2022. Based on the quality strategy report being finalized outside the review dates for this EQR technical report, HSAG will provide its recommendations to DHCS regarding the quality strategy in the 2021–22 EQR technical report. Following is a high-level summary of the *DHCS Comprehensive Quality Strategy 2022*.[7]

The *DHCS Comprehensive Quality Strategy 2022* outlines DHCS' process for developing and maintaining a broader quality strategy to assess the quality of care that all Medi-Cal beneficiaries receive, regardless of delivery system. The strategy also defines measurable goals and tracks improvement while adhering to the regulatory federal managed care requirements. The comprehensive quality strategy:

- Provides an overview of all DHCS health care programs, including managed care, fee-for-service, and others.
- Includes overarching quality and health equity goals, with program-specific objectives.
- Reinforces DHCS' commitment to health equity in all program activities.
- Provides a review and evaluation of the effectiveness of the *2018 Medi-Cal Managed Care Quality Strategy Report*, which provided the foundation for many of the changes and the revised approach described in the 2022 comprehensive quality strategy.

In the Quality and Health Equity Improvement Strategy section of the comprehensive quality strategy, DHCS includes details about its CalAIM initiative, a five-year policy framework that encompasses a broader delivery system, program, and payment reforms across the Medi-Cal program.

The most up-to-date information on DHCS' comprehensive quality strategy is located at https://www.dhcs.ca.gov/services/Pages/DHCS-Comprehensive-Quality-Strategy.aspx. Information regarding CalAIM is located at https://www.dhcs.ca.gov/calaim.

Recommendations—DHCS Comprehensive Quality Strategy

Based on DHCS finalizing and submitting its comprehensive quality strategy to CMS in February 2022, which is outside the review dates for this EQR technical report, HSAG has no recommendations for DHCS regarding the quality strategy and how DHCS can target quality strategy goals and objectives to better support improvement to the quality, timeliness, and accessibility of care. If applicable, HSAG will include recommendations regarding the comprehensive quality strategy in the 2021–22 DMC EQR technical report.

[7] *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 Mar 11, 2022.

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.

Background

To ensure that DMC plans meet all federal requirements, DHCS incorporates into its contracts with these plans specific standards for elements outlined in the CFR.

In accordance with CA WIC §19130(b)(3), DHCS directly conducts compliance reviews of DMC plans, rather than contracting with the EQRO to conduct reviews on its behalf. DHCS applies the Generally Accepted Government Auditing Standards, also known as the Yellow Book.

In May 2019, DHCS A&I began conducting annual audits with DMC plans to assess the plans' compliance with the Knox-Keene Health Care Service Plan Act of 1975 requirements and compliance with the Medi-Cal Dental Managed Care Program contracts. Before May 2019, the Department of Managed Health Care conducted the DMC plan compliance reviews.

DHCS' compliance review process includes, but is not limited to, a review of DMC plans' policies and procedures, on-site interviews, on-site provider site visits, and file verification studies. Additionally, DHCS actively engages with these plans throughout the CAP process by providing technical assistance and ongoing monitoring to confirm full remediation of identified deficiencies.

Under DHCS' monitoring protocols, DHCS oversees the CAP process to confirm that DMC plans address all deficiencies identified in the compliance reviews conducted (i.e., A&I Dental Audit). DHCS issues final closeout letters to these plans once they have submitted supporting documentation to substantiate that they have fully remediated all identified deficiencies and that the deficiencies are unlikely to recur. However, if corrective action requires more extensive changes to DMC plan operations and full implementation cannot be reasonably achieved without additional time, DHCS may close some deficiencies on the basis that sufficient progress has been made toward meeting set milestones. In these instances, DHCS may issue closeout letters to these plans with the understanding that progress on full implementation of corrective actions will be assessed in the next audit.

Compliance Reviews

DHCS Audits & Investigations Division Dental Audits

The purpose of the Dental Audit is for DHCS A&I to determine whether the dental services the DMC plan is providing to members comply with federal and State laws, Medi-Cal regulations and guidelines, and the State's GMC and PHP contracts. During the audit, A&I reviews the DMC plan's contract with DHCS, policies for providing services, and procedures the DMC plan uses to implement the policies. A&I also performs verification studies of the implementation and effectiveness of the policies. Finally, A&I reviews DMC plan documents and conducts interviews with the DMC plan's administrators and staff members. DHCS A&I Dental Audits cover the following review categories:

- Utilization Management
- Case Management and Coordination of Care
- Access and Availability of Care
- Member's Rights
- Quality Management

Objectives

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

- DHCS' compliance with conducting reviews with all DMC plans within the three-year period prior to the review dates for this report.
- DMC plans' compliance with the areas that DHCS reviewed as part of the compliance review process.

Methodology

As part of the EQR technical report production, DHCS submitted to HSAG all audit reports and CAP closeout letters for the most recent reviews for each DMC plan.

HSAG determined, by assessing the dates of each DMC plan's review, whether DHCS conducted compliance monitoring reviews for all DMC plans at least once within the three-year period prior to the review dates for this report. Unless noted, HSAG excluded from analysis information from compliance reviews conducted earlier than July 1, 2017, (i.e., three years prior to the start of the review period) and later than June 30, 2021, (i.e., the end of the review period).

HSAG reviewed all compliance-related information to determine the degree to which DMC plans are meeting the standards assessed as part of the compliance review process.

Additionally, HSAG organized, aggregated, and analyzed results from the compliance monitoring reviews to draw conclusions about overall DMC plan performance in providing quality, accessible, and timely dental care services to members.

Results—Compliance Reviews

DHCS A&I continued its suspension of the in-person Dental Audits of DMC plans, which began in April 2020 due to COVID-19 response efforts. Instead, A&I conducted virtual reviews and required DMC plans to comply with all CAP requirements imposed prior to COVID-19.

To assess DHCS' compliance with §438.358, HSAG reviewed the dates on which DHCS conducted its most recent compliance reviews of DMC 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, 2020) and no later than the end of the review period for this report (June 30, 2021) for all DMC plans.

The following is a summary of notable results from HSAG's assessment of the compliance review information submitted by DHCS to HSAG for production of the 2020–21 DMC plan-specific evaluation reports and this EQR technical report. The summary includes new information not reported in previous review periods.

- DHCS provided evidence to HSAG of DHCS' ongoing follow-up with DMC plans via the CAP process regarding findings A&I identified during previous audits.
- DHCS provided evidence of ensuring A&I Dental Audits are scheduled and completed with each DMC plan.
- HSAG received Dental Audit results for one DMC plan (Health Net of California, Inc.).
  - A&I identified findings in three of the four review areas (Utilization Management, Member's Rights, and Quality Management) and included detailed findings and recommendations to the DMC plan in the final audit report.

For the most up-to-date A&I Dental Audit reports, go to:
https://www.dhcs.ca.gov/services/Pages/Dentalmanagedcare.aspx.

Conclusions—Compliance Reviews

Based on audit reports and email communication, DHCS demonstrated ongoing efforts to ensure it conducts compliance reviews with all three DMC plans and follows up on findings via the CAP process.

Recommendations—Compliance Reviews

Based on CMS' feedback on the compliance review results and findings in the previous two years' MCMC EQR technical reports, DHCS informed HSAG that it is working internally to determine a process for providing HSAG with the compliance review results CMS requires the EQRO to include in the EQR technical report. HSAG recommends that DHCS ensure that the process it develops includes providing the required A&I Dental Audit information to HSAG in addition to the A&I Medical Audit information.

DMC plan-specific compliance review results, findings, and HSAG's recommendations, as applicable, are included in appendices A through C of this report.

5. Performance Measures

Requirements

To comply with 42 CFR §438.330, DHCS selects a set of performance measures to evaluate the quality of dental care delivered by DMC plans to their members. Each year in May, DHCS requires DMC plans to submit both reporting units' audited performance measure rates reflecting data from the previous calendar year. In 2019, DHCS began sending the rates to HSAG annually for inclusion in the EQR technical report and DMC plan-specific evaluation reports.

Results—Performance Measures

Table 5.1 presents the DMC plan statewide weighted averages for measurement years 2018, 2019, and 2020 for each required performance measure. To provide a meaningful display of DMC 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.

Table 5.1—Measurement Years 2018, 2019, and 2020 Statewide Weighted Average Performance Measure Results for Dental Managed Care Plans

= Statistical testing result indicates that the measurement year 2020 rate is significantly better than the measurement year 2019 rate.

= Statistical testing result indicates that the measurement year 2020 rate is significantly worse than the measurement year 2019 rate.

Measurement year 2018 rates reflect data from January 1, 2018, through December 31, 2018.

Measurement year 2019 rates reflect data from January 1, 2019, through December 31, 2019.

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

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

Not Tested = A measurement year 2019–20 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 2018 Rate	Measurement Year 2019 Rate	Measurement Year 2020 Rate	Measurement Years 2019–20 Rate Difference
Access to Care				
Annual Dental Visits—Ages 0–20 Years	39.28%	40.72%	32.01%	-8.71
Annual Dental Visits—Ages 21+ Years	18.95%	19.78%	16.54%	-3.24
Continuity of Care—Ages 0–20 Years	63.68%	53.87%	50.60%	-3.28
Continuity of Care—Ages 21+ Years	32.21%	21.91%	28.70%	6.79
Exam/Oral Health Evaluations—Ages 0–20 Years	34.48%	35.94%	26.71%	-9.22
Exam/Oral Health Evaluations—Ages 21+ Years	14.08%	14.68%	11.49%	-3.19
General Anesthesia—Ages 0–20 Years	65.17%	60.56%	61.02%	0.46
General Anesthesia—Ages 21+ Years	34.84%	22.47%	27.98%	5.50
Overall Utilization of Dental Services—One Year—Ages 0–20 Years	42.57%	44.12%	34.12%	-10.00
Overall Utilization of Dental Services—One Year—Ages 21+ Years	19.17%	20.04%	16.59%	-3.44
Use of Dental Treatment Services—Ages 0–20 Years	19.52%	21.19%	17.17%	-4.02
Use of Dental Treatment Services—Ages 21+ Years	12.56%	13.26%	11.17%	-2.09

Measure	Measurement Year 2018 Rate	Measurement Year 2019 Rate	Measurement Year 2020 Rate	Measurement Years 2019–20 Rate Difference
Usual Source of Care—Ages 0–20 Years	32.93%	33.72%	27.67%	-6.05
Usual Source of Care—Ages 21+ Years	8.80%	10.04%	8.92%	-1.11
Preventive Care				
Preventive Services to Filling—Ages 0–20 Years	82.51%	84.54%	79.84%	-4.71
Preventive Services to Filling—Ages 21+ Years	36.01%	37.96%	38.59%	0.64
Sealants to Restoration Ratio (Surfaces)—Ages 6–9 Years	5.42	5.88	7.37	Not Tested
Sealants to Restoration Ratio (Surfaces)—Ages 10–14 Years	2.39	2.29	2.68	Not Tested
Treatment/Prevention of Caries—Ages 0–20 Years	29.90%	31.85%	24.22%	-7.63
Treatment/Prevention of Caries—Ages 21+ Years	7.48%	8.21%	6.59%	-1.62
Use of Preventive Services—Ages 0–20 Years	33.61%	35.50%	26.82%	-8.68
Use of Preventive Services—Ages 21+ Years	7.84%	8.56%	7.63%	-0.93
Use of Sealants—Ages 6–9 Years	13.75%	14.18%	9.63%	-4.55
Use of Sealants—Ages 10–14 Years	6.76%	7.08%	4.66%	-2.43

Comparison Across All Dental Managed Care Plans—Performance Measures

Following is comparative information across all DMC plans for all DHCS-required performance measures. Table 5.2 displays the performance measure results for each DMC plan for Los Angeles County, and Table 5.3 displays the performance measure results for each DMC plan for Sacramento County.

Table 5.2—Measurement Year 2020 Dental Managed Care Plan Comparative Performance Measure Results—Los Angeles County

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

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

Measure	Access Dental Plan	Health Net of California, Inc.	LIBERTY Dental Plan of California, Inc.
Access to Care			
Annual Dental Visits—Ages 0–20 Years	30.50%	27.00%	29.86%
Annual Dental Visits—Ages 21+ Years	13.77%	15.84%	18.31%
Continuity of Care—Ages 0–20 Years	44.99%	47.69%	51.53%
Continuity of Care—Ages 21+ Years	23.17%	29.35%	32.67%
Exam/Oral Health Evaluations—Ages 0–20 Years	25.98%	22.75%	25.93%
Exam/Oral Health Evaluations—Ages 21+ Years	9.15%	11.77%	14.29%
General Anesthesia—Ages 0–20 Years	NA	50.62%	56.56%
General Anesthesia—Ages 21+ Years	NA	36.83%	37.65%
Overall Utilization of Dental Services—One Year—Ages 0–20 Years	30.60%	30.15%	32.59%

Measure	Access Dental Plan	Health Net of California, Inc.	LIBERTY Dental Plan of California, Inc.
Overall Utilization of Dental Services—One Year—Ages 21+ Years	13.71%	15.94%	18.05%
Use of Dental Treatment Services—Ages 0–20 Years	11.10%	13.51%	14.96%
Use of Dental Treatment Services—Ages 21+ Years	8.32%	10.06%	11.86%
Usual Source of Care—Ages 0–20 Years	23.78%	24.29%	26.19%
Usual Source of Care—Ages 21+ Years	6.41%	8.30%	29.86%
Preventive Care			
Preventive Services to Filling—Ages 0–20 Years	77.50%	75.54%	79.02%
Preventive Services to Filling—Ages 21+ Years	34.61%	27.24%	32.70%
Sealants to Restoration Ratio (Surfaces)—Ages 6–9 Years	7.45	7.26	6.99
Sealants to Restoration Ratio (Surfaces)—Ages 10–14 Years	4.07	2.65	2.16
Treatment/Prevention of Caries—Ages 0–20 Years	26.43%	16.86%	18.75%
Treatment/Prevention of Caries—Ages 21+ Years	5.78%	5.15%	6.33%
Use of Preventive Services—Ages 0–20 Years	26.16%	22.44%	25.83%
Use of Preventive Services—Ages 21+ Years	5.55%	7.39%	9.92%
Use of Sealants—Ages 6–9 Years	8.46%	7.64%	8.54%
Use of Sealants—Ages 10–14 Years	4.22%	3.48%	4.38%

Table 5.3—Measurement Year 2020 Dental Managed Care Plan Comparative Performance Measure Results—Sacramento County

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

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

Measure	Access Dental Plan	Health Net of California, Inc.	LIBERTY Dental Plan of California, Inc.
Access to Care			
Annual Dental Visits—Ages 0–20 Years	28.70%	34.06%	38.05%
Annual Dental Visits—Ages 21+ Years	14.48%	17.09%	20.31%
Continuity of Care—Ages 0–20 Years	47.23%	56.44%	55.61%
Continuity of Care—Ages 21+ Years	23.86%	31.82%	31.68%
Exam/Oral Health Evaluations—Ages 0–20 Years	22.95%	28.86%	31.44%
Exam/Oral Health Evaluations—Ages 21+ Years	8.51%	11.85%	13.92%
General Anesthesia—Ages 0–20 Years	59.85%	61.59%	62.80%
General Anesthesia—Ages 21+ Years	NA	21.02%	27.23%
Overall Utilization of Dental Services—One Year—Ages 0–20 Years	29.15%	38.52%	41.41%
Overall Utilization of Dental Services—One Year—Ages 21+ Years	14.49%	18.01%	21.21%
Use of Dental Treatment Services—Ages 0–20 Years	10.71%	22.42%	25.02%
Use of Dental Treatment Services—Ages 21+ Years	10.04%	12.32%	14.89%

Measure	Access Dental Plan	Health Net of California, Inc.	LIBERTY Dental Plan of California, Inc.
Usual Source of Care—Ages 0–20 Years	24.74%	30.99%	34.37%
Usual Source of Care—Ages 21+ Years	8.13%	10.08%	12.36%
Preventive Care			
Preventive Services to Filling—Ages 0–20 Years	71.66%	86.09%	81.73%
Preventive Services to Filling—Ages 21+ Years	41.44%	44.96%	45.30%
Sealants to Restoration Ratio (Surfaces)—Ages 6–9 Years	6.42	7.58	7.52
Sealants to Restoration Ratio (Surfaces)—Ages 10–14 Years	3.66	2.85	2.44
Treatment/Prevention of Caries—Ages 0–20 Years	24.23%	27.16%	27.36%
Treatment/Prevention of Caries—Ages 21+ Years	6.64%	7.78%	8.39%
Use of Preventive Services—Ages 0–20 Years	22.85%	29.93%	31.30%
Use of Preventive Services—Ages 21+ Years	5.31%	8.63%	9.74%
Use of Sealants—Ages 6–9 Years	6.72%	12.12%	11.93%
Use of Sealants—Ages 10–14 Years	3.45%	5.66%	5.97%

Findings—Performance Measures

HSAG observed the following notable aggregate DMC plan performance measure results for measurement year 2020:

- The DMC plan statewide weighted average improved significantly from measurement year 2019 to measurement year 2020 for the *Continuity of Care—Ages 21+ Years* measure.
- For measures for which HSAG compared measurement year 2020 rates to measurement year 2019 rates, 16 of 22 DMC plan statewide averages (73 percent) declined significantly from measurement year 2019 to measurement year 2020.

Recommendations—Performance Measures

It is likely that member reluctance to attend in-person dental appointments during the COVID-19 pandemic contributed to the significant decline in DMC plan statewide weighted averages from measurement year 2019 to 2020. While HSAG has no recommendations for DHCS related to performance measures, in each DMC plan-specific evaluation report, HSAG recommended that for the measures for which the DMC plan's performance declined significantly from measurement year 2019 to measurement year 2020, the DMC plan assess the factors, which may include COVID-19, that affected the DMC plan's performance on these measures. HSAG also recommended that the plans implement quality improvement strategies that target the identified factors and that the strategies should address the timeliness and quality of services provided to members as well as barriers to accessing preventive and other dental care services.

DMC plan-specific performance measure results, findings, and recommendations are included in appendices A through C of this report.

6. 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 beneficiary 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.

Background

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

Requirements

DHCS requires DMC plans to conduct two QIPs per year. DMC 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.

Statewide Quality Improvement Project

DHCS requires DMC plans to conduct a statewide QIP to increase preventive services among children ages 1 to 20 by 10 percentage points by the end of 2023. DHCS requires DMC plans to submit two reports annually—one intervention progress report to HSAG and an annual QIP submission to DHCS.

Individual Performance Improvement Project

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

In October 2020, DHCS announced to the DMC plans the requirements for the 2020–22 individual PIP. The focus of the 2020–22 individual PIP remained the same as the 2019–21 PIP that DHCS elected to end early due to the COVID-19 public health crisis. Due to DMC plans' continuing need to focus on COVID-19 response efforts, DHCS allowed plans flexibility related to their PIP's narrowed focus and partnerships with external organizations. Additionally, for DMC plans' 2020–22 PIP, DHCS allowed the plans to continue their 2019–21 individual PIP topic or to select a new PIP topic.

Objectives

The purpose of HSAG's PIP validation is to ensure that DMC 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 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 of quality improvement activities. Once designed, a PIP's effectiveness in improving outcomes depends on thoughtful and relevant intervention determination, intervention testing, evaluation using PDSA cycles, sustainability, and spreading successful change. This component evaluates how well DMC plans execute quality improvement activities and whether the PIP achieves and sustains the desired aim.

Methodology

Statewide Quality Improvement Project

DMC plans submit two reports annually for the statewide QIP—one intervention progress report to HSAG, and an annual QIP submission to DHCS.

Individual Performance Improvement Project

Based on the agreed-upon timeline, DMC 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 that occur. HSAG conducts PIP validation in accordance with the

CMS *Protocol 1. Validation of Performance Improvement Projects: A Mandatory EQR-Related Activity*, October 2019.[8] Following are the validation criteria that HSAG uses for each module:

Module 1—PIP Initiation

- The DMC 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).
- The DMC plan completed the attestation and confirmed the SMART Aim run chart measurement data will be based on the rolling 12-month methodology.
- The DMC 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 DMC 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 DMC plan prioritized the listed failure modes and ranked them from highest to lowest in the failure mode priority ranking table.

[8] 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: Nov 19, 2021.

- 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 DMC 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 DMC 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 DMC 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 DMC 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 DMC plan documented plans for sustaining improvement beyond the SMART Aim end date.

After validating each PIP module, HSAG provides written feedback to DMC plans summarizing HSAG's findings and whether the plans achieved all validation criteria. Once DMC 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 DMC 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:

- High confidence
  - The PIP was methodologically sound.
  - The DMC 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 DMC 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 DMC plan accurately summarized the key findings and conclusions.
    - The DMC plan achieved the SMART Aim goal or achieved statistically significant, non-statistically significant, clinically significant, or programmatically significant improvement; however, the DMC 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 DMC 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.

Results—Performance Improvement Projects

Statewide Quality Improvement Project

In January 2021, DMC plans submitted to HSAG their *Preventive Services Utilization* statewide QIP intervention progress report that included a summary of identified barriers and interventions DMC plans conducted as of December 31, 2020. HSAG reviewed the progress reports and provided feedback to DMC plans in February and March 2021.

Individual Performance Improvement Project

During the review period, HSAG conducted trainings on rapid-cycle PIP Version 6.2 modules 1 through 4 to provide DMC plans with information about the key concepts of the rapid-cycle PIP framework as well as submission requirements and validation criteria for the PIP modules.

Table 6.1 lists DMC plans' individual PIP topics and provides module progression during the review period.

Table 6.1—Dental Managed Care Plan Performance Improvement Project Topics and Module Progression

DMC Plan Name	PIP Topic	PIP Module Progression
Access Dental Plan	*Dental Utilization*	Module 1: Validation Criteria Met Module 2: Validation Criteria Met Module 3: In process
Health Net of California, Inc.	*Coordination of Care for High-Risk Members*	Module 1: Validation Criteria Met Module 2: Validation Criteria Met Module 3: In process
LIBERTY Dental Plan of California, Inc.	*Oral Health Utilization*	Module 1: Validation Criteria Met Module 2: Validation Criteria Met Module 3: In process

HSAG validated the following modules and notified DMC plans and DHCS of the validation findings:

- Module 1—three initial submissions and three resubmissions
- Module 2—three initial submissions and one resubmission

As of the end of the review period for this report (June 30, 2021), all three DMC plans met all required validation criteria for modules 1 and 2.

Performance Improvement Project Interventions

None of the DMC plans progressed to intervention testing during the review period; therefore, HSAG includes no PIP intervention information in this DMC EQR technical report. HSAG will include intervention information in the 2021–22 DMC EQR technical report.

Conclusions—Performance Improvement Projects

During the review period, DMC plans submitted their third annual *Preventive Services Utilization* statewide QIP intervention progress report and received HSAG's feedback on their intervention progress. Through HSAG's rapid-cycle PIP training, validation, and technical assistance, the three DMC plans met all validation criteria for modules 1 and 2 for their individual PIPs. The validation findings show that DMC plans built a strong foundational framework and used quality improvement tools to define quality improvement activities that have the potential to impact their individual PIP SMART Aim. All three DMC plans have progressed to Module 3, in which they will establish a plan for each intervention prior to testing the intervention through a series of PDSA cycles.

Recommendations—Performance Improvement Projects

HSAG has no recommendations for DHCS related to DMC plan PIPs.

DMC plan-specific PIP activities and HSAG's recommendations are included in appendices A through C of this report.

7. Follow-Up on Prior Year's Recommendations

Based on HSAG's assessment of DHCS' delivery of quality, accessible, and timely dental care through activities described in the *2019–20 Medi-Cal Managed Care External Quality Review Technical Report*, HSAG included no recommendations to DHCS related to dental EQR activities. Therefore, HSAG has no follow-up information to include in this DMC EQR technical report related to recommendations.

Appendix A:
Performance Evaluation Report
Access Dental Plan
July 1, 2020–June 30, 2021

Table of Contents

Table of Tables

1. Introduction

The California Department of Health Care Services (DHCS) contracted with Health Services Advisory Group, Inc. (HSAG), an external quality review organization (EQRO), to prepare an annual independent technical report in accordance with 42 Code of Federal Regulations (CFR) Sections (§)438.364 and §457.1250. The *Medi-Cal Dental Managed Care External Quality Review Technical Report, July 1, 2020–June 30, 2021* (technical report section), provides an overview of the objectives and methodology for conducting the external quality review (EQR) activities of DHCS' Medi-Cal Dental Managed Care (DMC) delivery system, including requirements related to each activity. Additionally, the technical report section provides aggregated results and recommendations for DHCS for each activity.

In accordance with 42 CFR §438.350, each state must have its EQRO perform an annual EQR of each of the state's managed care entities engaged in EQR activities. Title 42 CFR §438.2 defines a managed care organization (MCO), in part, as "an entity that has or is seeking to qualify for a comprehensive risk contract." The Centers for Medicare & Medicaid Services (CMS) designates DHCS-contracted managed care health plans (MCPs) as MCOs and dental managed care plans (DMC plans) as prepaid ambulatory health plans (PAHPs). Three of DHCS' MCOs are designated as population-specific health plans (PSPs). The Medi-Cal Managed Care program (MCMC) has one prepaid inpatient health plan (PIHP) with a specialized population, which is designated as a specialty health plan (SHP). Unless citing Title 42 CFR, HSAG refers to DHCS' MCOs as MCPs or PSPs (as applicable), PAHPs as DMC plans, and the PIHP with a specialized population as an SHP.

This appendix is specific to DHCS' contracted Medi-Cal DMC plan, Access Dental Plan ("Access Dental" or "the DMC plan"). The purpose of this appendix is to provide HSAG's external, independent assessment of the quality and timeliness of, and access to dental care services that Access Dental provides to its members. HSAG provides a summary of the DMC plan-specific results and findings for each activity and an assessment of the DMC plan's strengths and opportunities for improvement. In the technical report section, HSAG provides an aggregate assessment of the quality and timeliness of, and access to dental health care that DMC plans are providing to their members.

Note the following regarding terms HSAG uses in this report:

- "Beneficiary" refers to a person entitled to receive benefits under Medi-Cal DMC.
- "Member" refers to a person enrolled in a DMC plan.

The review period for this DMC plan-specific evaluation report is July 1, 2020, through June 30, 2021. The report references activities and methodologies described in detail in the technical report section. HSAG will report on activities that take place beyond the review period in Access Dental's 2021–22 plan-specific evaluation report.

Note that during the review period, DHCS allowed DMC plans continued flexibility related to select EQR activities so that these plans and their contracted providers could focus on the coronavirus disease 2019 (COVID-19) response efforts. Additionally, DHCS changed its requirements related to some EQR activities. As applicable in this report related to specific activities, HSAG notes when DHCS changed its requirements due to the COVID-19 response. For details regarding all of DHCS' COVID-19-related decisions, go to DHCS COVID-19 Response.

Medi-Cal Dental Managed Care Plan Overview

Access Dental operates in Los Angeles County as a Prepaid Health Plan (PHP) and in Sacramento County under a Geographic Managed Care (GMC) model. In Los Angeles County beneficiaries have the option of enrolling in a DMC plan or accessing dental benefits through the dental fee-for-service (FFS) delivery system, whereas in Sacramento County DMC plan enrollment is mandatory.

Access Dental became operational in Los Angeles County effective July 1, 2013, and in Sacramento County effective January 1, 2013. As of June 2021, Access Dental had 134,279 members in Los Angeles County and 141,039 in Sacramento County—for a total of 275,318 members.[1] This represents 33 percent of the beneficiaries enrolled in Los Angeles County and 29 percent of beneficiaries enrolled in Sacramento County.

[1] 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 Jul 29, 2021.

2. Compliance Reviews

A description of DHCS' DMC plan compliance review process is included in Section 3 of the technical report section ("Compliance Reviews"). DHCS Audits & Investigations Division (A&I) continued its suspension of the in-person Dental Audits of DMC plans, which began in April 2020 due to COVID-19 response efforts. While A&I suspended the in-person audits, DHCS continued to require DMC plans to comply with all corrective action plan (CAP) requirements imposed prior to COVID-19. Additionally, A&I conducted some annual audits virtually with those DMC plans that were able to participate in virtual reviews, while allowing other DMC plans that had requested to focus on COVID-19 response efforts to suspend their annual audits.

Follow-Up on 2020 A&I Dental Audit

A&I conducted the most recent audit of Access Dental in 2020 for the review period of January 1, 2019, through December 31, 2019. HSAG included a summary of this audit in Access Dental's 2019–20 DMC plan-specific evaluation report. At the time the 2019–20 evaluation report was published, Access Dental's CAP from the 2020 audit was in process and under DHCS review. The CAP remains under review at the time this 2020–21 DMC plan-specific evaluation report is being published. HSAG will include an update on the DMC plan's CAP in Access Dental's 2021–22 DMC plan-specific evaluation report.

Compliance Reviews Conducted

Based on the status of the PSP's COVID-19 response efforts, A&I conducted no audits of Access Dental during the review period for this report; therefore, HSAG includes no new compliance review information for the PSP in this report.

A&I is scheduled to conduct a Dental Audit of Access Dental from November 1, 2021, through November 12, 2021. HSAG will include a summary of this audit in Access Dental's 2021–22 DMC plan-specific evaluation report.

Opportunities for Improvement—Compliance Reviews

Access Dental has the opportunity to work with DHCS to ensure the DMC plan fully resolves all findings from the 2020 A&I Dental Audit. A&I identified findings in the Utilization Management, Access and Availability of Care, and Member's Rights categories.

3. Performance Measures

Each year in May, DHCS requires DMC plans to submit both reporting units' audited performance measure rates reflecting data from the previous calendar year. In 2019, DHCS began sending the rates to HSAG annually for inclusion in the DMC technical report and DMC plan-specific evaluation reports.

Performance Measure Results

Table 3.1 and Table 3.2 present Access Dental's audited performance measure rates for measurement years 2018, 2019, and 2020 for each DMC plan reporting unit. To provide a meaningful display of DMC 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.

Table 3.1—Measurement Years 2018, 2019, and 2020
Dental Managed Care Plan Performance Measure Results
Access Dental—Los Angeles County

= Statistical testing result indicates that the measurement year 2020 rate is significantly better than the measurement year 2019 rate.

= Statistical testing result indicates that the measurement year 2020 rate is significantly worse than the measurement year 2019 rate.

Measurement year 2018 rates reflect data from January 1, 2018, through December 31, 2018.

Measurement year 2019 rates reflect data from January 1, 2019, through December 31, 2019.

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

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

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

Not Comparable = A measurement year 2019–20 rate difference was not calculated because data are not available for both years or because significant methodology changes occurred between years, disallowing comparison.

Not Tested = A measurement year 2019–20 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 2018 Rate	Measurement Year 2019 Rate	Measurement Year 2020 Rate	Measurement Years 2019–20 Rate Difference
Access to Care				
Annual Dental Visits—Ages 0–20 Years	41.65%	40.82%	30.50%	-10.31
Annual Dental Visits—Ages 21+ Years	15.92%	16.87%	13.77%	-3.10
Continuity of Care—Ages 0–20 Years	61.51%	62.18%	44.99%	-17.19
Continuity of Care—Ages 21+ Years	26.20%	30.00%	23.17%	-6.83
Exam/Oral Health Evaluations—Ages 0–20 Years	35.99%	35.95%	25.98%	-9.97
Exam/Oral Health Evaluations—Ages 21+ Years	11.28%	11.95%	9.15%	-2.80
General Anesthesia—Ages 0–20 Years	72.22%	NA	NA	Not Comparable
General Anesthesia—Ages 21+ Years	70.45%	NA	NA	Not Comparable
Overall Utilization of Dental Services—One Year—Ages 0–20 Years	41.82%	40.96%	30.60%	-10.36
Overall Utilization of Dental Services—One Year—Ages 21+ Years	15.85%	16.84%	13.71%	-3.13

Measure	Measurement Year 2018 Rate	Measurement Year 2019 Rate	Measurement Year 2020 Rate	Measurement Years 2019–20 Rate Difference
Use of Dental Treatment Services—Ages 0–20 Years	17.76%	16.43%	11.10%	-5.33
Use of Dental Treatment Services—Ages 21+ Years	10.09%	11.10%	8.32%	-2.79
Usual Source of Care—Ages 0–20 Years	32.10%	31.89%	23.78%	-8.11
Usual Source of Care—Ages 21+ Years	6.34%	7.36%	6.41%	-0.96
Preventive Care				
Preventive Services to Filling—Ages 0–20 Years	84.06%	83.48%	77.50%	-5.98
Preventive Services to Filling—Ages 21+ Years	46.36%	45.25%	34.61%	-10.64
Sealants to Restoration Ratio (Surfaces)—Ages 6–9 Years	4.81	5.34	7.45	Not Tested
Sealants to Restoration Ratio (Surfaces)—Ages 10–14 Years	3.11	3.66	4.07	Not Tested
Treatment/Prevention of Caries—Ages 0–20 Years	37.05%	36.46%	26.43%	-10.03
Treatment/Prevention of Caries—Ages 21+ Years	7.36%	8.06%	5.78%	-2.28
Use of Preventive Services—Ages 0–20 Years	36.73%	36.38%	26.16%	-10.23
Use of Preventive Services—Ages 21+ Years	7.12%	7.85%	5.55%	-2.30

Measure	Measurement Year 2018 Rate	Measurement Year 2019 Rate	Measurement Year 2020 Rate	Measurement Years 2019–20 Rate Difference
Use of Sealants—Ages 6–9 Years	13.19%	13.68%	8.46%	-5.22
Use of Sealants—Ages 10–14 Years	5.77%	6.46%	4.22%	-2.24

Table 3.2—Measurement Years 2018, 2019, and 2020
Dental Managed Care Plan Performance Measure Results
Access Dental—Sacramento County

= Statistical testing result indicates that the measurement year 2020 rate is significantly better than the measurement year 2019 rate.

= Statistical testing result indicates that the measurement year 2020 rate is significantly worse than the measurement year 2019 rate.

Measurement year 2018 rates reflect data from January 1, 2018, through December 31, 2018.

Measurement year 2019 rates reflect data from January 1, 2019, through December 31, 2019.

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

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

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

Not Comparable = A measurement year 2019–20 rate difference was not calculated because data are not available for both years or because significant methodology changes occurred between years, disallowing comparison.

Not Tested = A measurement year 2019–20 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 2018 Rate	Measurement Year 2019 Rate	Measurement Year 2020 Rate	Measurement Years 2019–20 Rate Difference
Access to Care				
Annual Dental Visits—Ages 0–20 Years	35.70%	38.07%	28.70%	-9.37
Annual Dental Visits—Ages 21+ Years	16.63%	17.23%	14.48%	-2.75
Continuity of Care—Ages 0–20 Years	60.56%	31.17%	47.23%	16.06
Continuity of Care—Ages 21+ Years	28.87%	9.66%	23.86%	14.19
Exam/Oral Health Evaluations—Ages 0–20 Years	31.21%	31.61%	22.95%	-8.66
Exam/Oral Health Evaluations—Ages 21+ Years	10.97%	11.02%	8.51%	-2.50
General Anesthesia—Ages 0–20 Years	71.53%	78.51%	59.85%	-18.66
General Anesthesia—Ages 21+ Years	92.68%	100.00%	NA	Not Comparable
Overall Utilization of Dental Services—One Year—Ages 0–20 Years	35.88%	38.22%	29.15%	-9.07
Overall Utilization of Dental Services—One Year—Ages 21+ Years	16.59%	17.21%	14.49%	-2.72
Use of Dental Treatment Services—Ages 0–20 Years	16.26%	16.49%	10.71%	-5.78
Use of Dental Treatment Services—Ages 21+ Years	11.82%	12.43%	10.04%	-2.40

Measure	Measurement Year 2018 Rate	Measurement Year 2019 Rate	Measurement Year 2020 Rate	Measurement Years 2019–20 Rate Difference
Usual Source of Care—Ages 0–20 Years	29.52%	31.17%	24.74%	-6.43
Usual Source of Care—Ages 21+ Years	8.31%	9.66%	8.13%	-1.54
Preventive Care				
Preventive Services to Filling—Ages 0–20 Years	79.47%	83.27%	71.66%	-11.61
Preventive Services to Filling—Ages 21+ Years	44.17%	43.17%	41.44%	-1.73
Sealants to Restoration Ratio (Surfaces)—Ages 6–9 Years	4.53	4.55	6.42	Not Tested
Sealants to Restoration Ratio (Surfaces)—Ages 10–14 Years	3.01	3.04	3.66	Not Tested
Treatment/Prevention of Caries—Ages 0–20 Years	31.40%	34.48%	24.23%	-10.25
Treatment/Prevention of Caries—Ages 21+ Years	8.45%	9.11%	6.64%	-2.48
Use of Preventive Services—Ages 0–20 Years	29.74%	33.21%	22.85%	-10.37
Use of Preventive Services—Ages 21+ Years	7.19%	7.58%	5.31%	-2.27
Use of Sealants—Ages 6–9 Years	10.13%	10.12%	6.72%	-3.39
Use of Sealants—Ages 10–14 Years	5.57%	5.71%	3.45%	-2.26

Strengths—Performance Measures

Access Dental's performance measure results reflect improvement for both *Continuity of Care* measures for Sacramento County, with the rates for both measures showing statistically significant improvement from measurement year 2019 to measurement year 2020.

Opportunities for Improvement—Performance Measures

For the measures for which the DMC plan's performance declined significantly from measurement year 2019 to measurement year 2020, Access Dental should assess the factors, which may include COVID-19, that affected the DMC plan's performance on these measures 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 and other dental care services.

4. Performance Improvement Projects

DHCS requires DMC plans to conduct two quality improvement projects (QIPs) per year. DMC 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.

Statewide Quality Improvement Project

DHCS requires each DMC plan 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.

DMC plans must submit two reports annually for the statewide QIP—one intervention progress report to HSAG, and an annual QIP submission to DHCS. In March 2021, Access Dental submitted to HSAG the statewide QIP intervention progress report that included a summary of identified barriers and interventions the DMC plan conducted as of December 31, 2020. HSAG reviewed the progress report and provided feedback to Access Dental in March 2021.

HSAG identified the following notable findings based on its review of Access Dental's March 2021 statewide QIP intervention progress update report:

- The DMC plan reported that it continued to conduct the following interventions during the reporting period:
  - Use robocalls to update member contact information and receive consent for text messaging.
  - Create more theme-based campaigns to promote preventive services.

Based on its review of Access Dental's March 2021 statewide QIP intervention progress update report, HSAG indicated to Access Dental that in the next intervention progress update report submission, the DMC plan should be sure to:

- Provide the quality improvement tool(s) used for the causal/barrier analysis.
- Provide the completion date (month/day/year) for the causal/barrier analysis.
- Include all interventions implemented during the reporting period, each linked with a priority barrier identified as a result of the causal/barrier analysis process and tool(s).
- Provide evaluation data for each intervention.

HSAG expects Access Dental to incorporate HSAG's feedback in future causal barrier analyses and intervention strategies for the *Preventive Services Utilization* statewide QIP.

Individual Performance Improvement Project

DHCS requires each DMC plan to conduct one individual performance improvement project (PIP) using HSAG's rapid-cycle PIP process. (Because DMC plans' individual QIPs are conducted using HSAG's rapid-cycle PIP process, HSAG refers to DMC plans' individual QIPs as "individual PIPs.")

Rapid-Cycle Performance Improvement Project Overview

The key concepts of the rapid-cycle PIP framework include forming a PIP team, setting aims, establishing measures, determining interventions using quality improvement tools, conducting Plan-Do-Study-Act (PDSA) cycles to test interventions, and planning for the spread of successful changes. The core component of the rapid-cycle PIP approach involves testing changes on a small scale so that improvement can occur more efficiently and lead to long-term sustainability. The following modules guide DMC plans through this rapid-cycle PIP process:

- Module 1—PIP Initiation
  - DMC plans outline the framework for the PIP, which includes the:
    - PIP team member identification.
    - Topic rationale.
    - Narrowed focus description.
    - Narrowed focus measure baseline data collection specifications and methodology.
    - SMART (Specific, Measurable, Achievable, Relevant, and Time-bound) Aim statement.
    - SMART Aim run chart.
    - Initial key driver diagram.
- Module 2—Intervention Determination
  - DMC plans define the quality improvement activities that have the potential to impact the SMART Aim by using the following quality improvement tools:
    - Process mapping.
    - Failure modes and effects analysis.
    - Key driver diagram.
- Module 3—Intervention Testing
  - DMC plans define the Intervention Plan for the intervention to be tested.
  - DMC plans test the intervention through a series of PDSA cycles.
  - DMC plans complete the PDSA worksheet to track and evaluate intervention effectiveness.
- Module 4—PIP Conclusions
  - DMC plans summarize interpretation of PIP results and key findings and submit the following:
    - Completed PDSA worksheet(s).

    - Final SMART Aim run chart.
    - Final SMART Aim measure data table.
    - Final key driver diagram.
- DMC plans provide narrative summaries to address the following:
    - Project conclusions.
    - Intervention testing conclusions.
    - Plans for spreading successful intervention(s), as applicable.
    - Challenges encountered.
    - Lessons learned and information gained.
    - Plans for sustaining any improvement achieved beyond the SMART Aim end date.

Based on the agreed-upon timeline, DMC plans submit each module to HSAG for validation. Throughout the rapid-cycle PIP process, HSAG provides technical assistance to DMC plans to ensure that PIPs are methodologically sound and to problem-solve with the plans regarding how to address challenges that occur. Through an iterative process, DMC plans have opportunities to make corrections to modules 1 through 3 to achieve all validation criteria.

Once DMC plans achieve all validation criteria for modules 1 through 3, they test interventions through a series of PDSA cycles. During the intervention testing phase of the PIP, HSAG conducts periodic progress check-ins by email to assess whether DMC plans are making appropriate progress with intervention testing. For each intervention testing cycle, DMC plans complete a PDSA worksheet and 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), whether the intervention was unsuccessful and should be stopped (abandon), or whether the intervention needs to be tested further (continue testing). Upon completion of the PIP, DMC plans summarize the overall PIP in Module 4.

When validating Module 4, HSAG assesses the validity and reliability of the results based on CMS' validation protocols to determine whether key stakeholders can have confidence in the reported PIP findings. HSAG assigns the following final confidence levels for each PIP:

- High confidence
    - The PIP was methodologically sound.
    - The DMC 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 DMC 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 DMC plan accurately summarized the key findings and conclusions.
  - The DMC plan achieved the SMART Aim goal or achieved statistically significant, non-statistically significant, clinically significant, or programmatically significant improvement; however, the DMC 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 DMC 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.

Individual Performance Improvement Project Results and Findings

In October 2020, DHCS announced to the DMC plans the requirements for the 2020–22 individual PIP. The focus of the 2020–22 individual PIP remained the same as the 2019–21 PIP that DHCS elected to end early due to the COVID-19 public health crisis. Due to DMC plans' continuing need to focus on COVID-19 response efforts, DHCS allowed plans flexibility related to their PIP's narrowed focus and partnerships with external organizations. Additionally, for DMC plans' 2020–22 PIP, DHCS allowed the plans to continue their 2019–21 individual PIP topic or to select a new PIP topic.

Access Dental determined to select a new topic for its 2020–22 individual PIP—increasing dental utilization among members.

During the review period of this report, HSAG validated modules 1 and 2 for the DMC plan's *Dental Utilization* PIP. Upon initial review of the modules, HSAG determined that Access Dental met some required validation criteria; however, HSAG identified opportunities for improvement related to:

- Providing the description and rationale for the selected narrowed focus and reporting baseline data that support an opportunity for improvement.

- Including all required components of the narrowed focus baseline specifications and data collection methodology.
- Including all required components of the SMART Aim.
- Including all required components of the SMART Aim run chart.
- Completing all required components of the key driver diagram.
- Ensuring that the key drivers and interventions in the key driver diagram are dated according to the results of the corresponding process map and Failure Modes and Effects Analysis Table, and that the interventions are culturally and linguistically appropriate and have the potential to impact the SMART Aim goal.

After receiving technical assistance from HSAG, Access Dental incorporated HSAG's feedback into modules 1 and 2. Upon HSAG's final review, HSAG determined that the DMC plan met all validation criteria for both modules.

Access Dental's *Dental Utilization* PIP SMART Aim measures the percentage of members being seen in person or via teledentistry by the PIP provider partner. This PIP did not progress to intervention testing during the review period for this report. HSAG will include intervention information in Access Dental's 2021–22 DMC plan-specific evaluation report.

Strengths—Performance Improvement Projects

Access Dental successfully completed the third annual intervention progress report for the *Preventive Services Utilization* statewide QIP. Additionally, the DMC plan successfully met all validation criteria for modules 1 and 2 for the *Dental Utilization* PIP. The validation findings show that the DMC plan built a strong foundational framework and used quality improvement tools to define quality improvement activities that have the potential to impact the SMART Aim for the *Dental Utilization* PIP. Access Dental has progressed to Module 3, in which the DMC plan will establish a plan for each intervention prior to testing the intervention through a series of PDSA cycles.

Opportunities for Improvement—Performance Improvement Projects

Based on Access Dental's PIP progression, HSAG identified no opportunities for improvement.

5. Recommendations

DHCS provided each DMC plan an opportunity to outline actions taken to address recommendations HSAG made in its 2019–20 DMC plan-specific evaluation report. Table 5.1 provides EQR recommendations from Access Dental's July 1, 2019, through June 30, 2020, DMC plan-specific evaluation report, along with the DMC plan's self-reported actions taken through June 30, 2021, that address the recommendations. Please note that HSAG made minimal edits to Table 5.1 to preserve the accuracy of Access Dental's self-reported actions.

Table 5.1—Access Dental's Self-Reported Follow-Up on External Quality Review Recommendations from the July 1, 2019, through June 30, 2020, DMC Plan-Specific Evaluation Report

2019–20 External Quality Review Recommendations Directed to Access Dental	Self-Reported Actions Taken by Access Dental during the Period of July 1, 2020–June 30, 2021, that Address the External Quality Review Recommendations
For the following measures, identify the causes for the significant decline in the DMC plan's performance from reporting year 2019 to reporting year 2020 to prevent further decline in the measures' rates and ensure members are receiving needed dental care services: ♦ *Annual Dental Visits—Ages 0–20 Years* in Los Angeles County ♦ *Continuity of Care—Ages 0–20 Years* in Sacramento County ♦ *Continuity of Care—Ages 21+ Years* in Sacramento County ♦ *Overall Utilization of Dental Services—One Year—Ages 0–20 Years* in Los Angeles County ♦ *Treatment/Prevention of Caries—Ages 0–20 Years* in Los Angeles County	The Access Dental staff members completing this annual assessment are new to the responsibility of responding to the EQR recommendations. There was no documentation found by current employees that a formal assessment was completed as to the reasons for the decline in Access Dental's rates from reporting year 2019 to reporting year 2020 as recommended in Access Dental's 2019–20 DMC plan-specific evaluation report. Although Access Dental did not directly address the 2019–20 EQR recommendations, the DMC plan developed and implemented a teledentistry campaign to promote dental care services in response to the COVID-19 pandemic during the period of July 1, 2020, through June 30, 2021. Details are outlined below: ♦ Access Dental launched the member outreach Teledentistry Program with the goal of promoting oral health care for eligible members.

2019–20 External Quality Review Recommendations Directed to Access Dental	Self-Reported Actions Taken by Access Dental during the Period of July 1, 2020–June 30, 2021, that Address the External Quality Review Recommendations
	■ Program dates: Jan 11, 2021, through April 22, 2021. ■ Target population: Members with a gap in preventive dental services for greater than 12 months. The Teledentistry Program offered to members is a resource for a virtual (video or phone) dental screening. The Teledentistry Program was promoted through text messaging and postcard mailers. A licensed dentist conducted a screening assessment with follow-up discussion of any issues identified with the member and/or representative to ensure patient-centric care. Oral care guidance and/or instructions were rendered, and based on the level of need identified, care coordination was implemented as appropriate to manage efforts between the member and primary care dentist to schedule a dental appointment. Provider relations staff circulated information and participating providers were alerted that the DMC plan's dental director was available for peer-to-peer dialog and/or discussion if additional treatment concerns were identified during the screening. During this initiative, more than 1,100 child and adult members received dental screenings. Access Dental is moving to resume its standard practices and processes as the vaccination effort continues and offices are reopening.

Assessment of DMC Plan's Self-Reported Actions

HSAG reviewed Access Dental's self-reported actions in Table 5.1. While Access Dental did not directly address HSAG's recommendations from the DMC plan's July 1, 2019, through June 30, 2020, DMC plan-specific evaluation report, Access Dental described implementing a teledentistry campaign to improve member access to needed preventive dental services during COVID-19. Access Dental reported that the initiative was successful in improving access to care in that more than 1,100 child and adult members received dental screenings.

2020–21 Recommendations

Based on the overall assessment of Access Dental's delivery of quality, accessible, and timely care through the activities described in previous sections of this report, HSAG recommends the following to the DMC plan:

- Work with DHCS to ensure the DMC plan fully resolves all findings from the 2020 A&I Dental Audit. A&I identified findings in the Utilization Management, Access and Availability of Care, and Member's Rights categories.
- For the measures for which the DMC plan's performance declined significantly from measurement year 2019 to measurement year 2020, assess the factors, which may include COVID-19, that affected the DMC plan's performance on these measures 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 and other dental care services.

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

Appendix B:
Performance Evaluation Report
Health Net of California, Inc.
July 1, 2020–June 30, 2021

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Table of Tables

1. Introduction

The California Department of Health Care Services (DHCS) contracted with Health Services Advisory Group, Inc. (HSAG), an external quality review organization (EQRO), to prepare an annual independent technical report in accordance with 42 Code of Federal Regulations (CFR) Sections (§)438.364 and §457.1250. The *Medi-Cal Dental Managed Care External Quality Review Technical Report, July 1, 2020–June 30, 2021* (technical report section), provides an overview of the objectives and methodology for conducting the external quality review (EQR) activities of DHCS' Medi-Cal Dental Managed Care (DMC) delivery system, including requirements related to each activity. Additionally, the technical report section provides aggregated results and recommendations for DHCS for each activity.

In accordance with 42 CFR §438.350, each state must have its EQRO perform an annual EQR of each of the state's managed care entities engaged in EQR activities. Title 42 CFR §438.2 defines a managed care organization (MCO), in part, as "an entity that has or is seeking to qualify for a comprehensive risk contract." The Centers for Medicare & Medicaid Services (CMS) designates DHCS-contracted managed care health plans (MCPs) as MCOs and dental managed care plans (DMC plans) as prepaid ambulatory health plans (PAHPs). Three of DHCS' MCOs are designated as population-specific health plans (PSPs). The Medi-Cal Managed Care program (MCMC) has one prepaid inpatient health plan (PIHP) with a specialized population, which is designated as a specialty health plan (SHP). Unless citing Title 42 CFR, HSAG refers to DHCS' MCOs as MCPs or PSPs (as applicable), PAHPs as DMC plans, and the PIHP with a specialized population as an SHP.

This appendix is specific to DHCS' contracted Medi-Cal DMC plan, Health Net of California, Inc. ("Health Net" or "the DMC plan"). The purpose of this appendix is to provide HSAG's external, independent assessment of the quality and timeliness of, and access to dental care services that Health Net provides to its members. HSAG provides a summary of the DMC plan-specific results and findings for each activity and an assessment of the DMC plan's strengths and opportunities for improvement. In the technical report section, HSAG provides an aggregate assessment of the quality and timeliness of, and access to dental health care that DMC plans are providing to their members.

Note the following regarding terms HSAG uses in this report:

- "Beneficiary" refers to a person entitled to receive benefits under Medi-Cal DMC.
- "Member" refers to a person enrolled in a DMC plan.

The review period for this DMC plan-specific evaluation report is July 1, 2020, through June 30, 2021. The report references activities and methodologies described in detail in the technical report section. HSAG will report on activities that take place beyond the review period in Health Net's 2021–22 plan-specific evaluation report.

Note that during the review period, DHCS allowed DMC plans continued flexibility related to select EQR activities so that these plans and their contracted providers could focus on the coronavirus disease 2019 (COVID-19) response efforts. Additionally, DHCS changed its requirements related to some EQR activities. As applicable in this report related to specific activities, HSAG notes when DHCS changed its requirements due to the COVID-19 response. For details regarding all of DHCS' COVID-19-related decisions, go to DHCS COVID-19 Response.

Medi-Cal Dental Managed Care Plan Overview

Health Net operates in Los Angeles County as a Prepaid Health Plan (PHP) and in Sacramento County under a Geographic Managed Care (GMC) model. In Los Angeles County beneficiaries have the option of enrolling in a DMC plan or accessing dental benefits through the dental fee-for-service (FFS) delivery system, whereas in Sacramento County DMC plan enrollment is mandatory.

Health Net became operational in Los Angeles County effective July 1, 2013, and in Sacramento County effective January 1, 2013. As of June 2021, Health Net had 197,740 members in Los Angeles County and 153,994 in Sacramento County—for a total of 351,734 members.[1] This represents 49 percent of the beneficiaries enrolled in Los Angeles County and 32 percent of beneficiaries enrolled in Sacramento County.

[1] 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 Jul 29, 2021.

2. Compliance Reviews

A description of DHCS' DMC plan compliance review process is included in Section 3 of the technical report section ("Compliance Reviews"). DHCS Audits & Investigations Division (A&I) continued its suspension of the in-person Dental Audits of DMC plans, which began in April 2020 due to COVID-19 response efforts. While A&I suspended the in-person audits, DHCS continued to require DMC plans to comply with all corrective action plan (CAP) requirements imposed prior to COVID-19. Additionally, A&I conducted some annual audits virtually with those DMC plans that were able to participate in virtual reviews, while allowing other DMC plans that had requested to focus on COVID-19 response efforts to suspend their annual audits.

Compliance Reviews Conducted

The following is a summary of the most recent review conducted for Health Net.

Table 2.1 summarizes the results and status of the virtual A&I Dental Audit of Health Net. A&I conducted the audit from April 26, 2021, through May 7, 2021. The audit was a reduced scope audit, evaluating four categories rather than five. DHCS issued the final audit report on September 3, 2021, which is outside the review period for this report; however, HSAG includes the information from the report because A&I conducted the audit during the review period for this report.

Table 2.1—DHCS A&I Dental Audit of Health Net
Audit Review Period: March 1, 2020, through February 28, 2021

Category Evaluated	Deficiencies/ Findings (Yes/No)	Monitoring Status
Utilization Management	Yes	CAP in process and under review.
Access and Availability of Care	No	No findings.
Member's Rights	Yes	CAP in process and under review.
Quality Management	Yes	CAP in process and under review.

Strengths—Compliance Reviews

A&I identified no findings in the Access and Availability of Care category during the 2021 Dental Audit of Health Net.

Opportunities for Improvement—Compliance Reviews

Health Net has the opportunity to work with DHCS to ensure that the DMC plan fully resolves all findings from the 2021 Dental Audit. Health Net should thoroughly review all findings and implement the actions recommended by A&I.

3. Performance Measures

Each year in May, DHCS requires DMC plans to submit both reporting units' audited performance measure rates reflecting data from the previous calendar year. In 2019, DHCS began sending the rates to HSAG annually for inclusion in the DMC technical report and DMC plan-specific evaluation reports.

Performance Measure Results

Table 3.1 and Table 3.2 present Health Net's audited performance measure rates for measurement years 2018, 2019, and 2020 for each DMC plan reporting unit. To provide a meaningful display of DMC 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.

Table 3.1—Measurement Years 2018, 2019, and 2020
Dental Managed Care Plan Performance Measure Results
Health Net—Los Angeles County

= Statistical testing result indicates that the measurement year 2020 rate is significantly better than the measurement year 2019 rate.

= Statistical testing result indicates that the measurement year 2020 rate is significantly worse than the measurement year 2019 rate.

Measurement year 2018 rates reflect data from January 1, 2018, through December 31, 2018.

Measurement year 2019 rates reflect data from January 1, 2019, through December 31, 2019.

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

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

Not Tested = A measurement year 2019–20 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 2018 Rate	Measurement Year 2019 Rate	Measurement Year 2020 Rate	Measurement Years 2019–20 Rate Difference
Access to Care				
Annual Dental Visits—Ages 0–20 Years	37.96%	38.14%	27.00%	-11.14
Annual Dental Visits—Ages 21+ Years	19.16%	19.49%	15.84%	-3.65
Continuity of Care—Ages 0–20 Years	64.18%	67.99%	47.69%	-20.30
Continuity of Care—Ages 21+ Years	34.75%	38.32%	29.35%	-8.98
Exam/Oral Health Evaluations—Ages 0–20 Years	33.70%	34.03%	22.75%	-11.28
Exam/Oral Health Evaluations—Ages 21+ Years	15.27%	15.46%	11.77%	-3.69
General Anesthesia—Ages 0–20 Years	41.18%	36.93%	50.62%	13.69
General Anesthesia—Ages 21+ Years	31.17%	26.02%	36.83%	10.81
Overall Utilization of Dental Services—One Year—Ages 0–20 Years	42.85%	43.48%	30.15%	-13.33
Overall Utilization of Dental Services—One Year—Ages 21+ Years	19.55%	19.70%	15.94%	-3.75
Use of Dental Treatment Services—Ages 0–20 Years	17.07%	17.75%	13.51%	-4.24
Use of Dental Treatment Services—Ages 21+ Years	11.61%	11.71%	10.06%	-1.65

Measure	Measurement Year 2018 Rate	Measurement Year 2019 Rate	Measurement Year 2020 Rate	Measurement Years 2019–20 Rate Difference
Usual Source of Care—Ages 0–20 Years	32.88%	32.28%	24.29%	-8.00
Usual Source of Care—Ages 21+ Years	8.86%	9.51%	8.30%	-1.21
Preventive Care				
Preventive Services to Filling—Ages 0–20 Years	80.54%	81.76%	75.54%	-6.22
Preventive Services to Filling—Ages 21+ Years	26.10%	29.23%	27.24%	-1.99
Sealants to Restoration Ratio (Surfaces)—Ages 6–9 Years	6.06	6.78	7.26	Not Tested
Sealants to Restoration Ratio (Surfaces)—Ages 10–14 Years	2.66	2.63	2.65	Not Tested
Treatment/Prevention of Caries—Ages 0–20 Years	24.22%	24.77%	16.86%	-7.91
Treatment/Prevention of Caries—Ages 21+ Years	6.07%	6.27%	5.15%	-1.12
Use of Preventive Services—Ages 0–20 Years	32.27%	32.56%	22.44%	-10.11
Use of Preventive Services—Ages 21+ Years	7.73%	7.92%	7.39%	-0.54
Use of Sealants—Ages 6–9 Years	13.56%	13.68%	7.64%	-6.04
Use of Sealants—Ages 10–14 Years	5.82%	5.89%	3.48%	-2.41

Table 3.2—Measurement Years 2018, 2019, and 2020 Dental Managed Care Plan Performance Measure Results Health Net—Sacramento County

= Statistical testing result indicates that the measurement year 2020 rate is significantly better than the measurement year 2019 rate.

= Statistical testing result indicates that the measurement year 2020 rate is significantly worse than the measurement year 2019 rate.

Measurement year 2018 rates reflect data from January 1, 2018, through December 31, 2018.

Measurement year 2019 rates reflect data from January 1, 2019, through December 31, 2019.

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

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

Not Tested = A measurement year 2019–20 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 2018 Rate	Measurement Year 2019 Rate	Measurement Year 2020 Rate	Measurement Years 2019–20 Rate Difference
Access to Care				
Annual Dental Visits—Ages 0–20 Years	37.44%	39.37%	34.06%	-5.31
Annual Dental Visits—Ages 21+ Years	19.44%	19.39%	17.09%	-2.30
Continuity of Care—Ages 0–20 Years	67.54%	69.88%	56.44%	-13.43
Continuity of Care—Ages 21+ Years	36.48%	39.95%	31.82%	-8.12
Exam/Oral Health Evaluations—Ages 0–20 Years	33.18%	35.66%	28.86%	-6.80
Exam/Oral Health Evaluations—Ages 21+ Years	14.36%	14.44%	11.85%	-2.59
General Anesthesia—Ages 0–20 Years	67.24%	62.79%	61.59%	-1.21

Measure	Measurement Year 2018 Rate	Measurement Year 2019 Rate	Measurement Year 2020 Rate	Measurement Years 2019–20 Rate Difference
General Anesthesia—Ages 21+ Years	26.74%	15.26%	21.02%	5.76
Overall Utilization of Dental Services—One Year—Ages 0–20 Years	45.33%	47.32%	38.52%	-8.81
Overall Utilization of Dental Services—One Year—Ages 21+ Years	22.10%	21.82%	18.01%	-3.82
Use of Dental Treatment Services—Ages 0–20 Years	21.38%	24.09%	22.42%	-1.67
Use of Dental Treatment Services—Ages 21+ Years	13.29%	13.49%	12.32%	-1.17
Usual Source of Care—Ages 0–20 Years	33.99%	35.47%	30.99%	-4.47
Usual Source of Care—Ages 21+ Years	11.15%	12.17%	10.08%	-2.09
Preventive Care				
Preventive Services to Filling—Ages 0–20 Years	83.45%	86.73%	86.09%	-0.64
Preventive Services to Filling—Ages 21+ Years	36.89%	38.67%	44.96%	6.29
Sealants to Restoration Ratio (Surfaces)—Ages 6–9 Years	5.36	6.02	7.58	Not Tested
Sealants to Restoration Ratio (Surfaces)—Ages 10–14 Years	2.16	1.96	2.85	Not Tested
Treatment/Prevention of Caries—Ages 0–20 Years	28.18%	30.95%	27.16%	-3.78

Measure	Measurement Year 2018 Rate	Measurement Year 2019 Rate	Measurement Year 2020 Rate	Measurement Years 2019–20 Rate Difference
Treatment/Prevention of Caries—Ages 21+ Years	7.66%	8.50%	7.78%	-0.72
Use of Preventive Services—Ages 0–20 Years	32.54%	35.11%	29.93%	-5.18
Use of Preventive Services—Ages 21+ Years	8.18%	8.96%	8.63%	-0.33
Use of Sealants—Ages 6–9 Years	14.06%	14.77%	12.12%	-2.65
Use of Sealants—Ages 10–14 Years	6.93%	7.03%	5.66%	-1.36

Strengths—Performance Measures

The rate for the *Preventive Services to Filling—Ages 21+ Years* measure in Sacramento County improved significantly from measurement year 2019 to measurement year 2020.

Opportunities for Improvement—Performance Measures

For the measures for which the DMC plan's performance declined significantly from measurement year 2019 to measurement year 2020, Health Net should assess the factors, which may include COVID-19, that affected the DMC plan's performance on these measures 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 and other dental care services.

4. Performance Improvement Projects

DHCS requires DMC plans to conduct two quality improvement projects (QIPs) per year. DMC 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.

Statewide Quality Improvement Project

DHCS requires each DMC plan 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.

DMC plans must submit two reports annually for the statewide QIP—one intervention progress report to HSAG, and an annual QIP submission to DHCS. In January 2021, Health Net submitted to HSAG the statewide QIP intervention progress report that included a summary of identified barriers and interventions the DMC plan conducted as of December 31, 2020. HSAG reviewed the progress report and provided feedback to Health Net in February 2021.

HSAG identified the following notable findings based on its review of Health Net's January 2021 statewide QIP intervention progress update report:

- The DMC plan identified challenges caused by the COVID-19 pandemic and indicated plans to implement the following two new interventions to alleviate the challenges:
  - Teledentistry appointment promotion.
  - Community Smiles Referral program to connect members to free and low-cost community resources to address social needs, such as food insecurity, housing, and lack of transportation.
- The DMC plan reported that it continued to conduct the following interventions during the reporting period:
  - Member telephone outreach to conduct initial dental health assessments.
  - Early Smiles program to perform screenings and preventive services at schools.
  - Texting campaign to promote preventive dental services to members who are due for these services.

Based on its review of Health Net's January 2021 statewide QIP intervention progress update report, HSAG indicated to Health Net that in the next intervention progress update report submission, the DMC plan should be sure to:

- Provide the completion date (month/day/year) for the causal/barrier analysis.
- Update the key driver diagram to include the new drivers and interventions related to the barriers identified as a result of the COVID-19 pandemic.

- Reassess the barrier priority ranking. As necessary, rank the barriers related to the COVID-19 pandemic as a higher priority than barriers that were identified prior to the pandemic.

HSAG expects Health Net to incorporate HSAG's feedback in future causal barrier analyses and intervention strategies for the *Preventive Services Utilization* statewide QIP.

Individual Performance Improvement Project

DHCS requires each DMC plan to conduct one individual performance improvement project (PIP) using HSAG's rapid-cycle PIP process. (Because DMC plans' individual QIPs are conducted using HSAG's rapid-cycle PIP process, HSAG refers to DMC plans' individual QIPs as "individual PIPs.")

Rapid-Cycle Performance Improvement Project Overview

The key concepts of the rapid-cycle PIP framework include forming a PIP team, setting aims, establishing measures, determining interventions using quality improvement tools, conducting Plan-Do-Study-Act (PDSA) cycles to test interventions, and planning for the spread of successful changes. The core component of the rapid-cycle PIP approach involves testing changes on a small scale so that improvement can occur more efficiently and lead to long-term sustainability. The following modules guide DMC plans through this rapid-cycle PIP process:

- Module 1—PIP Initiation
  - DMC plans outline the framework for the PIP, which includes the:
    - PIP team member identification.
    - Topic rationale.
    - Narrowed focus description.
    - Narrowed focus measure baseline data collection specifications and methodology.
    - SMART (Specific, Measurable, Achievable, Relevant, and Time-bound) Aim statement.
    - SMART Aim run chart.
    - Initial key driver diagram.
- Module 2—Intervention Determination
  - DMC plans define the quality improvement activities that have the potential to impact the SMART Aim by using the following quality improvement tools:
    - Process mapping.
    - Failure modes and effects analysis.
    - Key driver diagram.
- Module 3—Intervention Testing
  - DMC plans define the Intervention Plan for the intervention to be tested.
  - DMC plans test the intervention through a series of PDSA cycles.

  - DMC plans complete the PDSA worksheet to track and evaluate intervention effectiveness.
- Module 4—PIP Conclusions
  - DMC plans summarize interpretation of PIP results and key findings and submit the following:
    - Completed PDSA worksheet(s).
    - Final SMART Aim run chart.
    - Final SMART Aim measure data table.
    - Final key driver diagram.
  - DMC plans provide narrative summaries to address the following:
    - Project conclusions.
    - Intervention testing conclusions.
    - Plans for spreading successful intervention(s), as applicable.
    - Challenges encountered.
    - Lessons learned and information gained.
    - Plans for sustaining any improvement achieved beyond the SMART Aim end date.

Based on the agreed-upon timeline, DMC plans submit each module to HSAG for validation. Throughout the rapid-cycle PIP process, HSAG provides technical assistance to DMC plans to ensure that PIPs are methodologically sound and to problem-solve with the plans regarding how to address challenges that occur. Through an iterative process, DMC plans have opportunities to make corrections to modules 1 through 3 to achieve all validation criteria.

Once DMC plans achieve all validation criteria for modules 1 through 3, they test interventions through a series of PDSA cycles. During the intervention testing phase of the PIP, HSAG conducts periodic progress check-ins by email to assess whether DMC plans are making appropriate progress with intervention testing. For each intervention testing cycle, DMC plans complete a PDSA worksheet and 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), whether the intervention was unsuccessful and should be stopped (abandon), or whether the intervention needs to be tested further (continue testing). Upon completion of the PIP, DMC plans summarize the overall PIP in Module 4.

When validating Module 4, HSAG assesses the validity and reliability of the results based on CMS' validation protocols to determine whether key stakeholders can have confidence in the reported PIP findings. HSAG assigns the following final confidence levels for each PIP:

- High confidence
  - The PIP was methodologically sound.
  - The DMC 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 DMC 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 DMC plan accurately summarized the key findings and conclusions.
    - The DMC plan achieved the SMART Aim goal or achieved statistically significant, non-statistically significant, clinically significant, or programmatically significant improvement; however, the DMC 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 DMC 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.

Individual Performance Improvement Project Results and Findings

In October 2020, DHCS announced to the DMC plans the requirements for the 2020–22 individual PIP. The focus of the 2020–22 individual PIP remained the same as the 2019–21 PIP that DHCS elected to end early due to the COVID-19 public health crisis. Due to DMC plans' continuing need to focus on COVID-19 response efforts, DHCS allowed plans flexibility related to their PIP's narrowed focus and partnerships with external organizations. Additionally, for DMC plans' 2020–22 PIP, DHCS allowed the plans to continue their 2019–21 individual PIP topic or to select a new PIP topic.

Health Net determined to resume the DMC plan's 2019–21 PIP topic for its 2020–22 individual PIP—coordination of care for high-risk members.

During the review period of this report, HSAG validated modules 1 and 2 for the DMC plan's *Coordination of Care for High-Risk Members* PIP. Upon initial review of Module 1, HSAG determined that Health Net met some required validation criteria; however, HSAG identified opportunities for improvement related to:

- Including all required components of the SMART Aim.
- Completing all required components of the key driver diagram.

After receiving technical assistance from HSAG, Health Net incorporated HSAG's feedback into Module 1. Upon HSAG's final review, HSAG determined that the DMC plan met all validation criteria for Module 1. Health Net met all validation criteria for Module 2 in its initial submission.

Health Net's *Coordination of Care for High-Risk Members* PIP SMART Aim measures the percentage of deep cleanings or periodontal maintenance procedures completed among members ages 65 to 85 years who are living with diabetes and identified as high-risk. This PIP did not progress to intervention testing during the review period for this report. HSAG will include intervention information in Health Net's 2021–22 DMC plan-specific evaluation report.

Strengths—Performance Improvement Projects

Health Net successfully completed the third annual intervention progress report for the *Preventive Services Utilization* statewide QIP. Additionally, Health Net successfully met all validation criteria for modules 1 and 2 for the *Coordination of Care for High-Risk Members* PIP. The validation findings show that the DMC plan built a strong foundational framework and used quality improvement tools to define quality improvement activities that have the potential to impact the SMART Aim for the *Coordination of Care for High-Risk Members* PIP. Health Net has progressed to Module 3, in which the DMC plan will establish a plan for each intervention prior to testing the intervention through a series of PDSA cycles.

Opportunities for Improvement—Performance Improvement Projects

Based on Health Net PIP progression, HSAG identified no opportunities for improvement.

5. Recommendations

DHCS provided each DMC plan an opportunity to outline actions taken to address recommendations HSAG made in its 2019–20 DMC plan-specific evaluation report. Based on HSAG's assessment of Health Net's delivery of quality, accessible, and timely care through the activities described in the DMC plan's 2019–20 DMC plan-specific evaluation report, HSAG included no recommendations in Health Net's 2019–20 DMC plan-specific evaluation report. Therefore, Health Net had no recommendations for which it was required to provide the DMC plan's self-reported actions.

2020–21 Recommendations

Based on the overall assessment of Health Net's delivery of quality, accessible, and timely care through the activities described in previous sections of this report, HSAG recommends the following to the DMC plan:

- Work with DHCS to ensure that the DMC plan fully resolves all findings from the 2021 Dental Audit. Health Net should thoroughly review all findings and implement the actions recommended by A&I.
- For the measures for which the DMC plan's performance declined significantly from measurement year 2019 to measurement year 2020, assess the factors, which may include COVID-19, that affected the DMC plan's performance on these measures 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 and other dental care services.

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

Appendix C:
Performance Evaluation Report
LIBERTY Dental Plan of California, Inc.
July 1, 2020–June 30, 2021

Table of Contents

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1. Introduction

The California Department of Health Care Services (DHCS) contracted with Health Services Advisory Group, Inc. (HSAG), an external quality review organization (EQRO), to prepare an annual independent technical report in accordance with 42 Code of Federal Regulations (CFR) Sections (§)438.364 and §457.1250. The *Medi-Cal Dental Managed Care External Quality Review Technical Report, July 1, 2020–June 30, 2021* (technical report section), provides an overview of the objectives and methodology for conducting the external quality review (EQR) activities of DHCS' Medi-Cal Dental Managed Care (DMC) delivery system, including requirements related to each activity. Additionally, the technical report section provides aggregated results and recommendations for DHCS for each activity.

In accordance with 42 CFR §438.350, each state must have its EQRO perform an annual EQR of each of the state's managed care entities engaged in EQR activities. Title 42 CFR §438.2 defines a managed care organization (MCO), in part, as "an entity that has or is seeking to qualify for a comprehensive risk contract." The Centers for Medicare & Medicaid Services (CMS) designates DHCS-contracted managed care health plans (MCPs) as MCOs and dental managed care plans (DMC plans) as prepaid ambulatory health plans (PAHPs). Three of DHCS' MCOs are designated as population-specific health plans (PSPs). The Medi-Cal Managed Care program (MCMC) has one prepaid inpatient health plan (PIHP) with a specialized population, which is designated as a specialty health plan (SHP). Unless citing Title 42 CFR, HSAG refers to DHCS' MCOs as MCPs or PSPs (as applicable), PAHPs as DMC plans, and the PIHP with a specialized population as an SHP.

This appendix is specific to DHCS' contracted Medi-Cal DMC plan, LIBERTY Dental Plan of California, Inc. ("LIBERTY Dental" or "the DMC plan"). The purpose of this appendix is to provide HSAG's external, independent assessment of the quality and timeliness of, and access to dental care services that LIBERTY Dental provides to its members. HSAG provides a summary of the DMC plan-specific results and findings for each activity and an assessment of the DMC plan's strengths and opportunities for improvement. In the technical report section, HSAG provides an aggregate assessment of the quality and timeliness of, and access to dental health care that DMC plans are providing to their members.

Note the following regarding terms HSAG uses in this report:

- "Beneficiary" refers to a person entitled to receive benefits under Medi-Cal DMC.
- "Member" refers to a person enrolled in a DMC plan.

The review period for this DMC plan-specific evaluation report is July 1, 2020, through June 30, 2021. The report references activities and methodologies described in detail in the technical report section. HSAG will report on activities that take place beyond the review period in LIBERTY Dental's 2021–22 plan-specific evaluation report.

Note that during the review period, DHCS allowed DMC plans continued flexibility related to select EQR activities so that these plans and their contracted providers could focus on the coronavirus disease 2019 (COVID-19) response efforts. Additionally, DHCS changed its requirements related to some EQR activities. As applicable in this report related to specific activities, HSAG notes when DHCS changed its requirements due to the COVID-19 response. For details regarding all of DHCS' COVID-19-related decisions, go to DHCS COVID-19 Response.

Medi-Cal Dental Managed Care Plan Overview

LIBERTY Dental operates in Los Angeles County as a Prepaid Health Plan (PHP) and in Sacramento County under a Geographic Managed Care (GMC) model. In Los Angeles County beneficiaries have the option of enrolling in a DMC plan or accessing dental benefits through the dental fee-for-service (FFS) delivery system, whereas in Sacramento County DMC plan enrollment is mandatory.

LIBERTY Dental became operational in Los Angeles County effective July 1, 2013, and in Sacramento County effective January 1, 2013. As of June 2021, LIBERTY Dental had 70,310 members in Los Angeles County and 184,152 in Sacramento County—for a total of 254,462 members.[1] This represents 17 percent of the beneficiaries enrolled in Los Angeles County and 38 percent of beneficiaries enrolled in Sacramento County.

[1] 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 Jul 29, 2021.

2. Compliance Reviews

A description of DHCS' DMC plan compliance review process is included in Section 3 of the technical report section ("Compliance Reviews"). DHCS Audits & Investigations Division (A&I) continued its suspension of the in-person Dental Audits of DMC plans, which began in April 2020 due to COVID-19 response efforts. While A&I suspended the in-person audits, DHCS continued to require DMC plans to comply with all corrective action plan (CAP) requirements imposed prior to COVID-19. Additionally, A&I conducted some annual audits virtually with those DMC plans that were able to participate in virtual reviews, while allowing other DMC plans that had requested to focus on COVID-19 response efforts to suspend their annual audits.

A&I conducted the most recent audit for LIBERTY Dental in 2019 for the review period of May 1, 2018, through April 30, 2019. HSAG included a summary of this audit in LIBERTY Dental's 2019–20 DMC plan-specific evaluation report. Based on the status of the DMC plan's COVID-19 response efforts, A&I conducted no audit of LIBERTY Dental during the review period for this report; therefore, HSAG includes no compliance review information for the DMC plan in this report.

A&I is scheduled to conduct a Dental Audit of LIBERTY Dental from July 6, 2021, through July 16, 2021, for the review period of July 1, 2019, through June 30, 2021. HSAG will include a summary of this audit in LIBERTY Dental's 2021–22 DMC plan-specific evaluation report.

3. Performance Measures

Each year in May, DHCS requires DMC plans to submit both reporting units' audited performance measure rates reflecting data from the previous calendar year. In 2019, DHCS began sending the rates to HSAG annually for inclusion in the DMC technical report and DMC plan-specific evaluation reports.

Performance Measure Results

Table 3.1 and Table 3.2 present LIBERTY Dental's audited performance measure rates for measurement years 2018, 2019, and 2020 for each DMC plan reporting unit. To provide a meaningful display of DMC 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.

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LIBERTY Dental—Los Angeles County

= Statistical testing result indicates that the measurement year 2020 rate is significantly better than the measurement year 2019 rate.

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Continuity of Care—Ages 0–20 Years	65.18%	68.00%	51.53%	-16.47
Continuity of Care—Ages 21+ Years	36.45%	41.09%	32.67%	-8.41
Exam/Oral Health Evaluations—Ages 0–20 Years	35.65%	36.17%	25.93%	-10.24
Exam/Oral Health Evaluations—Ages 21+ Years	17.20%	18.59%	14.29%	-4.30
General Anesthesia—Ages 0–20 Years	46.56%	39.82%	56.56%	16.73
General Anesthesia—Ages 21+ Years	33.85%	31.74%	37.65%	5.91
Overall Utilization of Dental Services—One Year—Ages 0–20 Years	44.25%	44.97%	32.59%	-12.38
Overall Utilization of Dental Services—One Year—Ages 21+ Years	21.23%	23.14%	18.05%	-5.09
Use of Dental Treatment Services—Ages 0–20 Years	17.32%	18.44%	14.96%	-3.48
Use of Dental Treatment Services—Ages 21+ Years	13.32%	14.67%	11.86%	-2.82

Measure	Measurement Year 2018 Rate	Measurement Year 2019 Rate	Measurement Year 2020 Rate	Measurement Years 2019–20 Rate Difference
Usual Source of Care—Ages 0–20 Years	33.87%	32.70%	26.19%	-6.52
Usual Source of Care—Ages 21+ Years	9.54%	11.12%	10.17%	-0.96
Preventive Care				
Preventive Services to Filling—Ages 0–20 Years	81.82%	83.30%	79.02%	-4.28
Preventive Services to Filling—Ages 21+ Years	31.06%	31.46%	32.70%	1.25
Sealants to Restoration Ratio (Surfaces)—Ages 6–9 Years	5.81	5.47	6.99	Not Tested
Sealants to Restoration Ratio (Surfaces)—Ages 10–14 Years	2.13	1.83	2.16	Not Tested
Treatment/Prevention of Caries—Ages 0–20 Years	24.53%	25.59%	18.75%	-6.84
Treatment/Prevention of Caries—Ages 21+ Years	7.27%	8.52%	6.33%	-2.20
Use of Preventive Services—Ages 0–20 Years	34.37%	34.84%	25.83%	-9.01
Use of Preventive Services—Ages 21+ Years	9.37%	10.77%	9.92%	-0.86
Use of Sealants—Ages 6–9 Years	13.24%	12.92%	8.54%	-4.38
Use of Sealants—Ages 10–14 Years	6.33%	6.39%	4.38%	-2.02

Table 3.2—Measurement Years 2018, 2019, and 2020
Dental Managed Care Plan Performance Measure Results
LIBERTY Dental—Sacramento County

= Statistical testing result indicates that the measurement year 2020 rate is significantly better than the measurement year 2019 rate.

= Statistical testing result indicates that the measurement year 2020 rate is significantly worse than the measurement year 2019 rate.

Measurement year 2018 rates reflect data from January 1, 2018, through December 31, 2018.

Measurement year 2019 rates reflect data from January 1, 2019, through December 31, 2019.

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

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

Not Tested = A measurement year 2019–20 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 2018 Rate	Measurement Year 2019 Rate	Measurement Year 2020 Rate	Measurement Years 2019–20 Rate Difference
Access to Care				
Annual Dental Visits—Ages 0–20 Years	42.38%	45.79%	38.05%	-7.74
Annual Dental Visits—Ages 21+ Years	22.57%	23.78%	20.31%	-3.47
Continuity of Care—Ages 0–20 Years	67.03%	71.52%	55.61%	-15.91
Continuity of Care—Ages 21+ Years	33.98%	39.82%	31.68%	-8.14
Exam/Oral Health Evaluations—Ages 0–20 Years	37.04%	40.78%	31.44%	-9.34
Exam/Oral Health Evaluations—Ages 21+ Years	16.51%	17.62%	13.92%	-3.70
General Anesthesia—Ages 0–20 Years	68.46%	63.12%	62.80%	-0.32

Measure	Measurement Year 2018 Rate	Measurement Year 2019 Rate	Measurement Year 2020 Rate	Measurement Years 2019–20 Rate Difference
General Anesthesia—Ages 21+ Years	34.32%	20.17%	27.23%	7.06
Overall Utilization of Dental Services—One Year—Ages 0–20 Years	49.42%	52.70%	41.41%	-11.29
Overall Utilization of Dental Services—One Year—Ages 21+ Years	24.86%	26.17%	21.21%	-4.96
Use of Dental Treatment Services—Ages 0–20 Years	25.03%	29.43%	25.02%	-4.41
Use of Dental Treatment Services—Ages 21+ Years	16.36%	17.24%	14.89%	-2.34
Usual Source of Care—Ages 0–20 Years	37.51%	39.54%	34.37%	-5.17
Usual Source of Care—Ages 21+ Years	12.32%	13.98%	12.36%	-1.61
Preventive Care				
Preventive Services to Filling—Ages 0–20 Years	84.05%	86.07%	81.73%	-4.35
Preventive Services to Filling—Ages 21+ Years	35.05%	40.14%	45.30%	5.15
Sealants to Restoration Ratio (Surfaces)—Ages 6–9 Years	5.80	6.27	7.52	Not Tested
Sealants to Restoration Ratio (Surfaces)—Ages 10–14 Years	2.22	2.14	2.44	Not Tested
Treatment/Prevention of Caries—Ages 0–20 Years	30.09%	34.28%	27.36%	-6.92

Measure	Measurement Year 2018 Rate	Measurement Year 2019 Rate	Measurement Year 2020 Rate	Measurement Years 2019–20 Rate Difference
Treatment/Prevention of Caries—Ages 21+ Years	8.66%	9.78%	8.39%	-1.39
Use of Preventive Services—Ages 0–20 Years	35.69%	39.32%	31.30%	-8.02
Use of Preventive Services—Ages 21+ Years	8.32%	9.46%	9.74%	0.27
Use of Sealants—Ages 6–9 Years	17.01%	17.70%	11.93%	-5.77
Use of Sealants—Ages 10–14 Years	9.38%	9.63%	5.97%	-3.66

Strengths—Performance Measures

For Sacramento County, the rates for the *Preventive Services to Filling—Ages 21+ Years* and *Use of Preventive Services—Ages 21+ Years* measures improved significantly from measurement year 2019 to measurement year 2020.

Opportunities for Improvement—Performance Measures

For the measures for which the DMC plan's performance declined significantly from measurement year 2019 to measurement year 2020, LIBERTY Dental should assess the factors, which may include COVID-19, that affected the DMC plan's performance on these measures 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 and other dental care services.

4. Performance Improvement Projects

DHCS requires DMC plans to conduct two quality improvement projects (QIPs) per year. DMC 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.

Statewide Quality Improvement Project

DHCS requires each DMC plan 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.

DMC plans must submit two reports annually for the statewide QIP—one intervention progress report to HSAG, and an annual QIP submission to DHCS. In February 2021, LIBERTY Dental submitted to HSAG the statewide QIP intervention progress report that included a summary of identified barriers and interventions the DMC plan conducted as of December 31, 2020. HSAG reviewed the progress report and provided feedback to LIBERTY Dental in February 2021.

HSAG identified the following notable findings based on its review of LIBERTY Dental's February 2021 statewide QIP intervention progress update report:

- The DMC plan identified challenges caused by the COVID-19 pandemic and indicated plans to implement the following two new interventions to alleviate the challenges:
  - Teledentistry appointment promotion.
  - Community Smiles Referral program to connect members to free and low-cost community resources to address social needs, such as food insecurity, housing, and lack of transportation.
- The DMC plan reported that it continued to conduct the following interventions during the reporting period:
  - Member telephone outreach to conduct initial dental health assessments.
  - Early Smiles program to perform screenings and preventive services at schools.
  - Texting campaign to promote preventive dental services to members who are due for these services.

Based on its review of LIBERTY Dental's February 2021 statewide QIP intervention progress update report, HSAG indicated to LIBERTY Dental that in the next intervention progress update report submission, the DMC plan should be sure to:

- Provide the completion date (month/day/year) for the causal/barrier analysis.
- Update the key driver diagram to include the new drivers and interventions related to the barriers identified as a result of the COVID-19 pandemic.

- Reassess the barrier priority ranking. As necessary, rank the barriers related to the COVID-19 pandemic as a higher priority than barriers that were identified prior to the pandemic.

HSAG expects LIBERTY Dental to incorporate HSAG's feedback in future causal barrier analyses and intervention strategies for the *Preventive Services Utilization* statewide QIP.

Individual Performance Improvement Project

DHCS requires each DMC plan to conduct one individual performance improvement project (PIP) using HSAG's rapid-cycle PIP process. (Because DMC plans' individual QIPs are conducted using HSAG's rapid-cycle PIP process, HSAG refers to DMC plans' individual QIPs as "individual PIPs.")

Rapid-Cycle Performance Improvement Project Overview

The key concepts of the rapid-cycle PIP framework include forming a PIP team, setting aims, establishing measures, determining interventions using quality improvement tools, conducting Plan-Do-Study-Act (PDSA) cycles to test interventions, and planning for the spread of successful changes. The core component of the rapid-cycle PIP approach involves testing changes on a small scale so that improvement can occur more efficiently and lead to long-term sustainability. The following modules guide DMC plans through this rapid-cycle PIP process:

- Module 1—PIP Initiation
  - DMC plans outline the framework for the PIP, which includes the:
    - PIP team member identification.
    - Topic rationale.
    - Narrowed focus description.
    - Narrowed focus measure baseline data collection specifications and methodology.
    - SMART (Specific, Measurable, Achievable, Relevant, and Time-bound) Aim statement.
    - SMART Aim run chart.
    - Initial key driver diagram.
- Module 2—Intervention Determination
  - DMC plans define the quality improvement activities that have the potential to impact the SMART Aim by using the following quality improvement tools:
    - Process mapping.
    - Failure modes and effects analysis.
    - Key driver diagram.
- Module 3—Intervention Testing
  - DMC plans define the Intervention Plan for the intervention to be tested.
  - DMC plans test the intervention through a series of PDSA cycles.

  - DMC plans complete the PDSA worksheet to track and evaluate intervention effectiveness.
- Module 4—PIP Conclusions
  - DMC plans summarize interpretation of PIP results and key findings and submit the following:
    - Completed PDSA worksheet(s).
    - Final SMART Aim run chart.
    - Final SMART Aim measure data table.
    - Final key driver diagram.
  - DMC plans provide narrative summaries to address the following:
    - Project conclusions.
    - Intervention testing conclusions.
    - Plans for spreading successful intervention(s), as applicable.
    - Challenges encountered.
    - Lessons learned and information gained.
    - Plans for sustaining any improvement achieved beyond the SMART Aim end date.

Based on the agreed-upon timeline, DMC plans submit each module to HSAG for validation. Throughout the rapid-cycle PIP process, HSAG provides technical assistance to DMC plans to ensure that PIPs are methodologically sound and to problem-solve with the plans regarding how to address challenges that occur. Through an iterative process, DMC plans have opportunities to make corrections to modules 1 through 3 to achieve all validation criteria.

Once DMC plans achieve all validation criteria for modules 1 through 3, they test interventions through a series of PDSA cycles. During the intervention testing phase of the PIP, HSAG conducts periodic progress check-ins by email to assess whether DMC plans are making appropriate progress with intervention testing. For each intervention testing cycle, DMC plans complete a PDSA worksheet and 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), whether the intervention was unsuccessful and should be stopped (abandon), or whether the intervention needs to be tested further (continue testing). Upon completion of the PIP, DMC plans summarize the overall PIP in Module 4.

When validating Module 4, HSAG assesses the validity and reliability of the results based on CMS' validation protocols to determine whether key stakeholders can have confidence in the reported PIP findings. HSAG assigns the following final confidence levels for each PIP:

- High confidence
  - The PIP was methodologically sound.
  - The DMC 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 DMC 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 DMC plan accurately summarized the key findings and conclusions.
    - The DMC plan achieved the SMART Aim goal or achieved statistically significant, non-statistically significant, clinically significant, or programmatically significant improvement; however, the DMC 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 DMC 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.

Individual Performance Improvement Project Results and Findings

In October 2020, DHCS announced to the DMC plans the requirements for the 2020–22 individual PIP. The focus of the 2020–22 individual PIP remained the same as the 2019–21 PIP that DHCS elected to end early due to the COVID-19 public health crisis. Due to DMC plans' continuing need to focus on COVID-19 response efforts, DHCS allowed plans flexibility related to their PIP's narrowed focus and partnerships with external organizations. Additionally, for DMC plans' 2020–22 PIP, DHCS allowed the plans to continue their 2019–21 individual PIP topic or to select a new PIP topic.

LIBERTY Dental determined to select a new topic for its 2020–22 individual PIP—oral health utilization among Black children ages 0 to 3 years.

During the review period for this report, HSAG validated modules 1 and 2 for the DMC plan's *Oral Health Utilization* PIP. Upon initial review of Module 1, HSAG determined that LIBERTY Dental met some required validation criteria; however, HSAG identified opportunities for improvement related to:

- Including all required components of the narrowed focus baseline specifications and data collection methodology.
- Including all required components of the SMART Aim.
- Completing all required components of the key driver diagram.

After receiving technical assistance from HSAG, LIBERTY Dental incorporated HSAG's feedback into Module 1. Upon HSAG's final review, HSAG determined that the DMC plan met all validation criteria for Module 1. LIBERTY Dental met all validation criteria for Module 2 in its initial submission.

LIBERTY Dental's *Oral Health Utilization* PIP SMART Aim measures the percentage of overall oral health utilization among Black members ages 0 to 3 years. This PIP did not progress to intervention testing during the review period for this report. HSAG will include intervention information in LIBERTY Dental's 2021–22 DMC plan-specific evaluation report.

Strengths—Performance Improvement Projects

LIBERTY Dental successfully completed the third annual intervention progress report for the *Preventive Services Utilization* statewide QIP. Additionally, LIBERTY Dental successfully met all validation criteria for modules 1 and 2 for the *Oral Health Utilization* PIP. The validation findings show that the DMC plan built a strong foundational framework and used quality improvement tools to define quality improvement activities that have the potential to impact the SMART Aim for the *Oral Health Utilization* PIP. LIBERTY Dental has progressed to Module 3, in which the DMC plan will establish a plan for each intervention prior to testing the intervention through a series of PDSA cycles.

Opportunities for Improvement—Performance Improvement Projects

Based on LIBERTY Dental PIP progression, HSAG identified no opportunities for improvement.

5. Recommendations

DHCS provided each DMC plan an opportunity to outline actions taken to address recommendations HSAG made in its 2019–20 DMC plan-specific evaluation report. Based on HSAG's assessment of LIBERTY Dental's delivery of quality, accessible, and timely care through the activities described in the DMC plan's 2019–20 DMC plan-specific evaluation report, HSAG included no recommendations in LIBERTY Dental's 2019–20 DMC plan-specific evaluation report. Therefore, LIBERTY Dental had no recommendations for which it was required to provide the DMC plan's self-reported actions.

2020–21 Recommendations

Based on the overall assessment of LIBERTY Dental's delivery of quality, accessible, and timely care through the activities described in previous sections of this report, HSAG recommends that for the measures for which the DMC plan's performance declined significantly from measurement year 2019 to measurement year 2020, LIBERTY Dental assess the factors, which may include COVID-19, that affected the DMC plan's performance on these measures 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 and other dental care services.

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