Medi-Cal Dental Managed Care External Quality Review Technical Report

July 1, 2021–June 30, 2022

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

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HSAG HEALTH SERVICES ADVISORY GROUP

DHCS
CALIFORNIA DEPARTMENT OF HEALTH CARE SERVICES

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Medi-Cal Dental Managed Care Plan Name Abbreviations

HSAG uses the following abbreviated Medi-Cal Dental Managed Care plan names in this report.

- **Access Dental**—Access Dental Plan
- **Health Net**—Health Net of California, Inc.
- **LIBERTY Dental**—LIBERTY Dental Plan of California, Inc.

Commonly Used Abbreviations and Acronyms

- **A&I**—Audits & Investigations Division
- **ASO**—administrative services organization
- **BRUSH**—Benefits and Rewards for Utilization, Services and Healthy outcomes
- **CalAIM**—California Advancing and Innovating Medi-Cal
- **CAP**—corrective action plan
- **CA WIC**—California Welfare and Institutions Code
- **CDT—**Current Dental Terminology
- **CFR**—Code of Federal Regulations
- **CHIP**—Children's Health Insurance Program
- **CMS**—Centers for Medicare & Medicaid Services
- **COVID-19**—coronavirus disease 2019
- **Dental MC**—Dental Managed Care
- **Dental MC plan**—Dental Managed Care plan
- **DHCS**—California Department of Health Care Services
- **EPSDT—**Early and Periodic Screening, Diagnostic, and Treatment
- **EQR**—external quality review
- **EQRO**—external quality review organization
- **FFS**—fee-for-service
- **FMEA**—failure modes and effects analysis
- **GMC**—Geographic Managed Care
- **HEDIS®**—Healthcare Effectiveness Data and Information Set[1]
- **HHS**—Department of Health and Human Services
- **HSAG**—Health Services Advisory Group, Inc.
- **MCMC**—Medi-Cal Managed Care program
- **MCMC plan**—Medi-Cal Managed Care health plan
- **MCO**—managed care organization
- **MOC**—Manual of Criteria
- **P4P**—pay-for-performance
- **PAHP**—prepaid ambulatory health plan
- **PCCM**—primary care case management
- **PDSA**—Plan-Do-Study-Act
- **PHM**—population health management
- **PHP**—prepaid health plan

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

- **PIHP**—prepaid inpatient health plan
- **PIP**—performance improvement project
- **Q**—quarter
- **QAPI**—quality assessment and performance improvement
- **QIP**—quality improvement project
- **QOC**—quality of care
- **QPHM**—Quality and Population Health Management
- **SDOH**—social determinants of health
- **SMART**—Specific, Measurable, Achievable, Relevant, and Time-bound

1. Executive Summary

Purpose

This *2021–22 Medi-Cal Dental Managed Care External Quality Review Technical Report* is an annual, independent, technical report produced by Health Services Advisory Group, Inc. (HSAG), the external quality review organization (EQRO) for the California Department of Health Care Services' (DHCS') Medi-Cal Dental Managed Care (Dental MC). The purpose of this report is to provide a summary of the external quality review (EQR) activities of DHCS' contracted Dental MC plans. Note that DHCS does not exempt any Dental MC plans from EQR.

In addition to summaries of EQR activity results, this report includes HSAG's assessment of the quality of, timeliness of, and access to care delivered to beneficiaries by Dental MC plans and as applicable, recommendations as to how DHCS can use the EQR results in its assessment of and revisions to the DHCS Comprehensive Quality Strategy.[2] Annually, DHCS thoroughly reviews the EQR technical report to determine how the results contribute to progress toward achieving the DHCS Comprehensive Quality Strategy goals as well as whether DHCS needs to revise the Comprehensive Quality Strategy based on the results presented in the EQR technical report.

The review period for this report is July 1, 2021, through June 30, 2022. HSAG will report on activities that take place beyond this report's review period in the *2022–23 Medi-Cal Dental Managed Care External Quality Review Technical Report*.

For more information, refer to Section 2 of this report ("**Introduction**").

Medi-Cal Dental Managed Care Program Overview

Statewide Medi-Cal Dental MC beneficiaries as of June 2022:[3] **More than 945,000**

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

Counties served: **Los Angeles and Sacramento**

[2] *Department of Health Care Services Comprehensive Quality Strategy 2022*. Available at: https://www.dhcs.ca.gov/services/Documents/Formatted-Combined-CQS-2-4-22.pdf. Accessed on: Jul 18, 2022.

[3] California Health & Human Services Agency. *Medi-Cal Managed Care Enrollment Report*. Available at: https://data.chhs.ca.gov/dataset/medi-cal-managed-care-enrollment-report. Enrollment information is based on the report downloaded on Aug 2, 2022.

For more information, refer to the Medi-Cal Dental Managed Care Overview heading in Section 2 of this report ("**Medi-Cal Dental Managed Care Overview**").

External Quality Review Highlights

Based on HSAG's assessment of the EQR activities conducted during the review period, the following are notable highlights:

- DHCS submitted the *DHCS Comprehensive Quality Strategy 2022* to the Centers for Medicare & Medicaid Services (CMS) on February 4, 2022.[4] The Comprehensive Quality Strategy:
  - 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.
  - Defines measurable goals and tracks improvement while adhering to the regulatory federal managed care requirements.
  - Describes DHCS' 10-year vision for the Medi-Cal program, which is for those served by the program to have longer, healthier, and happier lives.
  - Describes a whole-system, person-centered, and population health approach to care in which health care services are only one of many elements needed to support improved health for Medi-Cal members.
  - Introduces the Bold Goals: 50x2025 initiative, which focuses on children's preventive care, behavioral health integration, and maternity care, with an emphasis on health equity. In partnership with stakeholders across the State, DHCS' Bold Goals: 50x2025 initiative aims to achieve significant improvement in Medi-Cal clinical and health equity outcomes by 2025.
- DHCS' Audits & Investigations Division (A&I) conducted compliance reviews (Dental Audits) for all Dental MC plans within the previous three-year period, as required by the Code of Federal Regulations (CFR) at Title 42, Section (§) 438.358.
- Dental MC performance measure statewide weighted averages show statistically significant improvement from measurement year 2020 to measurement year 2021 for most Access to Care and all Preventive Care measures.
- Dental MC plans submitted their fourth annual *Preventive Services Utilization* statewide quality improvement project (QIP) intervention progress reports and received HSAG's feedback on their intervention progress. While none have yet achieved the QIP performance indicator goal, all three Dental MC plans reported some improvement in preventive services utilization.
- HSAG's performance improvement project (PIP) validation findings show that all three Dental MC plans built a strong foundational framework, used quality improvement tools to

[4] *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 Jul 18, 2022.

define quality improvement activities that have the potential to impact the SMART (Specific, Measurable, Achievable, Relevant, and Time-bound) Aim, established an intervention plan for each intervention to be tested for the individual PIPs, and progressed to intervention testing.

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

Recommendations Across All Assessed External Quality Review Activities

To meet CMS' requirements, HSAG recommends that DHCS provide the EQRO with the Dental Audit scoring methodology and Dental MC plan-specific Dental Audit results in accordance with the CMS *Protocol 3. Review of Compliance with Medicaid and CHIP Managed Care Regulations: A Mandatory EQR-Related Activity*, October 2019.[5]

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

[5] Department of Health and Human Services, Centers for Medicare & Medicaid Services. *Protocol 3. Review of Compliance with Medicaid and CHIP Managed Care Regulations: A Mandatory EQR-Related Activity*, October 2019. Available at: https://www.medicaid.gov/medicaid/quality-of-care/downloads/2019-eqr-protocols.pdf. Accessed on: Sep 29, 2022.

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 of, timeliness of, and access to health care services that a managed care organization (MCO), prepaid inpatient health plan (PIHP), prepaid ambulatory health plan (PAHP), or primary care case management (PCCM) entity (described in §438.310[c][2]) or their contractors furnish to Medicaid beneficiaries. Each state must comply with §457.1250,[6] and as required by §438.350, each state that contracts with MCOs, PIHPs, PAHPs, or PCCM entities must ensure that:

- Except as provided in §438.362, a qualified EQRO performs an annual EQR for each such contracting MCO, PIHP, PAHP, or PCCM entity.
- The EQRO has sufficient information to perform the review.
- The information used to carry out the review must be obtained from the EQR-related activities described in §438.358 or, if applicable, from a Medicare or private accreditation review as described in §438.360.
- For each EQR-related activity, the information gathered for use in the EQR must include the elements described in §438.364(a)(2)(i) through (iv).
- The information provided to the EQRO in accordance with §438.350(b) is obtained through methods consistent with the protocols established by the U.S. Department of Health & Human Services (HHS) Secretary in accordance with §438.352.
- The results of the reviews are made available as specified in §438.364.

DHCS contracts with HSAG as the EQRO to prepare an annual, independent, Dental MC plan technical report. HSAG meets the qualifications of an EQRO as outlined in §438.354 and performs annual EQRs of DHCS' contracted MCOs, PIHPs, PAHPs, and PCCM entities to evaluate their quality of, timeliness of, and access to health care services to Medi-Cal managed care program (MCMC) beneficiaries. In addition to providing its assessment of the quality of, timeliness of, and access to care delivered to MCMC beneficiaries by Dental MC plans, HSAG makes recommendations, as applicable, as to how DHCS can use the EQR results in its assessment of and revisions to the DHCS Comprehensive Quality Strategy.[7] Annually, DHCS thoroughly reviews the EQR technical report to determine how the results contribute to progress toward achieving the DHCS Comprehensive Quality Strategy goals as

[6] 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: Jul 18, 2022.

[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: Jul 18, 2022.

well as whether DHCS needs to revise the Comprehensive Quality Strategy based on the results presented in the EQR technical report.

The following activities related to EQR are described in §438.358:

- Mandatory activities:
  - Validation of PIPs required in accordance with §438.330(b)(1) that were underway during the preceding 12 months.
  - Validation of MCO, PIHP, or PAHP performance measures required in accordance with §438.330(b)(2) or MCO, PIHP, or PAHP performance measures calculated by the State during the preceding 12 months.
  - A review, conducted within the previous three-year period, to determine the MCO's, PIHP's, or PAHP's compliance with the standards set forth in Part 438 Subpart D, the disenrollment requirements and limitations described in §438.56, the enrollee rights requirements described in §438.100, the emergency and poststabilization services requirements described in §438.114, and the quality assessment and performance improvement (QAPI) requirements described in §438.330.
  - Validation of MCO, PIHP, or PAHP network adequacy during the preceding 12 months to comply with requirements set forth in §438.68 and, if the State enrolls Indians in the MCO, PIHP, or PAHP, §438.14(b)(1).[8]
- 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.

[8] 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 had not yet issued this protocol; therefore, HSAG includes no information in this EQR technical report related to DHCS' validation of network adequacy for the Dental MC plans.

Unless noted otherwise in this report, DHCS provided HSAG with sufficient information to perform the EQR for the July 1, 2021, through June 30, 2022, review period. Additionally:

- The information HSAG used to carry out the EQR was obtained from all mandatory EQR-related activities conducted.
- As applicable, DHCS followed methods consistent with the protocols established by the HHS Secretary in accordance with §438.352 to provide information relevant to the EQR.
- For each EQR-related activity, information DHCS gathered for use in the EQR included the elements described in §438.364(a)(2)(i) through (iv).
- Consistent with §438.350(f), DHCS made the EQR results available as specified in §438.364.

Purpose of Report

As required by §438.364, DHCS contracts with HSAG to prepare an annual, independent, technical report that summarizes findings on the quality of, timeliness of, and access to health care services provided by Dental MC plans, including opportunities for quality improvement.

As described in the CFR, the independent report must summarize findings on access and quality of care for the Medicaid and Children's Health Insurance Program (CHIP) populations, including:

- A description of the manner in which the data from all activities conducted in accordance with §438.358 were aggregated and analyzed, and conclusions were drawn as to the quality and timeliness of, and access to care furnished by the MCO, PIHP, PAHP, or PCCM entity.
- For each EQR-related activity conducted in accordance with §438.358:
  - Objectives
  - Technical methods of data collection and analysis
  - Description of data obtained, including validated performance measurement data for each activity conducted in accordance with §438.358(b)(1)(i) and (ii)
  - Conclusions drawn from the data
- An assessment of each MCO, PIHP, PAHP, or PCCM entity's strengths and weaknesses for the quality and timeliness of, and access to health care services furnished to Medicaid beneficiaries.
- Recommendations for improving the quality of health care services furnished by each MCO, PIHP, PAHP, or PCCM entity, including how the State can target goals and objectives in the quality strategy, under §438.340, to better support improvement in the quality and timeliness of, and access to health care services furnished to Medicaid beneficiaries.
- Methodologically appropriate, comparative information about all MCOs, PIHPs, PAHPs, and PCCM entities, consistent with guidance included in the EQR protocols issued in accordance with §438.352(e).

- An assessment of the degree to which each MCO, PIHP, PAHP, or PCCM entity has effectively addressed the recommendations for quality improvement made by the EQRO during the previous year's EQR.

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

This report provides a summary of Dental MC plan activities. HSAG summarizes activities for Medi-Cal managed care physical health plans in the *2021–22 Medi-Cal Managed Care External Quality Review Technical Report*. Except when citing Title 42 CFR, this report refers to DHCS' dental MCOs as "Dental MC plans." Note that DHCS does not exempt any Dental MC plans from EQR.

Quality, Access, and Timeliness

CMS requires that the EQR evaluate the performance of MCOs, PIHPs, PAHPs, and PCCM entities related to the quality of, timeliness of, and access to care they deliver. Section 438.320 indicates that quality, as it pertains to EQR, means the degree to which an MCO, PIHP, PAHP, or PCCM entity increases the likelihood of desired outcomes of its enrollees through:

- Its structural and operational characteristics.
- The provision of services consistent with current professional, evidence-based knowledge.
- Interventions for performance improvement.

Additionally, §438.320 indicates that access, as it pertains to EQR, means the timely use of services to achieve optimal outcomes, as evidenced by managed care plans successfully demonstrating and reporting on outcomes information for the availability and timeliness elements defined under §438.68 (network adequacy standards) and §438.206 (availability of services).

This report includes conclusions drawn by HSAG related to Dental MC plans' strengths and weaknesses with respect to the quality of, timeliness of, and access to health care services furnished to Dental MC plan members. In this report, the term "beneficiary" refers to a person entitled to receive benefits under Medi-Cal Dental MC, and the term "member" refers to a person enrolled in a Dental MC plan. While quality, access, and timeliness are distinct aspects of care, most Dental MC plan activities and services cut across more than one area. Collectively, all Dental MC plan activities and services affect the quality, accessibility, and timeliness of care delivered to Dental MC plan members. In this report, when applicable, HSAG indicates instances in which Dental MC plan performance affects one specific aspect of care more than another.

Summary of Report Content

This report provides:

- An overview of Medi-Cal Dental MC.
- A description of the DHCS Comprehensive Quality Strategy report.
- An aggregate assessment of Medi-Cal Dental MC for the federally mandated EQR activities conducted during the review period of July 1, 2021, through June 30, 2022, identifying the following for each EQR activity:
  - Objectives
  - Technical methodology used for data collection and analysis
  - Description of the data obtained
  - Conclusions based on the data analysis
- Dental MC plan-specific information included as appendices A through D.
  - Appendix A—Comparative Dental MC Plan-Specific Compliance Review Results
  - Appendix B—Dental MC Plan-Specific Performance Measure Results
  - Appendix C—Comparative Dental MC Plan-Specific Quality Improvement Project and Performance Improvement Project Information
  - Appendix D—Dental MC Plan-Specific EQR Assessments and Recommendations
    - Dental MC Plans' Self-Reported Follow-Up on EQR Recommendations from the 2020–21 Review Period
    - HSAG's Assessment of Dental MC Plans' EQR Strengths, Weaknesses, and Recommendations from the 2021–22 Review Period

During the review period, DHCS allowed Dental MC plans continued flexibility related to select EQR activities so that Dental MC plans and their contracted providers could focus on coronavirus disease 2019 (COVID-19) response efforts. As applicable in this report, HSAG notes when DHCS allowed Dental MC plans flexibility for a specific EQR activity due to the COVID-19 pandemic. 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 Fee-for-Service (FFS) and Dental MC. The Dental MC delivery model operates in Los Angeles and Sacramento counties.

During the review period, DHCS contracted with three Dental MC plans to provide dental services in Los Angeles and Sacramento counties. In Los Angeles County, Dental MC plans operate as prepaid health plans (PHPs). In this county, Medi-Cal beneficiaries have the option to enroll in a Dental MC plan or to access dental benefits through the dental FFS delivery system. In Sacramento County, the Dental MC plans operate under a Geographic Managed

Care (GMC) model in which Dental MC enrollment is mandatory. As of June 2022, Dental MC plans were serving 430,335 members in Los Angeles County and 515,725 members in Sacramento County.[9]

Table 2.1 shows the Dental MC plan names, reporting units, and enrollment as of June 2022.

Table 2.1—Dental Managed Care Plan Names, Reporting Units, and Enrollment as of June 2022

Dental Managed Care Plan Name	Reporting Unit	Enrollment as of June 2022
Access Dental Plan	Los Angeles County	135,430
	Sacramento County	148,682
Health Net of California, Inc.	Los Angeles County	215,043
	Sacramento County	167,984
LIBERTY Dental Plan of California, Inc.	Los Angeles County	79,862
	Sacramento County	199,059

[9] 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 Aug 2, 2022.

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.

To meet CMS' requirements, DHCS produced a written quality strategy and submitted it to CMS on February 4, 2022.[10]

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, FFS, 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 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.

Comprehensive Quality Strategy Development

DHCS' process for reviewing and updating its Comprehensive Quality Strategy included:

- Convening an interdisciplinary team to review all relevant materials and update the quality strategy.
- Reviewing all available documentation and previous public comments on the quality strategy.

[10] *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: Jul 18, 2022.

- Posting the draft DHCS Comprehensive Quality Strategy for public review, presenting the draft document at stakeholder meetings, consulting with tribal organizations about the quality strategy, and incorporating stakeholder feedback into the final version.
- Reviewing the effectiveness of the *2018 Managed Care Quality Strategy*.
- Reviewing all recent EQRO reports, addressing EQRO recommendations, and incorporating overarching themes into the quality strategy.
- Posting the final *DHCS Comprehensive Quality Strategy 2022* on DHCS' Comprehensive Quality Strategy website.

Vision, Goals, and Guiding Principles

DHCS' Comprehensive Quality Strategy indicates that the 10-year vision for the Medi-Cal program is for those served by the program to have longer, healthier, and happier lives. The Comprehensive Quality Strategy describes a whole-system, person-centered, and population health approach to care in which health care services are only one of many elements needed to support improved health for Medi-Cal members.

The population health management (PHM) framework serves as the cornerstone of CalAIM and the foundation for the Comprehensive Quality Strategy goals and guiding principles, which reflect DHCS' commitment to health equity, member involvement, and DHCS' accountability.

Comprehensive Quality Strategy Goals

- Engaging members as owners of their own care
- Keeping families and communities healthy via prevention
- Providing early interventions for rising risk and patient-entered chronic disease management
- Providing whole person care for high-risk populations, addressing drivers of health

Comprehensive Quality Strategy Guiding Principles

- Eliminating health disparities through anti-racism and community-based partnerships
- Data-driven improvements that address the whole person
- Transparency, accountability, and member involvement

In addition to outlining the implementation of PHM, the Comprehensive Quality Strategy identifies three clinical focus areas that will help to build a strong foundation of health:

- Children's preventive care
- Maternity care and birth equity
- Behavioral health integration

DHCS introduces the Bold Goals: 50x2025 initiative, which focuses on children's preventive care, behavioral health integration, and maternity care, with an emphasis on health equity. In partnership with stakeholders across the State, DHCS' Bold Goals: 50x2025 initiative aims to achieve significant improvement in Medi-Cal clinical and health equity outcomes by 2025.

To support the Comprehensive Quality Strategy vision and goals, DHCS has significantly changed its quality management structure and will rely on data to drive improvement. Additionally, to improve member representation in DHCS' stakeholder engagement efforts, DHCS and its partners will engage Medi-Cal members and community-based organizations to inform DHCS' work and will launch a consumer advisory committee composed of people from across the State who will advise and inform DHCS' policy and programs.

Managed Care Improved Access

As part of CalAIM, DHCS will seek to require additional populations to enroll in MCMC, including nearly all dual eligible beneficiaries in 2023, and further standardize benefits offered through MCMC across California's managed care delivery system. Standardization of benefits will ensure that members will have access to the same MCMC benefits regardless of their county of residence or the plan in which they are enrolled, leading to improved continuity of care.

Managed Care Performance Monitoring and Accountability

DHCS, Medi-Cal managed care health plans (MCMC plans), and stakeholders use information from a variety of dashboards to drive continuous quality improvement efforts. DHCS' new Quality and Population Health Management (QPHM) program will evaluate the efficacy of the existing public dashboards and work with stakeholders and individual programs to make changes so that the dashboards reflect the Comprehensive Quality Strategy goals and priority activities.

DHCS also selects performance measures for MCMC plans to report and use to inform continuous quality improvement strategies and interventions. As part of the new QPHM, DHCS leads a cross-division Quality Metric Workgroup that evaluates metrics for all program areas and makes recommendations about which metrics to include for monitoring and accountability. DHCS evaluates performance metrics based on the Comprehensive Quality Strategy guiding principles. Additionally, the metrics must be:

- Clinically meaningful.
- Have high population impact.
- Align with other national and State priority areas and initiatives as well as other public purchasers.
- Have an availability of standardized measures and data.
- Be evidence based.
- Promote health equity.

Based on opportunities for improvement identified through historical data, DHCS' Comprehensive Quality Strategy identifies three-year Dental MC improvement targets for the *Use of Preventive Services—Ages 0–20 Years* and *Use of Preventive Services—Ages 21+* measures (6 percent increase from the baseline year and 3 percent increase from the baseline year, respectively).

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

Recommendations—DHCS Comprehensive Quality Strategy

DHCS' Comprehensive Quality Strategy vision, goals, and guiding principles support improvement across all DHCS programs, including Dental MC. The strategy provides a roadmap for bringing all relevant people into the continuous quality improvement processes that are outlined throughout the document. Based on the extensive details and planned activities described, HSAG has no recommendations for how DHCS can target the Comprehensive Quality Strategy vision, goals, and guiding principles to better support improvement to the quality, timeliness, and accessibility of care for Dental MC beneficiaries.

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.

In accordance with California Welfare and Institutions Code (CA WIC) §14456, DHCS directly conducts compliance reviews of Dental MC plans, rather than contracting with the EQRO to conduct reviews on its behalf. Transparency and accountability are important aspects of the DHCS Comprehensive Quality Strategy, and conducting compliance reviews is one of the ways DHCS holds plans accountable to meet federal and State requirements that support the delivery of quality, accessible, and timely health care services to Medi-Cal members.[11]

Objectives

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

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

DHCS Compliance Review Methodology

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

DHCS' compliance review process includes, but is not limited to, a review of Dental MC 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 corrective action plan (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 Dental MC 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

[11] *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: Jul 18, 2022.

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 Dental MC 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.

DHCS Audits & Investigations Division Dental Audits

The purpose of the Dental Audit is for DHCS A&I to determine whether the dental services the Dental MC 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 Dental MC plan's contract with DHCS, policies for providing services, and procedures the Dental MC plan uses to implement the policies. A&I also performs verification studies of the implementation and effectiveness of the policies. Finally, A&I reviews Dental MC plan documents and conducts interviews with the Dental MC 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
- Administrative and Organizational Capacity

Evidence of Technical Methods of Data Collection and Analysis

DHCS applies the Generally Accepted Government Auditing Standards, also known as the Yellow Book. To show evidence of DHCS' assessment of the standards included in 42 CFR, DHCS provided HSAG with a crosswalk of the categories A&I reviews during the Dental Audits and the federal standards covered within each of the categories. Table 4.1 displays the A&I Dental Audit categories and the corresponding 42 CFR Subpart D and QAPI standards assessed during A&I's reviews.

Table 4.1—Subpart D and Quality Assessment and Performance Improvement Standards Reviewed within A&I Dental Audit Categories

A&I Dental Audit Categories	Subpart D and Quality Assessment and Performance Improvement Standard
Utilization Management	§438.114 Emergency and Poststabilization Services §438.210 Coverage and Authorization of Services §438.230 Subcontractual Relationships and Delegation §438.236 Practice Guidelines
Case Management and Coordination of Care	§438.114 Emergency and Poststabilization Services §438.208 Coordination and Continuity of Care §438.210 Coverage and Authorization of Services
Access and Availability of Care	§438.206 Availability of Services §438.207 Assurance of Adequate Capacity and Services §438.210 Coverage and Authorization of Services
Member's Rights	§438.100 Enrollee Rights §438.206 Availability of Services §438.208 Coordination and Continuity of Care §438.224 Confidentiality §438.228 Grievance and Appeal Systems
Quality Management	§438.214 Provider Selection §438.230 Subcontractual Relationships and Delegation §438.330 QAPI Program

While DHCS does not assess Dental MC plan compliance with 42 CFR §438.242: Health Information Systems as part of the Dental Audit process, DHCS includes references to these standards in its boilerplate managed care contracts and applicable Dental All Plan Letters. Additionally, DHCS monitors Dental MC plan encounter data submissions. Note that DHCS indicates that it will include assessment of §438.56: Disenrollment: Requirements and limitations in the Dental Audits no later than 2023.

Scoring Methodology

In an update provided to HSAG, DHCS noted that it has made progress on developing the compliance scoring methodology for the Dental MC plans and is aiming to have the methodology finalized by March 2023.

Timeliness of Compliance Reviews

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 Dental MC plan.

HSAG determined, by assessing the dates of each Dental MC plan's review, whether DHCS conducted compliance monitoring reviews for all Dental MC plans at least once within the three-year period prior to the review dates for this report. Unless noted, HSAG excluded from analysis information from compliance reviews conducted earlier than July 1, 2018, (i.e., three years prior to the start of the review period) and later than June 30, 2022, (i.e., the end of the review period).

HSAG reviewed all compliance-related information to determine the degree to which Dental MC 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 Dental MC plan performance in providing quality, accessible, and timely dental care services to members.

Results

DHCS A&I continued its suspension of the in-person Dental Audits of Dental MC plans, which began in April 2020 due to COVID-19 response efforts. Instead, A&I conducted virtual reviews and required Dental MC 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 Dental MC plans and determined that DHCS conducted a compliance review no earlier than three years from the start of the review period for this report (July 1, 2021) and no later than the end of the review period for this report (June 30, 2022) for all Dental MC 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 this 2021–22 Dental MC EQR technical report, including the Dental MC plan-specific results. The summary includes new information not reported in previous review periods.

- DHCS provided evidence to HSAG of DHCS' ongoing follow-up with Dental MC plans via the CAP process regarding findings A&I identified during previous audits.
- HSAG received Dental Audit results for two Dental MC plans.
  - Access Dental—A&I identified findings in all six areas it reviewed and included detailed findings and recommendations to the Dental MC plan in the final audit report.
  - LIBERTY Dental—A&I identified findings in three of the four areas it reviewed (Access and Availability of Care, Member's Rights, and Quality Management) and included detailed findings and recommendations to the Dental MC 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.

Comparative Dental MC plan-specific compliance review results are included in *Appendix A* of this EQR technical report.

Conclusions

Based on audit reports and email communication, DHCS demonstrated ongoing efforts to ensure it conducts compliance reviews with all three Dental MC plans and follows up on findings via the CAP process. Additionally, DHCS made progress toward fully meeting CMS' compliance review requirements by beginning to develop a compliance scoring methodology for the Dental MC plans. DHCS indicated that it aims to finalize the methodology by March 2023.

In *Appendix D* of this EQR technical report, HSAG includes an assessment of each Dental MC plan's strengths and weaknesses related to compliance reviews as well as HSAG's recommendations.

5. Performance Measures

Objective

The primary objective related to performance measures is for HSAG to assess Dental MC plans' performance in providing quality, accessible, and timely care and services to beneficiaries by organizing, aggregating, and analyzing the performance measure results.

Methodology

To comply with 42 CFR §438.330, DHCS selects a set of performance measures to evaluate the quality of dental care delivered by Dental MC plans to their members. Each year in May, DHCS requires Dental MC plans to submit both reporting units' audited performance measure rates reflecting data from the previous calendar year. DHCS sends the rates to HSAG annually for inclusion in the EQR technical report. HSAG organizes, aggregates, and analyzes the rates to draw conclusions about Dental MC plan performance in providing accessible, timely, and quality health care services to members. To provide a meaningful display of Dental MC plan performance, HSAG organizes the performance measures according to health care areas that each measure affects (i.e., Access to Care and Preventive Care). Additionally, HSAG calculates statewide weighted averages according to CMS' methodology.[12]

Results

Table 5.1 presents the three-year trending Dental MC plan statewide weighted averages for each required performance measure. Note that while the *Continuity of Care* and *Usual Source of Care* measures are similar, the *Continuity of Care* measures evaluate the percentage of members who received a comprehensive oral evaluation or prophylaxis in both the first and second years during the measurement period, whereas the *Usual Source of Care* measures evaluate the percentage of members who received any dental service in both the first and second years during the measurement period.

[12] Centers for Medicare & Medicaid Services. Technical Assistance Brief: Calculating State-Level Rates Using Data from Multiple Reporting Units. March 2020. Available at: https://www.medicaid.gov/medicaid/quality-of-care/downloads/state-level-rates-brief.pdf. Accessed on: Jul 18, 2022.

Table 5.1—Measurement Years 2019, 2020, and 2021 Statewide Weighted Average Performance Measure Results for Dental Managed Care Plans

= Statistical testing result indicates that the measurement year 2021 rate is significantly better than the measurement year 2020 rate.

= Statistical testing result indicates that the measurement year 2021 rate is significantly worse than the measurement year 2020 rate.

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.

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

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

Not Tested = A measurement year 2020–21 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 2019 Rate	Measurement Year 2020 Rate	Measurement Year 2021 Rate	Measurement Years 2020–21 Rate Difference
Access to Care				
Annual Dental Visit—Ages 0–20 Years	40.72%	32.01%	36.47%	4.46
Annual Dental Visit—Ages 21+ Years	19.78%	16.54%	19.59%	3.06
Continuity of Care—Ages 0–20 Years	53.87%	50.60%	62.03%	11.43
Continuity of Care—Ages 21+ Years	21.91%	28.70%	39.27%	10.58
Exam/Oral Health Evaluations—Ages 0–20 Years	35.94%	26.71%	30.95%	4.24
Exam/Oral Health Evaluations—Ages 21+ Years	14.68%	11.49%	14.88%	3.39
General Anesthesia—Ages 0–20 Years	60.56%	61.02%	66.83%	Not Tested

Measure	Measurement Year 2019 Rate	Measurement Year 2020 Rate	Measurement Year 2021 Rate	Measurement Years 2020–21 Rate Difference
General Anesthesia—Ages 21+ Years	22.47%	27.98%	42.19%	Not Tested
Overall Utilization of Dental Services—One Year—Ages 0–20 Years	44.12%	34.12%	38.31%	4.19
Overall Utilization of Dental Services—One Year—Ages 21+ Years	20.04%	16.59%	19.70%	3.10
Use of Dental Treatment Services—Ages 0–20 Years	21.19%	17.17%	21.59%	Not Tested
Use of Dental Treatment Services—Ages 21+ Years	13.26%	11.17%	13.25%	Not Tested
Usual Source of Care—Ages 0–20 Years	33.72%	27.67%	24.09%	-3.58
Usual Source of Care—Ages 21+ Years	10.04%	8.92%	8.98%	0.05
Preventive Care				
Preventive Services to Filling—Ages 0–20 Years	84.54%	79.84%	83.77%	3.93
Preventive Services to Filling—Ages 21+ Years	37.96%	38.59%	47.82%	9.23
Sealants to Restoration Ratio (Surfaces)—Ages 6–9 Years	5.88	7.37	6.12	Not Tested
Sealants to Restoration Ratio (Surfaces)—Ages 10–14 Years	2.29	2.68	2.57	Not Tested
Treatment/Prevention of Caries—Ages 0–20 Years	31.85%	24.22%	28.67%	4.45

Measure	Measurement Year 2019 Rate	Measurement Year 2020 Rate	Measurement Year 2021 Rate	Measurement Years 2020–21 Rate Difference
Treatment/Prevention of Caries—Ages 21+ Years	8.21%	6.59%	8.97%	2.38
Use of Preventive Services—Ages 0–20 Years	35.50%	26.82%	31.31%	4.49
Use of Preventive Services—Ages 21+ Years	8.56%	7.63%	10.00%	2.37
Use of Sealants—Ages 6–9 Years	14.18%	9.63%	11.76%	2.12
Use of Sealants—Ages 10–14 Years	7.08%	4.66%	6.20%	1.54

Comparison Across All Dental Managed Care Plans

Following is comparative information across all Dental MC plans for all DHCS-required performance measures for measurement year 2021. Table 5.2 displays the measurement year 2021 performance measure results for each Dental MC plan for Los Angeles County, and Table 5.3 displays the measurement year 2021 performance measure results for each Dental MC plan for Sacramento County.

As indicated previously, note that while the *Continuity of Care* and *Usual Source of Care* measures are similar, the *Continuity of Care* measures evaluate the percentage of members who received a comprehensive oral evaluation or prophylaxis in both the first and second years during the measurement period, whereas the *Usual Source of Care* measures evaluate the percentage of members who received any dental service in both the first and second years during the measurement period.

Table 5.2—Measurement Year 2021 Dental Managed Care Plan Comparative Performance Measure Results—Los Angeles County

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

NA = The Dental MC plan followed the measure 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 Visit—Ages 0–20 Years	35.31%	30.85%	37.37%
Annual Dental Visit—Ages 21+ Years	16.83%	19.14%	21.96%
Continuity of Care—Ages 0–20 Years	60.05%	61.51%	64.43%
Continuity of Care—Ages 21+ Years	30.37%	39.97%	43.22%
Exam/Oral Health Evaluations—Ages 0–20 Years	31.31%	27.02%	31.66%
Exam/Oral Health Evaluations—Ages 21+ Years	11.98%	15.55%	18.09%
General Anesthesia—Ages 0–20 Years	NA	65.68%	58.87%
General Anesthesia—Ages 21+ Years	NA	48.85%	50.67%
Overall Utilization of Dental Services—One Year—Ages 0–20 Years	35.48%	33.76%	40.33%
Overall Utilization of Dental Services—One Year—Ages 21+ Years	16.76%	19.05%	21.57%
Use of Dental Treatment Services—Ages 0–20 Years	14.39%	17.67%	22.86%
Use of Dental Treatment Services—Ages 21+ Years	10.59%	12.16%	14.28%
Usual Source of Care—Ages 0–20 Years	21.50%	20.26%	22.74%

Measure	Access Dental Plan	Health Net of California, Inc.	LIBERTY Dental Plan of California, Inc.
Usual Source of Care—Ages 21+ Years	6.49%	8.07%	9.78%
Preventive Care			
Preventive Services to Filling—Ages 0–20 Years	84.26%	80.92%	83.31%
Preventive Services to Filling—Ages 21+ Years	42.72%	40.57%	42.48%
Sealants to Restoration Ratio (Surfaces)—Ages 6–9 Years	7.03	6.99	7.75
Sealants to Restoration Ratio (Surfaces)—Ages 10–14 Years	3.93	2.95	2.60
Treatment/Prevention of Caries—Ages 0–20 Years	30.83%	20.15%	25.37%
Treatment/Prevention of Caries—Ages 21+ Years	7.70%	7.59%	8.95%
Use of Preventive Services—Ages 0–20 Years	30.74%	26.24%	33.04%
Use of Preventive Services—Ages 21+ Years	7.40%	9.52%	12.58%
Use of Sealants—Ages 6–9 Years	11.91%	9.80%	11.35%
Use of Sealants—Ages 10–14 Years	6.29%	4.83%	5.74%

Table 5.3—Measurement Year 2021 Dental Managed Care Plan Comparative Performance Measure Results—Sacramento County

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

NA = The Dental MC plan followed the measure 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 Visit—Ages 0–20 Years	25.78%	39.30%	46.56%
Annual Dental Visit—Ages 21+ Years	17.27%	19.90%	22.99%
Continuity of Care—Ages 0–20 Years	43.09%	68.60%	69.46%
Continuity of Care—Ages 21+ Years	30.49%	43.51%	44.18%
Exam/Oral Health Evaluations—Ages 0–20 Years	21.07%	34.25%	38.08%
Exam/Oral Health Evaluations—Ages 21+ Years	11.64%	15.02%	17.25%
General Anesthesia—Ages 0–20 Years	71.01%	65.47%	68.53%
General Anesthesia—Ages 21+ Years	NA	34.46%	40.57%
Overall Utilization of Dental Services—One Year—Ages 0–20 Years	25.99%	42.55%	49.74%
Overall Utilization of Dental Services—One Year—Ages 21+ Years	17.27%	20.85%	23.83%
Use of Dental Treatment Services—Ages 0–20 Years	11.12%	25.86%	32.48%
Use of Dental Treatment Services—Ages 21+ Years	11.67%	14.42%	16.74%
Usual Source of Care—Ages 0–20 Years	15.85%	28.15%	31.63%

Measure	Access Dental Plan	Health Net of California, Inc.	LIBERTY Dental Plan of California, Inc.
Usual Source of Care—Ages 21+ Years	7.91%	10.22%	12.07%
Preventive Care			
Preventive Services to Filling—Ages 0–20 Years	69.28%	87.31%	87.61%
Preventive Services to Filling—Ages 21+ Years	45.22%	54.72%	54.30%
Sealants to Restoration Ratio (Surfaces)—Ages 6–9 Years	3.46	5.78	6.52
Sealants to Restoration Ratio (Surfaces)—Ages 10–14 Years	2.68	2.27	2.46
Treatment/Prevention of Caries—Ages 0–20 Years	20.56%	32.74%	37.19%
Treatment/Prevention of Caries—Ages 21+ Years	8.22%	10.49%	11.27%
Use of Preventive Services—Ages 0–20 Years	18.98%	35.25%	40.83%
Use of Preventive Services—Ages 21+ Years	7.01%	11.07%	13.03%
Use of Sealants—Ages 6–9 Years	5.08%	14.21%	15.74%
Use of Sealants—Ages 10–14 Years	2.51%	7.44%	8.74%

See *Appendix B* of this EQR technical report for Dental MC plan-specific performance measure results for measurement years 2019, 2020, and 2021.

Conclusions

Dental MC statewide weighted averages show significant improvement from measurement year 2020 to measurement year 2021 for most Access to Care and all Preventive Care measures. This improvement may be a result of members being more comfortable attending in-person appointments during measurement year 2021 as well as efforts made by Dental MC plans to ensure member access to needed dental care services. The Dental MC statewide weighted average for the *Usual Source of Care—Ages 0–20 Years* measure declined significantly from measurement year 2020 to measurement year 2021; however, since this measure reflects members who received at least one dental service in two consecutive

measurement years (2020 and 2021), the significant decline may be due to one of the measurement years (2020) being during the height of the COVID-19 pandemic. In both Los Angeles and Sacramento counties in measurement year 2021, LIBERTY Dental Plan of California, Inc.'s rates for most performance measures were better than the other two Dental MC plans' rates.

In *Appendix D* of this EQR technical report, HSAG includes an assessment of each Dental MC plan's strengths and weaknesses related to performance measure results as well as HSAG's recommendations.

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.

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

Objectives

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

HSAG evaluates two key components of each PIP:

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

Methodology

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

Statewide Quality Improvement Project

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

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

Individual Performance Improvement Project

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

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

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

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

HSAG's rapid-cycle PIP process requires extensive, up-front preparation to allow for a structured, scientific approach to quality improvement, and it also provides sufficient time for Dental MC plans to test interventions. Modules 1 through 3 create the basic infrastructure to

help Dental MC plans identify interventions to test. Once the plans achieve all validation criteria for modules 1 through 3, they test interventions using a series of PDSA cycles.

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

Module Validation and Technical Assistance

Based on the agreed-upon timeline, Dental MC plans submit each module to HSAG for validation. Throughout the rapid-cycle PIP process, HSAG provides technical assistance to these plans to ensure that PIPs are methodologically sound and to problem-solve with the plans regarding how to address challenges. HSAG conducts PIP validation in accordance with the CMS *Protocol 1. Validation of Performance Improvement Projects: A Mandatory EQR-Related Activity*, October 2019.[13] In *Appendix C* of this EQR technical report, HSAG includes a description of the validation criteria that HSAG uses for each module.

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

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

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

[13] 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: Jul 18, 2022.

In *Appendix C* of this EQR technical report, HSAG includes the definition for each confidence level.

Results—Performance Improvement Projects

Statewide Quality Improvement Project

In January and February 2022, Dental MC plans submitted to HSAG the 2021 *Preventive Services Utilization* statewide QIP intervention progress report, which included a summary of identified barriers and interventions Dental MC plans conducted as of December 31, 2021. HSAG reviewed the progress reports and provided feedback to Dental MC plans in February 2022.

In *Appendix C* of this EQR technical report, HSAG includes a summary of notable findings and considerations provided to each Dental MC plan based on HSAG's 2021 statewide QIP intervention progress update reviews.

Individual Performance Improvement Project

During the review period, Dental MC plans continued to implement the 2020–22 rapid-cycle PIPs. HSAG validated the following modules and notified the Dental MC plans and DHCS of the validation findings:

- Module 2—one resubmission
- Module 3—three initial submissions and two resubmissions

All three Dental MC plans met all required validation criteria for modules 1 through 3 and progressed to the PIP intervention testing phase. Two of the Dental MC plans conducted member-focused strategies in which the Dental MC plans communicated directly with members and their parents/guardians to provide dental health education in efforts to improve dental visit rates. One Dental MC plan conducted a provider incentive program to motivate providers to complete periodontal maintenance procedures or regular cleanings.

In April 2022, HSAG conducted PIP progress check-ins with all three Dental MC plans. HSAG reviewed and provided feedback on PIP progress check-in documents that the Dental MC plans submitted. HSAG encouraged the Dental MC plans to incorporate HSAG's feedback when completing the final PDSA worksheets and Module 4.

The Dental MC plans will continue testing interventions through the PIP SMART Aim end date of December 31, 2022; therefore, HSAG includes no PIP intervention outcomes information in this Dental MC EQR technical report. HSAG will include 2020–22 PIP outcomes in the 2022–23 Dental MC EQR technical report.

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

Conclusions

During the review period, Dental MC plans submitted their fourth annual *Preventive Services Utilization* statewide QIP intervention progress reports and received HSAG's feedback on their intervention progress. Additionally, all three Dental MC plans met all validation criteria for modules 1 through 3 for their individual PIPs by applying the feedback received during HSAG's rapid-cycle PIP validation and technical assistance processes. The validation findings show that all three Dental MC plans built a strong foundational framework, used quality improvement tools to define quality improvement activities that have the potential to impact the SMART Aim, established an intervention plan for each intervention to be tested for the individual PIPs, and progressed to testing the interventions through a series of PDSA cycles. The Dental MC plans will continue testing interventions through the SMART Aim end date of December 31, 2022, to impact the PIP SMART Aim measure.

In *Appendix D* of this EQR technical report, HSAG includes an assessment of each Dental MC plan's strengths and weaknesses related to PIPs as well as HSAG's recommendations.

7. Follow-Up on Prior Year's Recommendations

External Quality Review Recommendations for DHCS

As part of the process for producing the *2021–22 Medi-Cal Dental Managed Care External Quality Review Technical Report*, DHCS provided the following information on the actions that DHCS took to address the recommendation that HSAG made in the *2020–21 Medi-Cal Dental Managed Care External Quality Review Technical Report.* Table 7.1 provides the EQR recommendation from the *2020–21 Medi-Cal Dental Managed Care External Quality Review Technical Report*, along with DHCS' self-reported actions taken through June 30, 2022, that address the EQR recommendation. Please note that HSAG made minimal edits to Table 7.1 to preserve the accuracy of DHCS' self-reported actions.

Table 7.1—DHCS' Self-Reported Follow-Up on External Quality Review Recommendations from the 2020–21 Medi-Cal Dental Managed Care Technical Report

2020–21 External Quality Review Recommendation	Self-Reported Actions Taken by DHCS during the Period of July 1, 2021–June 30, 2022, that Address the External Quality Review Recommendation
1. 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.	During the period of July 1, 2021, through June 30, 2022, DHCS reviewed the EQR recommendation and determined that MCMC and Dental MC are in alignment with HSAG. Dental MC will develop a CMS-compliant scoring methodology that will be completed by March 2023. In addition, DHCS has developed a submission process to provide HSAG with all CMS-required review results, including the audit reports, closeout letters, and CAPs, within 14 calendar days of receipt from A&I.

Assessment of DHCS' Self-Reported Actions

HSAG reviewed DHCS' self-reported actions in Table 7.1 and determined that DHCS adequately addressed HSAG's recommendation from the *2020–21 Medi-Cal Dental Managed Care External Quality Review Technical Report*. DHCS has made progress toward developing a compliance scoring methodology, and once DHCS implements the methodology, it will be able to provide HSAG with the compliance review results in a format that meets the CMS requirements.

External Quality Review Recommendations for Dental MC Plans

DHCS provided each Dental MC plan an opportunity to summarize actions taken to address recommendations HSAG made in its 2020–21 Dental MC plan-specific evaluation report. In *Appendix D* of this EQR technical report, HSAG includes each Dental MC plan's self-reported follow-up on the 2020–21 EQR recommendations as well as HSAG's assessment of the self-reported actions.

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

This appendix provides a comparative summary of the compliance reviews DHCS A&I conducted for Dental MC plans. The summary is based on final audit reports issued and CAP closeout letters submitted by DHCS to HSAG for production of this 2021–22 Dental MC EQR technical report, including the Dental MC plan-specific results. The summary includes new information not reported in previous review periods.

For the most up-to-date A&I audit reports and related CAP information, go to: http://www.dhcs.ca.gov/services/Pages/MedRevAuditsCAP.aspx.

Table A.1 presents the results and status of Dental MC plans' Dental Audits.

Table A.1—Dental Managed Care Plan 2021–22 A&I Dental Audits Results and Status

No Findings: DHCS identified no findings related to the category during the audits.

New Findings: DHCS identified new findings related to the category and imposed a CAP.

Repeat Findings: DHCS identified findings similar to those in the previous audit and imposed a CAP.

CAP in Process: The CAP is still in process and under review.

CAP Closed: All findings have been rectified.

N/A: DHCS did not assess this category during the review period.

Categories Evaluated	Access Dental Plan Audit Year 2021	Health Net of California, Inc.	LIBERTY Dental Plan of California, Inc. Audit Year 2021
Utilization Management	New Findings (CAP in Process)	N/A	No Findings
Case Management and Coordination of Care	New Findings (CAP in Process)	N/A	N/A
Access and Availability of Care	New Findings (CAP in Process)	N/A	New and Repeat Findings (CAP in Process)
Member's Rights	New Findings (CAP in Process)	N/A	Repeat Finding (CAP in Process)
Quality Management	New Findings (CAP in Process)	N/A	New and Repeat Findings (CAP in Process)

Categories Evaluated	Access Dental Plan Audit Year 2021	Health Net of California, Inc.	LIBERTY Dental Plan of California, Inc. Audit Year 2021
Administrative and Organizational Capacity	New Findings (CAP in Process)	N/A	N/A

No new A&I Dental Audit information was available for Health Net for the review period for this report.

Appendix B. Dental MC Plan-Specific Performance Measure Results

This appendix provides each Dental MC plan's measurement years 2019, 2020, and 2021 performance measure results. To provide a meaningful display of Dental MC plan performance, HSAG organized the performance measures according to health care areas that each measure affects (i.e., Access to Care and Preventive Care).

Note that while the *Continuity of Care* and *Usual Source of Care* measures are similar, the *Continuity of Care* measures evaluate the percentage of members who received a comprehensive oral evaluation or prophylaxis in both the first and second years during the measurement period, whereas the *Usual Source of Care* measures evaluate the percentage of members who received any dental service in both the first and second years during the measurement period.

Access Dental Plan

Table B.1 and Table B.2 present Access Dental Plan's audited performance measure rates for measurement years 2019, 2020, and 2021 for each Dental MC plan reporting unit.

Table B.1—Measurement Years 2019, 2020, and 2021 Dental Managed Care Plan Performance Measure Results Access Dental Plan—Los Angeles County

= Statistical testing result indicates that the measurement year 2021 rate is significantly better than the measurement year 2020 rate.

= Statistical testing result indicates that the measurement year 2021 rate is significantly worse than the measurement year 2020 rate.

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.

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

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

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

Not Tested = A measurement year 2020–21 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 2019 Rate	Measurement Year 2020 Rate	Measurement Year 2021 Rate	Measurement Years 2020–21 Rate Difference
Access to Care				
Annual Dental Visit—Ages 0–20 Years	40.82%	30.50%	35.31%	4.81
Annual Dental Visit—Ages 21+ Years	16.87%	13.77%	16.83%	3.06
Continuity of Care—Ages 0–20 Years	62.18%	44.99%	60.05%	15.06
Continuity of Care—Ages 21+ Years	30.00%	23.17%	30.37%	7.20
Exam/Oral Health Evaluations—Ages 0–20 Years	35.95%	25.98%	31.31%	5.33
Exam/Oral Health Evaluations—Ages 21+ Years	11.95%	9.15%	11.98%	2.82
General Anesthesia—Ages 0–20 Years	NA	NA	NA	Not Tested
General Anesthesia—Ages 21+ Years	NA	NA	NA	Not Tested
Overall Utilization of Dental Services—One Year—Ages 0–20 Years	40.96%	30.60%	35.48%	4.88
Overall Utilization of Dental Services—One Year—Ages 21+ Years	16.84%	13.71%	16.76%	3.04
Use of Dental Treatment Services—Ages 0–20 Years	16.43%	11.10%	14.39%	Not Tested
Use of Dental Treatment Services—Ages 21+ Years	11.10%	8.32%	10.59%	Not Tested

Measure	Measurement Year 2019 Rate	Measurement Year 2020 Rate	Measurement Year 2021 Rate	Measurement Years 2020–21 Rate Difference
Usual Source of Care—Ages 0–20 Years	31.89%	23.78%	21.50%	-2.28
Usual Source of Care—Ages 21+ Years	7.36%	6.41%	6.49%	0.08
Preventive Care				
Preventive Services to Filling—Ages 0–20 Years	83.48%	77.50%	84.26%	6.76
Preventive Services to Filling—Ages 21+ Years	45.25%	34.61%	42.72%	8.11
Sealants to Restoration Ratio (Surfaces)—Ages 6–9 Years	5.34	7.45	7.03	Not Tested
Sealants to Restoration Ratio (Surfaces)—Ages 10–14 Years	3.66	4.07	3.93	Not Tested
Treatment/Prevention of Caries—Ages 0–20 Years	36.46%	26.43%	30.83%	4.40
Treatment/Prevention of Caries—Ages 21+ Years	8.06%	5.78%	7.70%	1.92
Use of Preventive Services—Ages 0–20 Years	36.38%	26.16%	30.74%	4.58
Use of Preventive Services—Ages 21+ Years	7.85%	5.55%	7.40%	1.84
Use of Sealants—Ages 6–9 Years	13.68%	8.46%	11.91%	3.44
Use of Sealants—Ages 10–14 Years	6.46%	4.22%	6.29%	2.07

Table B.2—Measurement Years 2019, 2020, and 2021 Dental Managed Care Plan Performance Measure Results Access Dental Plan—Sacramento County

= Statistical testing result indicates that the measurement year 2021 rate is significantly better than the measurement year 2020 rate.

= Statistical testing result indicates that the measurement year 2021 rate is significantly worse than the measurement year 2020 rate.

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.

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

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

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

Not Tested = A measurement year 2020–21 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 2019 Rate	Measurement Year 2020 Rate	Measurement Year 2021 Rate	Measurement Years 2020–21 Rate Difference
Access to Care				
Annual Dental Visit—Ages 0–20 Years	38.07%	28.70%	25.78%	-2.92
Annual Dental Visit—Ages 21+ Years	17.23%	14.48%	17.27%	2.78
Continuity of Care—Ages 0–20 Years	31.17%	47.23%	43.09%	-4.14
Continuity of Care—Ages 21+ Years	9.66%	23.86%	30.49%	6.63
Exam/Oral Health Evaluations—Ages 0–20 Years	31.61%	22.95%	21.07%	-1.88
Exam/Oral Health Evaluations—Ages 21+ Years	11.02%	8.51%	11.64%	3.13

Measure	Measurement Year 2019 Rate	Measurement Year 2020 Rate	Measurement Year 2021 Rate	Measurement Years 2020–21 Rate Difference
General Anesthesia—Ages 0–20 Years	78.51%	59.85%	71.01%	Not Tested
General Anesthesia—Ages 21+ Years	100.00%	NA	NA	Not Tested
Overall Utilization of Dental Services—One Year—Ages 0–20 Years	38.22%	29.15%	25.99%	-3.16
Overall Utilization of Dental Services—One Year—Ages 21+ Years	17.21%	14.49%	17.27%	2.78
Use of Dental Treatment Services—Ages 0–20 Years	16.49%	10.71%	11.12%	Not Tested
Use of Dental Treatment Services—Ages 21+ Years	12.43%	10.04%	11.67%	Not Tested
Usual Source of Care—Ages 0–20 Years	31.17%	24.74%	15.85%	-8.89
Usual Source of Care—Ages 21+ Years	9.66%	8.13%	7.91%	-0.21
Preventive Care				
Preventive Services to Filling—Ages 0–20 Years	83.27%	71.66%	69.28%	-2.38
Preventive Services to Filling—Ages 21+ Years	43.17%	41.44%	45.22%	3.78
Sealants to Restoration Ratio (Surfaces)—Ages 6–9 Years	4.55	6.42	3.46	Not Tested
Sealants to Restoration Ratio (Surfaces)—Ages 10–14 Years	3.04	3.66	2.68	Not Tested

Measure	Measurement Year 2019 Rate	Measurement Year 2020 Rate	Measurement Year 2021 Rate	Measurement Years 2020–21 Rate Difference
Treatment/Prevention of Caries—Ages 0–20 Years	34.48%	24.23%	20.56%	-3.67
Treatment/Prevention of Caries—Ages 21+ Years	9.11%	6.64%	8.22%	1.59
Use of Preventive Services—Ages 0–20 Years	33.21%	22.85%	18.98%	-3.87
Use of Preventive Services—Ages 21+ Years	7.58%	5.31%	7.01%	1.70
Use of Sealants—Ages 6–9 Years	10.12%	6.72%	5.08%	-1.65
Use of Sealants—Ages 10–14 Years	5.71%	3.45%	2.51%	-0.94

Health Net of California, Inc.

Table B.3 and Table B.4 present Health Net of California, Inc.'s audited performance measure rates for measurement years 2019, 2020, and 2021 for each Dental MC plan reporting unit.

Table B.3—Measurement Years 2019, 2020, and 2021 Dental Managed Care Plan Performance Measure Results Health Net of California, Inc.—Los Angeles County

= Statistical testing result indicates that the measurement year 2021 rate is significantly better than the measurement year 2020 rate.

= Statistical testing result indicates that the measurement year 2021 rate is significantly worse than the measurement year 2020 rate.

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.

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

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

Not Tested = A measurement year 2020–21 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 2019 Rate	Measurement Year 2020 Rate	Measurement Year 2021 Rate	Measurement Years 2020–21 Rate Difference
Access to Care				
Annual Dental Visit—Ages 0–20 Years	38.14%	27.00%	30.85%	3.85
Annual Dental Visit—Ages 21+ Years	19.49%	15.84%	19.14%	3.30
Continuity of Care—Ages 0–20 Years	67.99%	47.69%	61.51%	13.82
Continuity of Care—Ages 21+ Years	38.32%	29.35%	39.97%	10.62
Exam/Oral Health Evaluations—Ages 0–20 Years	34.03%	22.75%	27.02%	4.27
Exam/Oral Health Evaluations—Ages 21+ Years	15.46%	11.77%	15.55%	3.78
General Anesthesia—Ages 0–20 Years	36.93%	50.62%	65.68%	Not Tested
General Anesthesia—Ages 21+ Years	26.02%	36.83%	48.85%	Not Tested
Overall Utilization of Dental Services—One Year—Ages 0–20 Years	43.48%	30.15%	33.76%	3.61
Overall Utilization of Dental Services—One Year—Ages 21+ Years	19.70%	15.94%	19.05%	3.10
Use of Dental Treatment Services—Ages 0–20 Years	17.75%	13.51%	17.67%	Not Tested
Use of Dental Treatment Services—Ages 21+ Years	11.71%	10.06%	12.16%	Not Tested

Measure	Measurement Year 2019 Rate	Measurement Year 2020 Rate	Measurement Year 2021 Rate	Measurement Years 2020–21 Rate Difference
Usual Source of Care—Ages 0–20 Years	32.28%	24.29%	20.26%	-4.03
Usual Source of Care—Ages 21+ Years	9.51%	8.30%	8.07%	-0.23
Preventive Care				
Preventive Services to Filling—Ages 0–20 Years	81.76%	75.54%	80.92%	5.38
Preventive Services to Filling—Ages 21+ Years	29.23%	27.24%	40.57%	13.33
Sealants to Restoration Ratio (Surfaces)—Ages 6–9 Years	6.78	7.26	6.99	Not Tested
Sealants to Restoration Ratio (Surfaces)—Ages 10–14 Years	2.63	2.65	2.95	Not Tested
Treatment/Prevention of Caries—Ages 0–20 Years	24.77%	16.86%	20.15%	3.30
Treatment/Prevention of Caries—Ages 21+ Years	6.27%	5.15%	7.59%	2.44
Use of Preventive Services—Ages 0–20 Years	32.56%	22.44%	26.24%	3.79
Use of Preventive Services—Ages 21+ Years	7.92%	7.39%	9.52%	2.13
Use of Sealants—Ages 6–9 Years	13.68%	7.64%	9.80%	2.16
Use of Sealants—Ages 10–14 Years	5.89%	3.48%	4.83%	1.35

Table B.4—Measurement Years 2019, 2020, and 2021 Dental Managed Care Plan Performance Measure Results Health Net of California, Inc.—Sacramento County

= Statistical testing result indicates that the measurement year 2021 rate is significantly better than the measurement year 2020 rate.

= Statistical testing result indicates that the measurement year 2021 rate is significantly worse than the measurement year 2020 rate.

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.

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

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

Not Tested = A measurement year 2020–21 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 2019 Rate	Measurement Year 2020 Rate	Measurement Year 2021 Rate	Measurement Years 2020–21 Rate Difference
Access to Care				
Annual Dental Visit—Ages 0–20 Years	39.37%	34.06%	39.30%	5.24
Annual Dental Visit—Ages 21+ Years	19.39%	17.09%	19.90%	2.81
Continuity of Care—Ages 0–20 Years	69.88%	56.44%	68.60%	12.16
Continuity of Care—Ages 21+ Years	39.95%	31.82%	43.51%	11.69
Exam/Oral Health Evaluations—Ages 0–20 Years	35.66%	28.86%	34.25%	5.39
Exam/Oral Health Evaluations—Ages 21+ Years	14.44%	11.85%	15.02%	3.17
General Anesthesia—Ages 0–20 Years	62.79%	61.59%	65.47%	Not Tested

Measure	Measurement Year 2019 Rate	Measurement Year 2020 Rate	Measurement Year 2021 Rate	Measurement Years 2020–21 Rate Difference
General Anesthesia—Ages 21+ Years	15.26%	21.02%	34.46%	Not Tested
Overall Utilization of Dental Services—One Year—Ages 0–20 Years	47.32%	38.52%	42.55%	4.03
Overall Utilization of Dental Services—One Year—Ages 21+ Years	21.82%	18.01%	20.85%	2.84
Use of Dental Treatment Services—Ages 0–20 Years	24.09%	22.42%	25.86%	Not Tested
Use of Dental Treatment Services—Ages 21+ Years	13.49%	12.32%	14.42%	Not Tested
Usual Source of Care—Ages 0–20 Years	35.47%	30.99%	28.15%	-2.84
Usual Source of Care—Ages 21+ Years	12.17%	10.08%	10.22%	0.14
Preventive Care				
Preventive Services to Filling—Ages 0–20 Years	86.73%	86.09%	87.31%	1.22
Preventive Services to Filling—Ages 21+ Years	38.67%	44.96%	54.72%	9.76
Sealants to Restoration Ratio (Surfaces)—Ages 6–9 Years	6.02	7.58	5.78	Not Tested
Sealants to Restoration Ratio (Surfaces)—Ages 10–14 Years	1.96	2.85	2.27	Not Tested
Treatment/Prevention of Caries—Ages 0–20 Years	30.95%	27.16%	32.74%	5.57

Measure	Measurement Year 2019 Rate	Measurement Year 2020 Rate	Measurement Year 2021 Rate	Measurement Years 2020–21 Rate Difference
Treatment/Prevention of Caries—Ages 21+ Years	8.50%	7.78%	10.49%	2.71
Use of Preventive Services—Ages 0–20 Years	35.11%	29.93%	35.25%	5.32
Use of Preventive Services—Ages 21+ Years	8.96%	8.63%	11.07%	2.44
Use of Sealants—Ages 6–9 Years	14.77%	12.12%	14.21%	2.09
Use of Sealants—Ages 10–14 Years	7.03%	5.66%	7.44%	1.78

LIBERTY Dental Plan of California, Inc.

Table B.5 and Table B.6 present LIBERTY Dental Plan of California, Inc.'s audited performance measure rates for measurement years 2019, 2020, and 2021 for each Dental MC plan reporting unit.

Table B.5—Measurement Years 2019, 2020, and 2021 Dental Managed Care Plan Performance Measure Results LIBERTY Dental Plan of California, Inc.—Los Angeles County

= Statistical testing result indicates that the measurement year 2021 rate is significantly better than the measurement year 2020 rate.

= Statistical testing result indicates that the measurement year 2021 rate is significantly worse than the measurement year 2020 rate.

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.

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

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

Not Tested = A measurement year 2020–21 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 2019 Rate	Measurement Year 2020 Rate	Measurement Year 2021 Rate	Measurement Years 2020–21 Rate Difference
Access to Care				
Annual Dental Visit—Ages 0–20 Years	39.93%	29.86%	37.37%	7.51
Annual Dental Visit—Ages 21+ Years	23.18%	18.31%	21.96%	3.65
Continuity of Care—Ages 0–20 Years	68.00%	51.53%	64.43%	12.90
Continuity of Care—Ages 21+ Years	41.09%	32.67%	43.22%	10.55
Exam/Oral Health Evaluations—Ages 0–20 Years	36.17%	25.93%	31.66%	5.72
Exam/Oral Health Evaluations—Ages 21+ Years	18.59%	14.29%	18.09%	3.80
General Anesthesia—Ages 0–20 Years	39.82%	56.56%	58.87%	Not Tested
General Anesthesia—Ages 21+ Years	31.74%	37.65%	50.67%	Not Tested
Overall Utilization of Dental Services—One Year—Ages 0–20 Years	44.97%	32.59%	40.33%	7.74
Overall Utilization of Dental Services—One Year—Ages 21+ Years	23.14%	18.05%	21.57%	3.53
Use of Dental Treatment Services—Ages 0–20 Years	18.44%	14.96%	22.86%	Not Tested
Use of Dental Treatment Services—Ages 21+ Years	14.67%	11.86%	14.28%	Not Tested

Measure	Measurement Year 2019 Rate	Measurement Year 2020 Rate	Measurement Year 2021 Rate	Measurement Years 2020–21 Rate Difference
Usual Source of Care—Ages 0–20 Years	32.70%	26.19%	22.74%	-3.45
Usual Source of Care—Ages 21+ Years	11.12%	10.17%	9.78%	-0.39
Preventive Care				
Preventive Services to Filling—Ages 0–20 Years	83.30%	79.02%	83.31%	4.29
Preventive Services to Filling—Ages 21+ Years	31.46%	32.70%	42.48%	9.78
Sealants to Restoration Ratio (Surfaces)—Ages 6–9 Years	5.47	6.99	7.75	Not Tested
Sealants to Restoration Ratio (Surfaces)—Ages 10–14 Years	1.83	2.16	2.60	Not Tested
Treatment/Prevention of Caries—Ages 0–20 Years	25.59%	18.75%	25.37%	6.62
Treatment/Prevention of Caries—Ages 21+ Years	8.52%	6.33%	8.95%	2.63
Use of Preventive Services—Ages 0–20 Years	34.84%	25.83%	33.04%	7.21
Use of Preventive Services—Ages 21+ Years	10.77%	9.92%	12.58%	2.67
Use of Sealants—Ages 6–9 Years	12.92%	8.54%	11.35%	2.81
Use of Sealants—Ages 10–14 Years	6.39%	4.38%	5.74%	1.36

Table B.6—Measurement Years 2019, 2020, and 2021
Dental Managed Care Plan Performance Measure Results
LIBERTY Dental Plan of California, Inc.—Sacramento County

= Statistical testing result indicates that the measurement year 2021 rate is significantly better than the measurement year 2020 rate.

= Statistical testing result indicates that the measurement year 2021 rate is significantly worse than the measurement year 2020 rate.

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.

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

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

Not Tested = A measurement year 2020–21 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 2019 Rate	Measurement Year 2020 Rate	Measurement Year 2021 Rate	Measurement Years 2020–21 Rate Difference
Access to Care				
Annual Dental Visit—Ages 0–20 Years	45.79%	38.05%	46.56%	8.50
Annual Dental Visit—Ages 21+ Years	23.78%	20.31%	22.99%	2.68
Continuity of Care—Ages 0–20 Years	71.52%	55.61%	69.46%	13.85
Continuity of Care—Ages 21+ Years	39.82%	31.68%	44.18%	12.50
Exam/Oral Health Evaluations—Ages 0–20 Years	40.78%	31.44%	38.08%	6.64
Exam/Oral Health Evaluations—Ages 21+ Years	17.62%	13.92%	17.25%	3.34
General Anesthesia—Ages 0–20 Years	63.12%	62.80%	68.53%	Not Tested

Measure	Measurement Year 2019 Rate	Measurement Year 2020 Rate	Measurement Year 2021 Rate	Measurement Years 2020–21 Rate Difference
General Anesthesia—Ages 21+ Years	20.17%	27.23%	40.57%	Not Tested
Overall Utilization of Dental Services—One Year—Ages 0–20 Years	52.70%	41.41%	49.74%	8.33
Overall Utilization of Dental Services—One Year—Ages 21+ Years	26.17%	21.21%	23.83%	2.62
Use of Dental Treatment Services—Ages 0–20 Years	29.43%	25.02%	32.48%	Not Tested
Use of Dental Treatment Services—Ages 21+ Years	17.24%	14.89%	16.74%	Not Tested
Usual Source of Care—Ages 0–20 Years	39.54%	34.37%	31.63%	-2.74
Usual Source of Care—Ages 21+ Years	13.98%	12.36%	12.07%	-0.29
Preventive Care				
Preventive Services to Filling—Ages 0–20 Years	86.07%	81.73%	87.61%	5.89
Preventive Services to Filling—Ages 21+ Years	40.14%	45.30%	54.30%	9.01
Sealants to Restoration Ratio (Surfaces)—Ages 6–9 Years	6.27	7.52	6.52	Not Tested
Sealants to Restoration Ratio (Surfaces)—Ages 10–14 Years	2.14	2.44	2.46	Not Tested
Treatment/Prevention of Caries—Ages 0–20 Years	34.28%	27.36%	37.19%	9.83

Measure	Measurement Year 2019 Rate	Measurement Year 2020 Rate	Measurement Year 2021 Rate	Measurement Years 2020–21 Rate Difference
Treatment/Prevention of Caries—Ages 21+ Years	9.78%	8.39%	11.27%	2.88
Use of Preventive Services—Ages 0–20 Years	39.32%	31.30%	40.83%	9.53
Use of Preventive Services—Ages 21+ Years	9.46%	9.74%	13.03%	3.30
Use of Sealants—Ages 6–9 Years	17.70%	11.93%	15.74%	3.81
Use of Sealants—Ages 10–14 Years	9.63%	5.97%	8.74%	2.77

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

This appendix provides notable findings and future considerations made to Dental MC plans based on HSAG's review of the 2021 *Preventive Services Utilization* statewide QIP intervention progress reports. Additionally, this appendix includes HSAG's rapid-cycle PIP module validation criteria and confidence level definitions, as well as Dental MC plan-specific individual PIP topics, module progression, and descriptions of interventions Dental MC plans tested during the review period.

Statewide Quality Improvement Project

Table C.1 provides notable findings and future considerations that HSAG provided to Dental MC plans based on HSAG's review of the 2021 *Preventive Services Utilization* statewide QIP intervention progress updates.

Table C.1—Dental Managed Care Plan 2021 Preventive Services Utilization Statewide Quality Improvement Project Intervention Progress Update—Findings and Considerations

Dental MC Plan Name	Notable Findings	Future Considerations
Access Dental Plan	♦ The Dental MC 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. ♦ The Dental MC plan provided measurement period data, which demonstrated a decline for the Sacramento County population and improvement for the Los Angeles County population.	♦ Revisit the causal/barrier analysis at least annually and update the key driver diagram based on the findings. ♦ Revisit the key driver diagram and identify if there are additional drivers to achieving the goal for the QIP's performance indicator. Based on the analysis, the Dental MC plan should consider additional interventions. ♦ Clearly label the titles of the data tables and provide a narrative interpretation of the results for each population.

Dental MC Plan Name	Notable Findings	Future Considerations
	♦ The Dental MC plan addressed HSAG's feedback from the 2020 intervention progress update.	
Health Net of California, Inc.	♦ The Dental MC plan reported that it conducted the following interventions during the reporting period: ■ Member telephone outreach. ■ Provider incentive program (began in 2021 Quarter 3). ♦ The Dental MC plan reported the following intervention status: ■ Early Smiles program to perform screenings and preventive services at schools—Began in 2017 and reported as completed. ■ Texting campaign—Began in June 2019 and reported as on hold. ♦ The Dental MC plan indicated plans to implement the following interventions in the future: ■ Tele-dentistry. ■ 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. ♦ Although the Dental MC plan did not yet achieve the QIP performance indicator goal, it reported positive evaluation results for the member outreach intervention and provider incentive program. ♦ The Dental MC plan addressed some but not all of HSAG's	♦ Reassess the causal/barrier analysis and rank the barriers in order of priority. Each priority barrier may have multiple interventions to address it. ♦ Re-examine the barriers and determine if there are barriers that should be addressed with interventions to help achieve the QIP goal. ♦ Consider developing alternative interventions if there appear to be no resolutions to the issues preventing implementation of interventions currently on hold.

Dental MC Plan Name	Notable Findings	Future Considerations
	feedback from the 2020 intervention progress update.	
LIBERTY Dental Plan of California, Inc.	♦ The Dental MC plan reported that it conducted the following interventions during the reporting period: ■ Member telephone outreach. ■ Provider incentive program (began in 2021 Quarter 3). ■ Texting campaign (resumed in 2021 Quarter 4). ■ 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 (began in 2021 Quarter 4 on a limited basis). ♦ The Dental MC plan reported the following intervention status: ■ Early Smiles program to perform screenings and preventive services at schools—Began in 2017 and reported as completed. ■ Tele-dentistry—on hold. ♦ Although the Dental MC plan did not yet achieve the QIP performance indicator goal, it reported positive evaluation results for the member outreach intervention and the provider incentive program. ♦ The Dental MC plan addressed some but not all of HSAG's feedback from the 2020 intervention progress update.	♦ Reassess the causal/barrier analysis and rank the barriers in order of priority. Each priority barrier may have multiple interventions to address it. ♦ Re-examine the barriers and determine if there are barriers that should be addressed with interventions to help achieve the QIP goal. ♦ Analyze evaluation results for the interventions that began and resumed in 2021 Quarter 4; and consider developing additional interventions if the results do not meet the goals.

Individual Performance Improvement Project

Rapid-Cycle PIP Module Validation Criteria

HSAG conducts PIP validation in accordance with the CMS *Protocol 1. Validation of Performance Improvement Projects: A Mandatory EQR-Related Activity,* October 2019.[14] Following are the validation criteria that HSAG uses for each module:

Module 1—PIP Initiation

- The Dental MC plan provided the description and rationale for the selected narrowed focus, and the reported baseline data supports an opportunity for improvement.
- The narrowed focus baseline specifications and data collection methodology supported the rapid-cycle process and included the following:
  - Complete and accurate specifications.
  - Data source(s).
  - Step-by-step data collection process.
  - Narrowed focus baseline data that considered claims data completeness.
- The SMART Aim was stated accurately and included all required components (i.e., narrowed focus, intervention(s), baseline percentage, goal percentage, and end date).
- The SMART Aim run chart included all required components (i.e., run chart title, Y-axis title, SMART Aim goal percentage line, narrowed focus baseline percentage line, and X-axis months).
- The Dental MC plan completed the attestation and confirmed the SMART Aim run chart measurement data will be based on the rolling 12-month methodology.
- The Dental MC plan accurately completed all required components of the key driver diagram. The drivers and interventions were logically linked and have the potential to impact the SMART Aim goal.

Module 2—Intervention Determination

- The Dental MC plan included a process map that clearly illustrated the step-by-step flow of the current processes for the narrowed focus.
- The prioritized steps in the process map identified as gaps or opportunities for improvement were clearly labeled.
- The steps documented in the failure modes and effects analysis (FMEA) table aligned with the steps in the process map that were identified as gaps or opportunities for improvement.

[14] 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: Jul 18, 2022.

- The failure modes, failure causes, and failure effects were logically linked to the steps in the FMEA table.
- The Dental MC plan prioritized the listed failure modes and ranked them from highest to lowest in the failure mode priority ranking table.
- The key drivers and interventions in the key driver diagram were updated according to the results of the corresponding process map and FMEA. In the key driver diagram, the Dental MC plan included interventions that were culturally and linguistically appropriate and have the potential for impacting the SMART Aim goal.

Module 3—Intervention Testing

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

Module 4—PIP Conclusions

- The rolling 12-month data collection methodology was followed for the SMART Aim measure for the duration of the PIP.
- The Dental MC plan provided evidence to demonstrate at least one of the following:
  - The SMART Aim goal was achieved.
  - Statistically significant improvement over the narrowed focus baseline percentage was achieved (95 percent confidence level, $p < 0.05$).
  - Non-statistically significant improvement in the SMART Aim measure.
  - Significant clinical improvement in processes and outcomes.
  - Significant programmatic improvement in processes and outcomes.
- If improvement was demonstrated, at least one of the tested interventions could reasonably result in the demonstrated improvement.
- The Dental MC plan completed the PDSA worksheet(s) with accurately reported data and interpretation of testing results.
- The narrative summary of the project conclusions was complete and accurate.
- If improvement was demonstrated, the Dental MC plan documented plans for sustaining improvement beyond the SMART Aim end date.

Confidence Level Definitions

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

- High confidence
  - The PIP was methodologically sound.
  - The Dental MC plan achieved the SMART Aim goal or achieved statistically significant, clinically significant, or programmatically significant improvement.
  - At least one of the tested interventions could reasonably result in the demonstrated improvement.
  - The Dental MC plan accurately summarized the key findings and conclusions.
- Moderate confidence
  - The PIP was methodologically sound.
  - At least one of the tested interventions could reasonably result in the demonstrated improvement.
  - One of the following occurred:
    - Non-statistically significant improvement in the SMART Aim measure was achieved, with no evidence of statistically significant, clinically significant, or programmatically significant improvement; and the Dental MC plan accurately summarized the key findings and conclusions.
    - The Dental MC plan achieved the SMART Aim goal or achieved statistically significant, non-statistically significant, clinically significant, or programmatically significant improvement; however, the Dental MC plan did not accurately summarize the key findings and conclusions.
- Low confidence
  - The PIP was methodologically sound.
  - One of the following occurred:
    - No improvement was achieved.
    - The Dental MC plan achieved the SMART Aim goal or achieved statistically significant, non-statistically significant, clinically significant, or programmatically significant improvement; however, none of the tested interventions could reasonably result in the demonstrated improvement.
- No confidence
  - The SMART Aim measure and/or approved rapid-cycle PIP methodology was not followed through the SMART Aim end date.

Performance Improvement Project Topics, Module Progression, and Interventions

As of the end of the review period of this report, all Dental MC plans met modules 1 through 3 validation criteria and progressed to the intervention testing phase for their 2020–22 PIPs.

Performance Improvement Project Topics and Module Progression

Table C.2 lists Dental MC plans' PIP topics and shows module progression at the end of the review period.

Table C.2—Dental Managed Care Plan
2020–22 Performance Improvement Project Topics and Module Progression

Met = The Dental MC plan met all required validation criteria for the module.
In Process = The Dental MC plan is in the process of completing the module.

Dental MC Plan Name	PIP Topic	Module 1	Module 2	Module 3	Module 4
Access Dental Plan	*Dental Utilization*	Met	Met	Met	In Process
Health Net of California, Inc.	*Coordination of Care for High-Risk Members*	Met	Met	Met	In Process
LIBERTY Dental Plan of California, Inc.	*Oral Health Utilization*	Met	Met	Met	In Process

Performance Improvement Project Interventions

Table C.2 lists Dental MC plans' PIP topics and descriptions of interventions that HSAG approved these plans to test for the 2020–22 PIPs.

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

Dental MC Plan Name	PIP Topic	Interventions
Access Dental Plan	*Dental Utilization*	Conduct a text messaging campaign to members who received no dental visits in the measurement period to provide educational messages and coordinate care based on members' responses.
Health Net of California, Inc.	*Coordination of Care for High-Risk Members*	Work collaboratively with providers to facilitate bonus incentives for completing periodontal maintenance procedures or regular cleanings.

Dental MC Plan Name	PIP Topic	Interventions
LIBERTY Dental Plan of California, Inc.	*Oral Health Utilization*	Facilitate direct communication with the parents/guardians of identified members on the benefits of having a preventive/oral assessment, caries risk assessment, or teledentistry assessment completed.

Appendix D. Dental MC Plan-Specific External Quality Review Assessments and Recommendations

This appendix includes each Dental MC plan's self-reported follow-up on the 2020–21 EQR recommendations and HSAG's assessment of the self-reported actions. Additionally, HSAG provides its assessment of each Dental MC plan's strengths and weaknesses (referred to as "opportunities for improvement" in this appendix) related to 2021–22 EQR activities as well as HSAG's recommendations.

Access Dental Plan

Follow-Up on Prior Year Recommendations

Table D.1 provides EQR recommendations from Access Dental's July 1, 2020, through June 30, 2021, Dental MC plan-specific evaluation report, along with the Dental MC plan's self-reported actions taken through June 30, 2022, that address the recommendations. Please note that HSAG made minimal edits to Table D.1 to preserve the accuracy of Access Dental's self-reported actions.

Table D.1—Access Dental's Self-Reported Follow-Up on External Quality Review Recommendations from the July 1, 2020, through June 30, 2021, Dental MC Plan-Specific Evaluation Report

2020–21 External Quality Review Recommendations Directed to Access Dental	Self-Reported Actions Taken by Access Dental during the Period of July 1, 2021–June 30, 2022, that Address the External Quality Review Recommendations
1. Work with DHCS to ensure that Access Dental 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.	**Utilization Management** Access Dental's account management staff members are aware of the requirement to notify DHCS within 10 calendar days of a change in dental director and will ensure that requirement is met with any future changes. During this review time frame, we have conducted regular consultant calibration and criteria review meetings, one-on-one consultant training with the dental director, and formal interrater reliability studies with remediation as required.

2020–21 External Quality Review Recommendations Directed to Access Dental	Self-Reported Actions Taken by Access Dental during the Period of July 1, 2021–June 30, 2022, that Address the External Quality Review Recommendations
	The authorization system in place at the time of the 2020 audit had significant limitations regarding the ability to efficiently manage prior authorization processes and develop member-friendly denial rationales. Manual efforts were heavily impacted due to COVID-19 and resulting staff limitations and turnover. Access Dental is currently in the process of migrating to a new industry-leading care management platform which will effectively remediate these deficiencies. The daily tracking of standard and extended inventory noted in the original resolution continues to be the current state. Access Dental is currently in the process of migrating to a new industry-leading care management platform which will effectively remediate these deficiencies. **Access and Availability of Care** Access Dental's provider relations staff members are currently monitoring telephone wait times and phone calls returned to members by the office through our access and availability to care survey that is conducted by phone on a quarterly basis. **Member's Rights** All resolution letters have a readability statistics review conducted on them as part of the overall review process. Management also conducts a final readability statistics review before sending the letters to members. As such, the readability statistics are reviewed as part of the process for every letter. Monthly reminders have continued during staff meetings, team huddles, and email communications concerning the need to

2020–21 External Quality Review Recommendations Directed to Access Dental	Self-Reported Actions Taken by Access Dental during the Period of July 1, 2021–June 30, 2022, that Address the External Quality Review Recommendations
	remain vigilant and respond to all concerns listed in a member's complaint. We continue to ensure response letters address all member concerns.
2. For the measures for which Access Dental's performance declined significantly from measurement year 2019 to measurement year 2020, assess the factors, which may include COVID-19, that affected the Dental MC 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.	Through Access Dental's QIP efforts, an improvement was realized for the *Annual Dental Visit* measure rate for Sacramento County; however, concurrent progress was not attained for Los Angeles County. The *Annual Dental Visit* measure rate for Los Angeles County declined from the previous three quarters. To address this outcome, Access Dental enhanced and increased member outreach efforts during this measurement period. Access Dental anticipates these efforts will have a positive impact on future *Annual Dental Visit* measure rates. Access Dental remains committed to improving utilization of preventive care and services and ensuring timely access for necessary care and treatment.

Assessment of Access Dental's Self-Reported Actions

HSAG reviewed Access Dental's self-reported actions in Table D.1 and determined that Access Dental partially addressed HSAG's recommendations from the Dental MC plan's July 1, 2020, through June 30, 2021, Dental MC plan-specific evaluation report. Access Dental described in detail the steps it has taken or will take to fully resolve all findings from the 2020 A&I Dental Audit, including:

- Making necessary changes to ensure the Dental MC plan notifies DHCS of a change in Access Dental's dental director within the required time frame of 10 calendar days.
- Conducting trainings to improve interrater reliability.
- Migrating to a new care management platform.
- Monitoring provider call wait times and return calls to members.
- Implementing processes to ensure resolution letters are assessed for readability and address all member concerns.

Regarding HSAG's recommendation related to measures with rates that declined significantly from measurement year 2019 to measurement year 2020, while there were several measures with significant decline, Access Dental provided information related to the *Annual Dental Visit* measure only. Access Dental indicated that its QIP strategies resulted in improvement for the *Annual Dental Visit* measure in Sacramento County; however, the Dental MC plan saw a decline in rates for Los Angeles County. As a result of these QIP outcomes, Access Dental enhanced and increased member outreach efforts. The outreach strategies Access Dental implemented may have contributed to the significant improvement for the *Annual Dental Visit—Ages 0–20 Years* measure in Los Angeles County and significant improvement for the *Annual Dental Visit—Ages 21+ Years* measure in both reporting units from measurement year 2020 to measurement year 2021.

2021–22 External Quality Review Activities Strengths, Opportunities for Improvement, and Recommendations—Access Dental

Based on the overall assessment of Access Dental's delivery of quality, accessible, and timely care through the 2021–22 EQR activities, HSAG identified the following strengths, opportunities for improvement, and recommendations for the Dental MC plan:

Strengths

- While the CAP for the Dental MC plan's 2020 A&I Dental Audit remains open as of the production of this report, Access Dental's self-reported actions as summarized in Table D.1 demonstrate that the Dental MC plan has taken actions to address all findings identified by A&I.
- For Los Angeles County:
  - The rates for all Preventive Care measures improved significantly from measurement year 2020 to measurement year 2021.
  - The rates for eight of 10 Access to Care measures (80 percent) improved significantly from measurement year 2020 to measurement year 2021.
- For Sacramento County:
  - The rates for four of 10 Access to Care measures (40 percent) improved significantly from measurement year 2020 to measurement year 2021.
  - The rates for three of eight Preventive Care measures (38 percent) improved significantly from measurement year 2020 to measurement year 2021.
- Based on performance measure results, Access Dental performed better in Los Angeles County related to the provision of quality, accessible, and timely dental care services to the Dental MC plan's members.
- Access Dental successfully completed and submitted the fourth annual intervention progress report for the *Preventive Services Utilization* statewide QIP.
- For the *Dental Utilization* PIP, Access Dental met all validation criteria for modules 1 through 3 and progressed to the intervention testing phase to impact the PIP SMART Aim measure.

Opportunities for Improvement

- Access Dental's CAP from the 2020 A&I Dental Audit remains open as of the production of this report.
- During the 2021 Dental Audit of Access Dental, A&I identified findings in all six categories it reviewed.
- For both reporting units, the rates for the *Usual Source of Care—Ages 0–20 Years* measure declined significantly from measurement year 2020 to measurement year 2021. Note that since this measure reflects members who received at least one dental service in two consecutive measurement years (2020 and 2021), the significant decline may be due to one of the measurement years (2020) being during the height of the COVID-19 pandemic.
- Based on performance measure results, Access Dental has the most opportunities for improvement in Sacramento County.

2021–22 External Quality Review Recommendations

- Continue to work with DHCS to fully resolve all findings from the 2020 A&I Dental Audit.
- Address the findings from the 2021 A&I Dental Audit of Access Dental by implementing the actions recommended by A&I.
- For both reporting units, identify the factors, which may include COVID-19, that resulted in the significant decline in the *Usual Source of Care—Ages 0–20 Years* measure rates from measurement year 2020 to measurement year 2021 and implement quality improvement strategies that target the identified factors. Strategies should address the timeliness and quality of services provided to members as well as barriers to accessing dental care services.
- For Sacramento County, identify the factors that contributed to Access Dental's performance declining significantly from measurement year 2020 to measurement year 2021 for all measures targeting members ages 0 to 20 years. The Dental MC plan should implement quality improvement strategies that address the identified factors and target this age group. Strategies should address the timeliness and quality of services provided to members as well as barriers to accessing dental care services.

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

Health Net of California, Inc.

Follow-Up on Prior Year Recommendations

Table D.2 provides EQR recommendations from Health Net's July 1, 2020, through June 30, 2021, Dental MC plan-specific evaluation report, along with the Dental MC plan's self-reported actions taken through June 30, 2022, that address the recommendations. Please note that HSAG made minimal edits to Table D.2 to preserve the accuracy of Health Net's self-reported actions.

Table D.2—Health Net's Self-Reported Follow-Up on External Quality Review Recommendations from the July 1, 2020, through June 30, 2021, Dental MC Plan-Specific Evaluation Report

2020–21 External Quality Review Recommendations Directed to Health Net	Self-Reported Actions Taken by Health Net during the Period of July 1, 2021–June 30, 2022, that Address the External Quality Review Recommendations
1. Work with DHCS to ensure that Health Net fully resolves all findings from the 2021 A&I Dental Audit. Health Net should thoroughly review all findings and implement the actions recommended by A&I.	New leadership: Effective March 1, 2022, Health Net hired a new dental director, Timothy Martinez, DMD. Dr. Martinez had experience providing oversight to administrative services organizations (ASOs) when he was the state Medicaid dental director for the Commonwealth of Massachusetts. Dr. Martinez is well suited to conduct oversight of the functions of the ASO's utilization and quality management delegated responsibilities. Health Net is well positioned and confident of the changes outlined below. **Utilization Management** ♦ To ensure the Dental MC plan's ASO revises and implements policies and procedures that meet all requirements of the Manual of Criteria (MOC) in prior authorization, claims, and appeals processes, Health Net has implemented or will implement the following: ■ Health Net will be issuing a CAP to the ASO vendor that outlines a detailed remediation plan to address all deficiencies/findings that have been cited. ■ Health Net has implemented joint biweekly clinical operations meetings to discuss and

2020–21 External Quality Review Recommendations Directed to Health Net	Self-Reported Actions Taken by Health Net during the Period of July 1, 2021–June 30, 2022, that Address the External Quality Review Recommendations
	address regulatory requirements and all other clinical-related concerns. ■ MOC updates require the ASO vendor to provide a redline and clean version of Current Dental Terminology (CDT) codes and criteria for denial and approval of prior authorization cases. This action will ensure the language used is current. Such edits will be reviewed and approved by Health Net for accuracy. ■ The ASO vendor is required to submit a crosswalk of old CDT codes vs. new CDT criteria that will be reviewed and approved by Health Net for accuracy. ■ The ASO vendor is required to beta test all updated MOC CDT codes and criteria and share results with Health Net for final approval by Health Net. ■ The ASO vendor is required to submit policies and procedures that outline how regulatory changes will be implemented, and these policies and procedures will be reviewed and approved by Health Net. ■ Health Net will work to adjust the annual ASO vendor audit to check template communication sent to members and providers. Health Net will randomly select cases to review. ♦ Health Net must consider providing Early and Periodic Screening, Diagnostic, and Treatment (EPSDT) services even when Medi-Cal Dental Program criteria are not met. To address this: ■ Health Net will ensure through its annual audit that the ASO vendor clinical reviewers are noting within the notepad that EPSDT was reviewed. ■ Health Net will ensure through its annual audit that the ASO vendor includes EPSDT

2020–21 External Quality Review Recommendations Directed to Health Net	Self-Reported Actions Taken by Health Net during the Period of July 1, 2021–June 30, 2022, that Address the External Quality Review Recommendations
	verbiage in the template letter mailed to members and providers. **Member Rights** ♦ To ensure that providers and members are informed that the denied services were consistently considered under EPSDT criteria when the standard program criteria were not met: ■ Health Net will ensure through the annual audit that the ASO vendor includes EPSDT verbiage in the template letter mailed to members and providers. **Quality Management** ♦ To address Member Quality of Care (QOC) resolution letters not containing a clear and concise explanation of Health Net's decision: ■ Health Net updated member appeals and grievances QOC letter templates in October 2021 to reflect a more clear and concise explanation of the Dental MC plan's decision. ■ Health Net conducted an appeals and grievances resolution letter training with the appeals and grievances case coordinators on March 9, 2021, November 17, 2021, and June 22, 2022. **Provider Training** ♦ To ensure Health Net's policies and procedures are updated to ensure consistent oversight and monitoring of the ASO's policies and procedures, Health Net did the following: ■ Implemented a provider attestation. ■ Implemented provider attestation tracking to ensure providers complete training within 10 days of activation.

2020–21 External Quality Review Recommendations Directed to Health Net	Self-Reported Actions Taken by Health Net during the Period of July 1, 2021–June 30, 2022, that Address the External Quality Review Recommendations
	■ Updated oversight policies and procedures. ■ Added oversight to utilization management joint operation meetings.
2. For the measures for which Health Net's performance declined significantly from measurement year 2019 to measurement year 2020, assess the factors, which may include COVID-19, that affected the Dental MC 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.	Heath Net recognizes the decrease in performance in measurement year 2020. Health Net attributes the decline to the following: ♦ COVID-19 public emergency that led to the following: ■ Dental office closures, reduced dental office availability, and dental office staff shortage. ■ Dental office reopening short-/long-term impact on dental providers and members. ■ Standing up and adapting to changes in the dental delivery system such as teledentistry, which offers minimally invasive dentistry. ♦ Member perception: ■ Fear of receiving safe dental care during COVID-19. ■ Lack of knowledge about teledentistry services offered. ■ Limited provider availability. Health Net believes that tooth decay is 100 percent preventable and that the best way to achieve a positive long-term increase in preventive services among children and adults ages 0 to 21 enrolled in the Dental MC plan is to ensure members are receiving adequate preventive care through awareness, access to care, and educational outreach. As a current best practice, Health Net encourages preventive utilization and partnership with our network providers to help deliver the message that tooth decay is preventable with proper care. Health Net determined that key drivers for achieving an increase in successful preventive utilization are

2020–21 External Quality Review Recommendations Directed to Health Net	Self-Reported Actions Taken by Health Net during the Period of July 1, 2021–June 30, 2022, that Address the External Quality Review Recommendations
	through Health Net's provider network team and member awareness. Provider Incentives (approved by DHCS July 1, 2022): Health Net is looking to engage, align, and incentivize our network providers to conduct educational outreach to members to encourage an office visit, perform oral health preventive services that will help with childhood caries, and maximize member visit and provider chair time. ♦ Provider bundle billing—Providers will be paid the incentive for bundle billing an exam, cleaning, and fluoride, ages 0 to 21+ on the same date of service/claim. Providers will receive a $100 incentive (in addition to the 75 percent pay-for-performance [P4P] increase) for each member claim received that meets the bundles listed within the provider alerts. ♦ Provider outreach—Health Net will provide a recall report that contains a list of members who have not been seen within the last 6+ months (using/starting with January 2022 data if the incentive is started in June 2022). If providers can contact these members and get them into the office for one of the performance measures listed in the provider alert, the provider will receive a $125 incentive for each member seen and billed (in addition to the 75 percent plan performance increase). ♦ Sealant incentive—Health Net will pay an incentive for each sealant (one per lifetime) placed on virgin teeth, children up to age 14 years. This incentive is in addition to the 75 percent plan performance increase. ♦ Coordination of care for high-risk members—A list of eligible members assigned to the provider's office will be provided to conduct member outreach to increase periodontal services for diabetic members 65 to 85 years of age. Health Net will utilize medical data to

2020–21 External Quality Review Recommendations Directed to Health Net	Self-Reported Actions Taken by Health Net during the Period of July 1, 2021–June 30, 2022, that Address the External Quality Review Recommendations
	educate and encourage utilization among our Health Net Medi-Cal Dental MC high-risk members with diabetes medical/dental integration. Additionally, this incentive is Health Net's PIP individual intervention. Member Incentives: ♦ Member educational mailing (Q3 2022). ♦ Member incentive (being submitted to DHCS September 1, 2022)—Any member who has not seen a dentist within the last 12 months will receive an incentive for visiting a dentist. The member will receive a $15–$25 gift card. ♦ Member outreach calls. ♦ Member text messaging.

Assessment of Health Net's Self-Reported Actions

HSAG reviewed Health Net's self-reported actions in Table D.2 and determined that Health Net adequately addressed HSAG's recommendations from the Dental MC plan's July 1, 2020, through June 30, 2021, Dental MC plan-specific evaluation report. Health Net described in detail the steps it has taken or will take to fully resolve all findings from the 2021 A&I Dental Audit, including:

- Revising Health Net's policies and procedures.
- Issuing a CAP to its ASO vendor.
- Implementing processes to improve vendor accountability.
- Revising member communication to improve information clarity.

For measures with rates that declined significantly from measurement year 2019 to measurement year 2020, Health Net provided details regarding the factors it identified that resulted in the decline in performance, most of which were related to COVID-19. Additionally, Health Net described provider and member incentives it has offered and plans to offer to improve member utilization of oral health preventive services. The strategies Health Net implemented may have contributed to the significant improvement in some measures' rates from measurement year 2020 to measurement year 2021.

2021–22 External Quality Review Activities Strengths, Opportunities for Improvement, and Recommendations—Health Net

Based on the overall assessment of Health Net's delivery of quality, accessible, and timely care through the 2021–22 EQR activities, HSAG identified the following strengths, opportunities for improvement, and recommendations for the Dental MC plan:

Strengths

- While the CAP for the Dental MC plan's 2021 A&I Dental Audit remains open as of the production of this report, Health Net's self-reported actions as summarized in Table D.2 demonstrate that the Dental MC plan has taken actions to address all findings identified by A&I.
- For each reporting unit, the rates for all Preventive Care measures improved significantly from measurement year 2020 to measurement year 2021.
- For each reporting unit, the rates for eight of 10 Access to Care measures (80 percent) improved significantly from measurement year 2020 to measurement year 2021.
- Health Net's performance measure results reflect the provision of quality, accessible, and timely dental care services to the Dental MC plan's members.
- Health Net successfully completed and submitted the fourth annual intervention progress report for the *Preventive Services Utilization* statewide QIP.
- For the *Coordination of Care for High-Risk Members* PIP, Health Net met all validation criteria for modules 1 through 3 and progressed to the intervention testing phase to impact the PIP SMART Aim measure.

Opportunities for Improvement

- Health Net's CAP from the 2021 A&I Dental Audit remains open as of the production of this report.
- For both reporting units, the rates for the *Usual Source of Care—Ages 0–20 Years* measure declined significantly from measurement year 2020 to measurement year 2021. Note that since this measure reflects members who received at least one dental service in two consecutive measurement years (2020 and 2021), the significant decline may be due to one of the measurement years (2020) being during the height of the COVID-19 pandemic.

2021–22 External Quality Review Recommendations

- Continue to work with DHCS to fully resolve all findings from the 2021 A&I Dental Audit.
- For both reporting units, identify the factors, which may include COVID-19, that resulted in the significant decline in the *Usual Source of Care—Ages 0–20 Years* measure rates from measurement year 2020 to measurement year 2021 and implement quality improvement strategies that target the identified factors. Strategies should address the timeliness and quality of services provided to members as well as barriers to accessing dental care services.

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

LIBERTY Dental Plan of California, Inc.

Follow-Up on Prior Year Recommendations

Table D.3 provides EQR recommendations from LIBERTY Dental's July 1, 2020, through June 30, 2021, Dental MC plan-specific evaluation report, along with the Dental MC plan's self-reported actions taken through June 30, 2022, that address the recommendations. Please note that HSAG made minimal edits to Table D.3 to preserve the accuracy of LIBERTY Dental's self-reported actions.

Table D.3—LIBERTY Dental's Self-Reported Follow-Up on External Quality Review Recommendations from the July 1, 2020, through June 30, 2021, Dental MC Plan-Specific Evaluation Report

2020–21 External Quality Review Recommendations Directed to LIBERTY Dental	Self-Reported Actions Taken by LIBERTY Dental during the Period of July 1, 2021–June 30, 2022, that Address the External Quality Review Recommendations
1. For the measures for which LIBERTY Dental's performance declined significantly from measurement year 2019 to measurement year 2020, assess the factors, which may include COVID-19, that affected the Dental MC 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.	LIBERTY Dental identified several key barriers impacting our members' access to preventive and medically necessary dental care, which affected overall performance measure rates in 2020 when compared to 2019. Many of the barriers identified, whether direct or indirect, were byproducts of the COVID-19 pandemic in both Sacramento and Los Angeles counties. Additionally, LIBERTY Dental also realized that with the COVID-19 pandemic in full effect throughout 2020, many barriers and obstacles were placed between the member and the interventions. LIBERTY Dental understood that many of the providers/offices throughout the Los Angeles and Sacramento regions were temporarily closed due to state-mandated shelter-in-place orders or were only servicing emergency dental visits, thus impacting the overall utilization rate for both GMC and PHP population groups. As a result, LIBERTY Dental began developing various programs and efforts to help deliver much-needed care and outreach to the California Medi-Cal

2020–21 External Quality Review Recommendations Directed to LIBERTY Dental	Self-Reported Actions Taken by LIBERTY Dental during the Period of July 1, 2021–June 30, 2022, that Address the External Quality Review Recommendations
	population. LIBERTY Dental developed several performance improvement programs in addition to its continuous interventions that were aimed at improving access to care, utilization, and preventive services. Some of the programs are listed below: ♦ Community Smiles (ongoing): One of LIBERTY Dental's first intervention programs that focused on identifying social determinants of health (SDOH) for our members. Our Community Smiles program was introduced and is a referral program to connect our members to free and low-cost community resources to address needs such as food insecurity, housing, and lack of transportation. ♦ Healthcare Effectiveness Data and Information Set (HEDIS) Provider Incentive Bonus Program (concluded): Aimed at working with our providers and providing them with an incentive bonus for facilitating outreach to non-utilizing members for preventive services. This was launched in Quarter 3 (Q3) 2021 and completed in Q4 2021. ♦ Guided Teledentistry (Ongoing): LIBERTY Dental launched a new intervention program in Q1 2022 that focuses on providing access to care for members who are experiencing a dental emergency as well as to implement new efforts that assess unique barriers to care that were brought forth due to the onset effects of the COVID-19 pandemic. This is achieved by triaging incoming requests from enrollees and then navigating, scheduling, and completing each request with a LIBERTY Dental staff dentist through a virtual appointment.

2020–21 External Quality Review Recommendations Directed to LIBERTY Dental	Self-Reported Actions Taken by LIBERTY Dental during the Period of July 1, 2021–June 30, 2022, that Address the External Quality Review Recommendations
	♦ CalAIM Pay-for-Performance (P4P) Incentive Program (recently launched): LIBERTY Dental launched its newest incentive program in June 2022. This program aims to increase the utilization rates of annual dental visits, preventive services, and use of sealants for children under age 21 and for adults ages 21 and older. Both members and providers are incentivized via monetary gift card and bonus payments, respectively, after the completion of an eligible service. ♦ Value-Based Program BRUSH (Benefits and Rewards for Utilization, Services and Healthy outcomes) (ongoing): LIBERTY Dental's BRUSH program was launched and revamped to offer rewards for providers with multiple avenues of approach that offer P4P programs. These programs can focus on improving various members' quality outcomes such as HEDIS measures, reducing caries risk, and increasing utilization. LIBERTY Dental believes that as these interventions/programs are continually integrated throughout 2022 and 2023 within Sacramento and Los Angeles counties, there will be an increase in performance rates on the next annual evaluation for the 2021 and 2022 measurement periods.

Assessment of LIBERTY Dental's Self-Reported Actions

HSAG reviewed LIBERTY Dental's self-reported actions in Table D.3 and determined that LIBERTY Dental adequately addressed HSAG's recommendation from the Dental MC plan's July 1, 2020, through June 30, 2021, Dental MC plan-specific evaluation report. For measures with rates that declined significantly from measurement year 2019 to measurement year 2020, LIBERTY Dental reported that most of the key barriers impacting members' access to care were related to COVID-19. Additionally, LIBERTY Dental described interventions it implemented to improve access to care, utilization of care, and provision of preventive services, including:

- Member referral program designed to connect members to free and low-cost community resources aimed at addressing SDOH.
- Provider incentive programs.
- Guided teledentistry program focused on providing access to care for members experiencing dental emergencies and to address barriers to care that were triggered by COVID-19.

The interventions LIBERTY Dental implemented may have contributed to the significant improvement in some measure rates from measurement year 2020 to measurement year 2021.

2021–22 External Quality Review Activities Strengths, Opportunities for Improvement, and Recommendations—LIBERTY Dental

Based on the overall assessment of LIBERTY Dental's delivery of quality, accessible, and timely care through the 2021–22 EQR activities, HSAG identified the following strengths, opportunities for improvement, and recommendations for the Dental MC plan:

Strengths

- During the 2021 Dental Audit, A&I identified no findings in the Utilization Management category.
- For each reporting unit, the rates for all Preventive Care measures improved significantly from measurement year 2020 to measurement year 2021.
- For each reporting unit, the rates for eight of 10 Access to Care measures (80 percent) improved significantly from measurement year 2020 to measurement year 2021.
- LIBERTY Dental's performance measure results reflect the provision of quality, accessible, and timely dental care services to the Dental MC plan's members.
- LIBERTY Dental successfully completed and submitted the fourth annual intervention progress report for the *Preventive Services Utilization* statewide QIP.
- For the *Oral Health Utilization* PIP, LIBERTY Dental met all validation criteria for modules 1 through 3 and progressed to the intervention testing phase to impact the PIP SMART Aim measure.

Opportunities for Improvement

- During the 2021 Dental Audit, A&I identified findings in the Access and Availability of Care, Member's Rights, and Quality Management categories. A&I identified repeat findings in all three categories.
- For both reporting units, the rates for the *Usual Source of Care—Ages 0–20 Years* measure declined significantly from measurement year 2020 to measurement year 2021. Note that since this measure reflects members who received at least one dental service in two consecutive measurement years (2020 and 2021), the significant decline may be due to one of the measurement years (2020) being during the height of the COVID-19 pandemic.

2021–22 External Quality Review Recommendations

- Address the findings from the 2021 A&I Dental Audit of LIBERTY Dental by implementing the actions recommended by A&I, paying particular attention to the repeat findings A&I identified in all three categories with findings.
- For both reporting units, identify the factors, which may include COVID-19, that resulted in the significant decline in the *Usual Source of Care—Ages 0–20 Years* measure rates from measurement year 2020 to measurement year 2021 and implement quality improvement strategies that target the identified factors. Strategies should address the timeliness and quality of services provided to members as well as barriers to accessing dental care services.

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