Medi-Cal Dental Services Rate Review

July 1, 2015

Submitted by the
California Department of Health Care Services
In Fulfillment of the Requirements of
Welfare & Institutions Code §14079

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Introduction

The Department of Health Care Services (DHCS) pursuant to Welfare & Institutions (W&I) Code §14079, must annually review reimbursement levels for Medi-Cal Dental Services (Denti-Cal). To undertake this analysis, DHCS compared reimbursement rates of the top 25 most utilized Denti-Cal Fee-For-Service (FFS) procedures, with other comparable states' Medicaid Programs, in addition to the commercial rates from five different geographic regions around the nation.

Scope of Rate Review

While W&I Code §14079 requires DHCS to review Medi-Cal reimbursement levels for dentists, and to periodically revise such rates to ensure "reasonable access" for Medi-Cal beneficiaries, it is important to note that several significant developments have occurred in the field of rates and access in the 23 years since it was last amended.

Most significantly, the courts themselves have recognized that a reimbursement rate's relationship to access is an exceedingly complicated, multi-faceted analysis. In *Managed Pharmacy Care v. Sebelius*[1], the Ninth Circuit noted that discretion should be afforded to the federal government's review of DHCS rates, in large part, relying on a comprehensive 82-page access monitoring plan which identified 23 different measures that DHCS will study on a recurring basis to ensure the State Plan Amendment (SPA) [that, in this case, reduced rates by 10 percent] do not negatively affect beneficiary access. These measures address the three categories of factors MACPAC [the federal Medicaid and CHIP Payment and Access Commission] identified as affecting access: beneficiary data, provider availability data, and service utilization data. The Ninth Circuit concluded: "The [federal] agency appropriately considered the State's monitoring plan."[2]

Consistent with this federal regulatory theme, just a few months ago, the United States Supreme Court confirmed that the complex analysis, which applies to rate setting means that Medicaid rate challenges, do not allow a private right of action or claim upon which legal relief can be granted. Given these recent legal actions, DHCS must reiterate that a reimbursement rate and its relationship to beneficiary access is not a strict or linear one. Instead, there are a multitude of factors that must be considered and addressed when ensuring appropriate access to covered services.

[1] *Managed Pharmacy Care v. Sebelius*, 716 F.3d 1235, 1249 (9th Cir. 2013)
[2] Managed Pharmacy Care, at p. 1250

Methodology
Denti-Cal is provided through two delivery systems: Dental Managed Care (DMC) and Denti-Cal FFS. DMC ensures the provision of all medically necessary dental services through DMC plan enrolled providers. DMC plans receive a monthly per member, per month capitation rate. The capitation rates are actuarially sound based upon data from Denti-Cal FFS.

Denti-Cal FFS provides services through providers enrolled by DHCS' current Fiscal Intermediary (FI) Delta Dental. FFS providers are paid according to a Schedule of Maximum Allowances (SMA), which denotes the maximum dollar amount payable for each dental benefit of Denti-Cal. The SMA is defined in the FFS Manual of Criteria (MOC) in accordance with W&I Code §14105.05. Throughout this review, these payments may also be referenced as reimbursement and/or payment rates. Adjustments to the MOC are established through the state agency's adoption of regulations specified in California Code of Regulations (CCR) §51501. These payment rates are periodically modified, and within the last 25 years, several adjustments of the payment rates have occurred.

This rate review compares the SMA to other states' Medicaid reimbursement rates, in addition to commercial reimbursement rates. In order for providers to bill Denti-Cal, they use Current Dental Terminology (CDT) codes, which are developed by the American Dental Association (ADA) as the standard coding system to document and communicate accurate information about dental treatment procedures and services. Throughout this document "CDT codes" will be used synonymously with "procedure codes."

This review will examine the most recent data available, covering state fiscal years (SFY) 2012-2013 and 2013-2014. The most recent SFY were chosen to review the current rates of reimbursement to dentists and the reasonable access of services for Medi-Cal beneficiaries, which includes previously transitioned populations into Medi-Cal.

Background
Denti-Cal offers a range of dental services to eligible beneficiaries. The array of services includes: diagnostic, preventive, restorative, and endodontic services; periodontics; removable and fixed prosthodontics; maxillofacial prosthetics; implant services; oral and maxillofacial surgery; and orthodontic and adjunctive services. The appropriateness of many of these dental benefits depends on a beneficiary's eligibility, medical conditions, and age. Eligible children currently receive full scope benefits while eligible adults receive a modified benefit package, which includes preventive, diagnostic, and restorative services. Full scope services for adults were eliminated on July 1, 2009, but a modified adult dental benefit was restored in May 2014, in accordance with California's Alternative Benefit Plan, SPA CA-14-018.

Over the years, Denti-Cal FFS rates have fluctuated, sometimes significantly, by way of actions taken by both the courts and the Legislature. Some of the most notable examples are:

- In response to a federal court lawsuit from the 1990's, *Clark v. Kizer/Coye*, Denti-Cal FFS rates were increased to 40-55 percent of average billing rates in 1991, and later increased to 80 percent of average billing rates by an additional court order in 1992;
- In 2000, pursuant to budget action, Medi-Cal implemented a rate increase of 6.8 percent for dental services and added two regular cleanings and two dental exams to the scope of covered benefits for all beneficiaries (May 2000 Estimate; November 2000 Estimate);
- Directives pursuant to Assembly Bill (AB) 1762 (Chapter 230, Statutes of 2003), effective January 1, 2004, reduced all Denti-Cal FFS rates by five percent[3];
- On July 1, 2008, pursuant to ABX 3 5, DHCS implemented a ten percent provider payment reduction, which continued until August 18, 2008, at which time the federal district court issued an injunction to halt the application of the payment reduction to certain providers, including dentists;
    - On September 9, 2008, DHCS ceased applying the ten percent provider payment reduction to Denti-Cal providers, retroactive to the date of the injunction.[4]
- On August 1, 2013, pursuant to AB 97 (Chapter 3, Statutes of 2011), DHCS announced implementation of a ten percent provider payment reduction, beginning October 1, 2013. The reduction was retroactive for services performed on or after June 1, 2011[5];
- Since November 5, 2013, pursuant to the Budget Act of 2013, the ten percent provider payment reduction has been modified to be prospective only for dental service providers, thus eliminating the need for retroactive payment recoupment; and
- Effective December 1, 2013, DHCS exempted dental pediatric surgery centers from the provider payment reduction imposed by AB 97.

The rates in this report reflect the provider rate reductions implemented pursuant to AB 97; however, the Budget Act of 2015 includes restoration of the provider payment reductions for dental and applicable ancillary services, increasing rates for most dental services by up to ten percent effective July 1, 2015.

[3] California Medi-Cal Dental. Denti-Cal Bulletin. November 2003.
Retrieved from http://www.denti-cal.ca.gov/provsrvcs/bulletins/Volume19_33.pdf
[4] California Medi-Cal Dental. Denti-Cal Bulletin. October 2008.
Retrieved from http://www.denti-cal.ca.gov/provsrvcs/bulletins/Volume_24_Number_38.pdf
[5] California Medi-Cal Dental. Denti-Cal Bulletin. August 2013.
Retrieved from http://www.denti-cal.ca.gov/provsrvcs/bulletins/Volume_29_Number_15.pdf

Medi-Cal Dental Reimbursements Rates Compared to Other Medicaid Programs
DHCS compared the reimbursement rates of Denti-Cal FFS' 25 most utilized procedure codes Appendix 1 CDT Procedure Code Description to the same 25 procedure codes from other states' Medicaid dental fee schedules. These 25 procedures made up approximately 85 percent of billed procedures in FY 2012-13 and FY 2013-14. California's SMA for Denti-Cal FFS pays an average of 86.1 percent of Florida's Medicaid Program's dental fee schedule[6], 65.5 percent of Texas'[7], 75.4 percent of New York's[8], and 129.2 percent of Illinois' Medicaid Program's dental fee index[9]. Appendix 2 FY 2012-13 and Appendix 3 FY 2013-14

Geographical Comparison of Medi-Cal Reimbursement Rates to Commercial Rates
Prevailing customary dental charges within California were compared to Denti-Cal FFS rates using the ADA's 2013 Survey of Dental Fees for General Practitioners[10]. DHCS compared the average payment rate of the same 25 most utilized procedure codes with five different geographical regions as represented in Appendix 4 and Appendix 5. The Pacific Division, which includes the State of California, was selected to represent the prevailing customary dental charges within California and the Pacific Region.

FFS Medi-Cal Beneficiary Population Characteristics
In order to examine the characteristics of the FFS Medi-Cal beneficiary population, DHCS stratified Medi-Cal beneficiaries with three months or more of continuous eligibility by aid code group and age group (children/adults) for calendar year (CY) 2014.

Aid Code Groups

Appendix 6 – 2014 Total Population
Appendix 7 – 2014 Averages by Dental Plan Model (Child)
Appendix 8 – 2014 Averages by Dental Plan Model (Adult)
Appendix 9 – 2014 Total Reimbursement by Aid Code Group (Child)
Appendix 10 – 2014 Total Count of Service Units by Aid Code Group (Child)
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Appendix 12 – 2014 Total Reimbursement by Aid Code Group (Adult)
Appendix 13 – Total Count of Service Units by Aid Code Group (Adult)
Appendix 14 – 2014 Total Count of Claim by Aid Code Group (Adult)

[6] Florida Medicaid Dental Fee Schedule. January 2013.
Retrieved from http://www.med-quest.us/pdfs/provider%20memos/medicaid%20fee%20schedule.pdf
[7] Texas Medicaid Dental Fee Schedule. April 2015.
Retrieved from http://public.tmhp.com/FeeSchedules/StaticFeeSchedule/FeeSchedules.aspx
[8] New York Medicaid Dental Fee Schedule.
Retrieved from https://www.emedny.org/ProviderManuals/Dental/index.aspx
[9] Illinois Medicaid Dental Fee Schedule. May 2015.
Retrieved from https://www2.illinois.gov/hfs/SiteCollectionDocuments/DentalFeeSchedule050115.pdf
[10] 2013 Survey of Dental Fees.
Retrieved from http://success.ada.org/en/practice/operations/financial-management/2013-survey-of-dental-fees

In 2014, Denti-Cal reimbursed dental providers approximately $1.1 billion for approximately 42 million claims across all aid code groups for nearly 14 million beneficiaries. This total is a combined sum of DMC and FFS Providers. The distribution of services and reimbursement between the adult and child populations of both DMC and FFS is displayed in Appendix 6. For both the adult and child populations, the majority of beneficiary claims fall under FFS, and combined make up approximately 94 percent of the total beneficiary population.
Additionally, the child FFS population accounts for approximately 70 percent of the 2014 total claims, with the adult FFS population accounting for approximately 24 percent of the total claims. DHCS stratified beneficiary enrollment by children (ages 0-20) and adults (ages 21+) and examined the results over the last six SFY. In addition, data was compared by region using California Geographic Rating Areas established by the Centers for Medicare and Medicaid Services (CMS). While CMS split Los Angeles into two regions based on zip codes, DHCS was unable to do so at this time. A list of the regions and the county(s) included within each region can be located in Appendix 15. Beneficiary enrollment numbers include the number of unduplicated beneficiaries, who had full scope benefits, no share of cost, and three months or more of continuous eligibility in the measurement year.

Children (Ages 0-20) Data illustrates statewide enrollment for children has increased since FY 2008-09, particularly between FY 2011-12 and FY 2012-13, during the Healthy Families Program (HFP) transition to Medi-Cal[11] of 2013. Unduplicated numbers of enrolled children with full scope benefits, no share of cost, and at least three months of continuous eligibility during the measurement year for FY 2008-09 through FY 2013-14, is detailed in Appendix 16. In FY 2008-09, 3,687,103 children were eligible, compared to 5,150,250 in FY 2013-14, demonstrating a 39.7 percent increase in unduplicated numbers of enrolled eligible children since FY 2008-09.

Adults (21+) Data illustrates statewide enrollment for adults has increased steadily since FY 2008-09. Between FY 2012-13 and FY 2013-14, the percentage increase of enrollment for adults jumped by over 55 percent statewide, due in large part to the Affordable Care Act (ACA) – beginning January 2014, Medi-Cal expanded to cover low-income, childless adults. Since the ACA expansion, Medi-Cal's total beneficiary population increased from 7.6 million FY 2012-13, to approximately 10 million in FY 2013-2014.

The number of unduplicated adults enrolled with full scope benefits, no share of cost, and at least three months of continuous eligibility during the measurement year for FY 2008-09 through FY 2013-14, is detailed in Appendix 17. There were 2,935,862 eligible adults in FY 2008-2009, compared to 5,196,011 in FY 2013-14, demonstrating a 77 percent increase of unduplicated enrolled eligible adults since FY 2008-2009.

[11] HFP Transition to Medi-Cal pursuant to AB 1494 (Chapter 28, Statutes of 2012), as amended by AB 1468 (Chapter 438, Statutes of 2012)

Provider Network

Rendering providers are defined as those who perform the dental services, and billing providers are the provider's office location where the dental service was provided. The number of both provider types in the Denti-Cal FFS network with at least one paid claim for the measurement year for CY 2008 through CY 2013, and FY 2013-14, is illustrated in Appendix 18. In addition, the line graph in Appendix 18 shows the number of providers on the referral list for the aforementioned years. Data shows a 12.6 percent decrease in rendering providers and 14.5 percent decrease in billing providers since 2008. Additionally, since 2008, the number of providers on the referral list has decreased by 24.2 percent. Note that the number of providers in each of the three noted categories increased between CY 2013 and FY 2013-14.

Ongoing Program Improvement

Below are a few of the actions DHCS has made in an ongoing effort to continuously improve utilization for beneficiaries, who are entitled to timely and quality services as well as efforts to expand the network of dental providers:

- Monitor beneficiary utilization for children and adults, specifically identifying children/adults, who have not seen a dentist;
- Develop and implement targeted and focused beneficiary and provider outreach plans with the FI;
- Enroll hygienist/para-professionals;
- Direct the FI to contract with additional providers, such as mobile vans, in areas where there are limited numbers of providers; and
- Establish a new category to capture the number of beneficiaries reporting difficulty in accessing dental appointments.
    - Effective September 2013, DHCS started to monitor provider enrollment and disenrollment information to help assess access to care.

Appendix 1 – CDT Procedure Code Description

Procedure Code	CDT Procedure Code Description
D0120	periodic oral evaluation - established patient
D0150	comprehensive oral evaluation - new or established patient
D0210	intraoral - complete series (including bitewings)
D0220	intraoral - periapical first film
D0230	intraoral - periapical each additional film
D0272	bitewings - two films
D0274	bitewings - four films
D0350	oral/facial photographic images
D1110	prophylaxis - adult
D1120	prophylaxis - child
D1206	topical fluoride varnish, therapeutic application for moderate to high caries risk patients
D1351	sealant - per tooth
D2140	amalgam - one surface, primary or permanent
D2150	amalgam - two surfaces, primary or permanent
D2160	amalgam - three surfaces, primary or permanent
D2330	resin-based composite - one surface, anterior
D2391	resin-based composite - one surface, posterior
D2392	resin-based composite - two surfaces, posterior
D2930	prefabricated stainless steel crown - primary tooth
D3220	therapeutic pulpotomy (excluding final restoration) - removal of pulp coronal to the dentinocemental junction and application of medicament
D7140	extraction, erupted tooth or exposed root (elevation and/or forceps removal)
D7210	surgical removal of erupted tooth requiring elevation of mucoperiosteal flap and removal of bone and/or section of tooth
D9230	analgesia, anxiolysis, inhalation of nitrous oxide
D9410	house/extended care facility call

Return to Medi-Cal Dental Reimbursements Rates Compared to Other Medicaid Programs

Appendix 2- SFY 2012-2013, Percentage of 25 Most Utilized Denti-Cal Procedures Reimbursement Rate Comparison

Procedure Code[1]	SMA	New York Reimbursement Rates and % Denti-Cal Pays		Illinois Reimbursement Rates and % Denti-Cal Pays		Florida Reimbursement Rates and % Denti-Cal Pays		Texas Reimbursement Rates and % Denti-Cal Pays	
D0120	$ 15.00	$ 25.00	60.0%	$ 28.00	53.6%	$ 29.12	51.5%	$ 28.85	52.0%
D0150	$ 25.00	$ 30.00	83.3%	$ 17.52	142.7%	$ 29.12	85.9%	$ 35.32	70.8%
D0210	$ 40.00	$ 50.00	80.0%	$ 25.06	159.6%	$ 58.24	68.7%	$ 70.64	56.6%
D0220	$ 10.00	$ 8.00	125.0%	$ 4.66	214.6%	$ 10.92	91.6%	$ 12.56	79.6%
D0230	$ 3.00	$ 5.00	60.0%	$ 3.16	94.9%	$ 6.76	44.4%	$ 11.51	26.1%
D0272	$ 10.00	$ 14.00	71.4%	$ 7.83	127.7%	$ 18.93	52.8%	$ 23.38	42.8%
D0274	$ 18.00	$ 24.00	75.0%	$ 14.07	127.9%	$ 25.48	70.6%	$ 34.61	52.0%
D0330	$ 25.00	$ 35.00	71.4%	$ 18.81	132.9%	$ 47.32	52.8%	$ 63.78	39.2%
D0350	$ 6.00	$ 12.00	50.0%	N/A	N/A	$ 26.00	23.1%	$ 18.38	32.6%
D1120	$ 30.00	$ 43.00	69.8%	$ 41.00	73.2%	$ 26.00	115.4%	$ 36.75	81.6%
D1206	$ 11.00	$ 30.00	36.7%	$ 26.00	42.3%	$ 4.16	264.4%	$ 14.70	74.8%
D1351	$ 22.00	$ 35.00	62.9%	$ 36.00	61.1%	$ 24.32	90.5%	$ 28.24	77.9%
D2140	$ 39.00	$ 50.00	78.0%	$ 25.68	151.9%	N/A	N/A	$ 64.41	60.5%
D2150	$ 48.00	$ 67.00	71.6%	$ 40.08	119.8%	N/A	N/A	$ 85.71	56.0%
D2160	$ 57.00	$ 82.00	69.5%	$ 48.33	117.9%	N/A	N/A	$ 109.19	52.2%
D2330	$ 55.00	$ 50.00	110.0%	$ 28.80	191.0%	N/A	N/A	$ 77.75	70.7%
D2391	$ 39.00	$ 50.00	78.0%	$ 25.68	151.9%	N/A	N/A	$ 82.40	47.3%
D2392	$ 48.00	$ 67.00	71.6%	$ 40.08	119.8%	N/A	N/A	$ 108.00	44.4%
D2930	$ 75.00	$ 116.00	64.7%	$ 61.11	122.7%	$ 74.36	100.9%	$ 152.94	49.0%

Procedure Code[1]	SMA	New York Reimbursement Rates and % Denti-Cal Pays		Illinois Reimbursement Rates and % Denti-Cal Pays		Florida Reimbursement Rates and % Denti-Cal Pays		Texas Reimbursement Rates and % Denti-Cal Pays	
D3220	$ 71.00	$ 87.00	81.6%	$ 43.87	161.8%	$ 67.60	105.0%	$ 86.20	82.4%
D7140	$ 41.00	$ 50.00	82.0%	$ 32.57	125.9%	N/A	N/A	$ 65.70	62.4%
D7210	$ 85.00	$ 85.00	100.0%	$ 47.79	177.9%	$ 145.60	58.4%	$ 100.75	84.4%
D9230	$ 25.00	N/A	N/A	$ 21.65	115.5%	$ 55.99	44.7%	$ 27.81	89.9%
D9410	$ 20.00	$ 50.00	40.0%	N/A	N/A	N/A	N/A	$ 24.50	81.6%
D9430	$ 20.00	$ 20.00	100.0%	N/A	N/A	N/A	N/A	$ 14.70	136.1%
Average % Denti-Cal Pays of Other States' Medicaid Rates		**74.7%**		**126.7%**		**82.5%**		**64.1%**	

N/A = No rate available for procedure code/procedure code is not a covered service by that state's Medicaid Program.

[1]See Appendix 1 for description of procedure codes.

Return to Medi-Cal Dental Reimbursements Rates Compared to Other Medicaid Programs

Appendix 3- SFY 2013-2014, Percentage of 25 Most Utilized Denti-Cal Procedures Reimbursement Rates Compared to Others

Procedure Code[1]	SMA	New York Reimbursement Rates and % Denti-Cal Pays		Illinois Reimbursement Rates and % Denti-Cal Pays		Florida Reimbursement Rates and % Denti-Cal Pays		Texas Reimbursement Rates and % Denti-Cal Pays	
D0120	$ 15.00	$ 25.00	60.0%	$ 28.00	53.6%	$ 29.12	51.5%	$ 28.85	52.0%
D0150	$ 25.00	$ 30.00	83.3%	$ 17.52	142.7%	$ 29.12	85.9%	$ 35.32	70.8%
D0210	$ 40.00	$ 50.00	80.0%	$ 25.06	159.6%	$ 58.24	68.7%	$ 70.64	56.6%
D0220	$ 10.00	$ 8.00	125.0%	$ 4.66	214.6%	$ 10.92	91.6%	$ 12.56	79.6%
D0230	$ 3.00	$ 5.00	60.0%	$ 3.16	94.9%	$ 6.76	44.4%	$ 11.51	26.1%
D0272	$ 10.00	$ 14.00	71.4%	$ 7.83	127.7%	$ 18.93	52.8%	$ 23.38	42.8%
D0274	$ 18.00	$ 24.00	75.0%	$ 14.07	127.9%	$ 25.48	70.6%	$ 34.61	52.0%
D0350	$ 6.00	$ 12.00	50.0%	N/A	N/A	$ 26.00	23.1%	$ 18.38	32.6%
D1110	$ 40.00	$ 45.00	88.9%	$ 21.15	189.1%	$ 36.40	109.9%	$ 54.88	72.9%
D1120	$ 30.00	$ 43.00	69.8%	$ 41.00	73.2%	$ 26.00	115.4%	$ 36.75	81.6%
D1206	$ 11.00	$ 30.00	36.7%	$ 26.00	42.3%	$ 4.16	264.4%	$ 14.70	74.8%
D1351	$ 22.00	$ 35.00	62.9%	$ 36.00	61.1%	$ 24.32	90.5%	$ 28.24	77.9%
D2140	$ 39.00	$ 50.00	78.0%	$ 25.68	151.9%	N/A	N/A	$ 64.41	60.5%
D2150	$ 48.00	$ 67.00	71.6%	$ 40.08	119.8%	N/A	N/A	$ 85.71	56.0%
D2160	$ 57.00	$ 82.00	69.5%	$ 48.33	117.9%	N/A	N/A	$ 109.19	52.2%
D2330	$ 55.00	$ 50.00	110.0%	$ 28.80	191.0%	N/A	N/A	$ 77.75	70.7%
D2391	$ 39.00	$ 50.00	78.0%	$ 25.68	151.9%	N/A	N/A	$ 82.40	47.3%
D2392	$ 48.00	$ 67.00	71.6%	$ 40.08	119.8%	N/A	N/A	$ 108.00	44.4%
D2930	$ 75.00	$ 116.00	64.7%	$ 61.11	122.7%	$ 74.36	100.9%	$ 152.94	49.0%

Procedure Code[1]	SMA	New York Reimbursement Rates and % Denti-Cal Pays		Illinois Reimbursement Rates and % Denti-Cal Pays		Florida Reimbursement Rates and % Denti-Cal Pays		Texas Reimbursement Rates and % Denti-Cal Pays	
D3220	$ 71.00	$ 87.00	81.6%	$ 43.87	161.8%	$ 67.60	105.0%	$ 86.20	82.4%
D7140	$ 41.00	$ 50.00	82.0%	$ 32.57	125.9%	N/A	N/A	$ 65.70	62.4%
D7210	$ 85.00	$ 85.00	100.0%	$ 47.79	177.9%	$ 145.60	58.4%	$ 100.75	84.4%
D9230	$ 25.00	N/A	N/A	$ 21.65	115.5%	$ 55.99	44.7%	$ 27.81	89.9%
D9410	$ 20.00	$ 50.00	40.0%	N/A	N/A	N/A	N/A	$ 24.50	81.6%
D9430	$ 20.00	$ 20.00	100.0%	N/A	N/A	N/A	N/A	$ 14.70	136.1%
Average % Denti-Cal Pays of Other States' Medicaid Rates		**75.4%**		**129.2%**		**86.1%**		**65.5%**	

N/A = No rate available for procedure code/procedure code is not a covered service by that state's Medicaid Program.

[1]See Appendix 1 for description of procedure codes.

Return to Medi-Cal Dental Reimbursements Rates Compared to Other Medicaid Programs

Appendix 4 – SFY 2012-2013, Average Percentage Denti-Cal Pays of Regional Commercial Rates

Procedure Code[1]	Denti-Cal SMA	National Average	Pacific Division (CA)	Middle Atlantic (NY)	East North Central (IL)	South Atlantic (FL)	West South Central (TX)
D0120	$ 15.00	$ 45.61	$ 53.37	$ 46.44	$ 43.99	$ 43.44	$ 41.16
D0150	$ 25.00	$ 72.92	$ 79.51	$ 72.03	$ 73.38	$ 72.98	$ 65.86
D0210	$ 40.00	$ 123.70	$ 134.73	$ 123.13	$ 122.56	$ 121.32	$ 111.10
D0220	$ 10.00	$ 26.59	$ 32.40	$ 24.60	$ 25.85	$ 26.15	$ 23.21
D0230	$ 3.00	$ 21.29	$ 22.16	$ 19.82	$ 21.11	$ 21.95	$ 19.24
D0272	$ 10.00	$ 42.00	$ 49.11	$ 41.50	$ 40.31	$ 41.15	$ 37.09
D0274	$ 18.00	$ 59.67	$ 68.32	$ 60.86	$ 57.61	$ 58.48	$ 52.70
D0330	$ 25.00	$ 104.65	$ 113.82	$ 105.08	$ 108.17	$ 103.22	$ 93.40
D0350	$ 6.00	$ 42.66	$ 41.53	$ 47.10	$ 48.45	$ 35.77	$ 42.53
D1120	$ 30.00	$ 63.08	$ 76.50	$ 62.70	$ 58.99	$ 61.92	$ 56.48
D1206	$ 11.00	$ 35.86	$ 39.99	$ 37.18	$ 35.26	$ 35.10	$ 30.56
D1351	$ 22.00	$ 49.31	$ 56.19	$ 50.08	$ 47.28	$ 48.17	$ 45.56
D2140	$ 39.00	$ 125.29	$ 144.11	$ 122.52	$ 118.93	$ 126.59	$ 116.38
D2150	$ 48.00	$ 155.11	$ 173.87	$ 152.37	$ 147.42	$ 157.78	$ 145.61
D2160	$ 57.00	$ 186.24	$ 207.14	$ 185.72	$ 176.13	$ 188.94	$ 177.38
D2330	$ 55.00	$ 148.77	$ 174.55	$ 145.66	$ 140.45	$ 148.56	$ 142.02
D2391	$ 39.00	$ 162.97	$ 190.47	$ 162.69	$ 155.83	$ 161.75	$ 152.56
D2392	$ 48.00	$ 208.81	$ 240.98	$ 205.70	$ 199.84	$ 205.84	$ 195.80
D2930	$ 75.00	$ 249.10	$ 255.19	$ 252.77	$ 251.61	$ 269.92	$ 227.65
D3220	$ 71.00	$ 168.75	$ 172.21	$ 171.35	$ 174.02	$ 172.35	$ 156.11
D7140	$ 41.00	$ 156.39	$ 173.20	$ 168.87	$ 150.18	$ 156.99	$ 142.92
D7210	$ 85.00	$ 253.35	$ 268.65	$ 270.78	$ 250.78	$ 251.18	$ 233.84
D9230	$ 25.00	$ 52.77	$ 50.81	$ 58.10	$ 48.78	$ 61.81	$ 48.51
D9410	$ 20.00	$ 172.88	$ 174.21	N/A	$ 183.24	$ 194.06	N/A
D9430	$ 20.00	$ 57.07	$ 74.92	$ 49.04	$ 55.89	$ 46.24	$ 56.46
Average % Denti-Cal Pays of Regional Rates		**30.7%**	**27.6%**	**31.5%**	**31.6%**	**31.0%**	**34.4%**

N/A = No rate available for procedure code and/or procedure code is not a covered service by that state's Medicaid Program.
[1]See Appendix 1 for description of procedure codes.

Return to Geographical Comparison of Medi-Cal Reimbursement Rates to Commercial Rates

Appendix 5 – SFY 2013-2014, Average Percentage Denti-Cal Pays of Regional Commercial Rates

Procedure Code[1]	Denti-Cal SMA	National Average	Pacific Division (CA)	Middle Atlantic (NY)	East North Central (IL)	South Atlantic (FL)	West South Central (TX)
D0120	$ 15.00	$ 45.61	$ 53.37	$ 46.44	$ 43.99	$ 43.44	$ 41.16
D0150	$ 25.00	$ 72.92	$ 79.51	$ 72.03	$ 73.38	$ 72.98	$ 65.86
D0210	$ 40.00	$ 123.70	$ 134.73	$ 123.13	$ 122.56	$ 121.32	$ 111.10
D0220	$ 10.00	$ 26.59	$ 32.40	$ 24.60	$ 25.85	$ 26.15	$ 23.21
D0230	$ 3.00	$ 21.29	$ 22.16	$ 19.82	$ 21.11	$ 21.95	$ 19.24
D0272	$ 10.00	$ 42.00	$ 49.11	$ 41.50	$ 40.31	$ 41.15	$ 37.09
D0274	$ 18.00	$ 59.67	$ 68.32	$ 60.86	$ 57.61	$ 58.48	$ 52.70
D0350	$ 6.00	$ 42.66	$ 41.53	$ 47.10	$ 48.45	$ 35.77	$ 42.53
D1110	$ 40.00	$ 85.38	$ 101.81	$ 86.97	$ 79.37	$ 83.32	$ 76.38
D1120	$ 30.00	$ 63.08	$ 76.50	$ 62.70	$ 58.99	$ 61.92	$ 56.48
D1206	$ 11.00	$ 35.86	$ 39.99	$ 37.18	$ 35.26	$ 35.10	$ 30.56
D1351	$ 22.00	$ 49.31	$ 56.19	$ 50.08	$ 47.28	$ 48.17	$ 45.56
D2140	$ 39.00	$ 125.29	$ 144.11	$ 122.52	$ 118.93	$ 126.59	$ 116.38
D2150	$ 48.00	$ 155.11	$ 173.87	$ 152.37	$ 147.42	$ 157.78	$ 145.61
D2160	$ 57.00	$ 186.24	$ 207.14	$ 185.72	$ 176.13	$ 188.94	$ 177.38
D2330	$ 55.00	$ 148.77	$ 174.55	$ 145.66	$ 140.45	$ 148.56	$ 142.02
D2391	$ 39.00	$ 162.97	$ 190.47	$ 162.69	$ 155.83	$ 161.75	$ 152.56
D2392	$ 48.00	$ 208.81	$ 240.98	$ 205.70	$ 199.84	$ 205.84	$ 195.80
D2930	$ 75.00	$ 249.10	$ 255.19	$ 252.77	$ 251.61	$ 269.92	$ 227.65
D3220	$ 71.00	$ 168.75	$ 172.21	$ 171.35	$ 174.02	$ 172.35	$ 156.11
D7140	$ 41.00	$ 156.39	$ 173.20	$ 168.87	$ 150.18	$ 156.99	$ 142.92
D7210	$ 85.00	$ 253.35	$ 268.65	$ 270.78	$ 250.78	$ 251.18	$ 233.84
D9230	$ 25.00	$ 52.77	$ 50.81	$ 58.10	$ 48.78	$ 61.81	$ 48.51
D9410	$ 20.00	$ 172.88	$ 174.21	N/A	$ 183.24	$ 194.06	N/A
D9430	$ 20.00	$ 57.07	$ 74.92	$ 49.04	$ 55.89	$ 46.24	$ 56.46
Average % Denti-Cal Pays of Regional Rates		**31.7%**	**28.3%**	**32.4%**	**32.7%**	**31.9%**	**35.5%**

N/A = No rate available for procedure code and/or procedure code is not a covered service by that state's Medicaid Program.
[1]See Appendix 1 for description of procedure codes.

Return to Geographical Comparison of Medi-Cal Reimbursement Rates to Commercial Rates

Appendix 6 – 2014 Total Population

2014	Adult Population		Child Population		Total Population
	DMC	FFS	DMC	FFS	
Total Reimbursement	$2,536,466	$416,707,255	$11,737,377	$670,928,656	**$1,101,909,754**
Total Count of Beneficiaries	212,378	6,269,714	553,317	6,704,952	**13,740,361**
Total Service units	687,193	9,102,441	3,040,756	28,230,966	**41,061,356**
Total Claim Count	438,983	10,310,497	1,574,653	29,736,425	**42,060,558**
Average Service Units Per Beneficiary	3	1	5	4	**3**
Average Count of Claims Per Beneficiary	2	2	3	4	**3**
Average Reimbursement Per Beneficiary	$12	$66	$21	$100	**$80**
Average Reimbursement Per Service unit	$4	$46	$4	$24	**$27**
Average Reimbursement Per Claim	$6	$40	$7	$23	**$26**

***See Appendices 7-14 for breakdown by Aid Code Group**

Return to FFS Medi-Cal Beneficiary Population Characteristics

Appendix 7 – 2014 Averages by Dental Plan Model (Child)

DMC (Child)			
	Average Reimbursement Per Beneficiary	**Average Service Units Per Beneficiary**	**Averaged Claim Count Per Beneficiary**
133% Poverty	$66	93	59
Pub Assist Families	$65	324	214
Med Indigent Children	$59	98	70
Pub Assist Blind/Disabled	$53	108	92
Med Needy Families	$52	177	139
LIHP	$29	86	61
HFP Transition	$28	134	97
Med Needy Blind/Disabled	$20	7	5
Refugee/Entrant	$17	5	4
CHDP	$9	1	1
IRCA/OBRA Aliens	$8	0	0
100% Poverty	$6	63	28
Income Disregard Infant	$5	4	2
Grand Total	$45	1,101	772

FFS (Child)			
	Average Reimbursement Per Beneficiary	**Average Service Units Per Beneficiary**	**Averaged Claim Count Per Beneficiary**
Pub Assist Blind/Disabled	$176	226	245
Med Needy Families	$163	185	206
HFP Transition	$155	193	218
100% Poverty	$147	168	187
Pub Assist Families	$146	169	185
133% Poverty	$128	146	164
Med Indigent Children	$87	112	125
LIHP	$77	89	98
Med Needy Blind/Disabled	$70	98	113
IRCA/OBRA Aliens	$66	29	30
Refugee/Entrant	$51	41	47
CHDP	$28	26	29
Medical Inmate/Parolee	$26	6	8
CHIP	$24	10	10
Income Disregard Infant	$10	5	6
Income Disregard Preg Woman	$9	4	5
Presumptive Eligible	$4	1	1
Med Needy Aged	$0	-	-
Tuberculosis	$0	-	-
BCCTP	$0	-	-
Med Indigent Adults	$0	-	-
Grand Total	**$94**	**1,508**	**1,676**

Return to Aid Code Groups

Appendix 8 – 2014 Averages by Dental Plan Model (Adult)

DMC (Adult)			
	Average Reimbursement Per Beneficiary	**Average Service Units Per Beneficiary**	**Averaged Claim Count Per Beneficiary**
Income Disregard Preg Woman	$110	1	1
LIHP	$92	670	484
Med Indigent Children	$85	22	15
Med Indigent Adults	$18	4	4
BCCTP	$15	7	5
Med Needy Families	$15	133	71
Pub Assist Blind/Disabled	$11	174	112
Refugee/Entrant	$8	11	8
Med Needy Aged	$8	25	9
Med Needy Blind/Disabled	$5	31	29
Pub Assist Families	$4	37	32
Pub Assist Aged	$1	6	10
HFP Transition	$0	-	-
100% Poverty	$0	-	-
Grand Total	**$23**	**1,121**	**779**

FFS (Adult)			
	Average Reimbursement Per Beneficiary	**Average Service Units Per Beneficiary**	**Averaged Claim Count Per Beneficiary**
HFP Transition	$409	332	362
Med Needy Blind/Disabled	$152	103	115
Pub Assist Blind/Disabled	$148	98	110
Med Needy Aged	$125	106	112
Pub Assist Aged	$106	67	74
Med Needy Families	$96	64	74
BCCTP	$76	46	49
LIHP	$73	48	62
Pub Assist Families	$69	48	55
Refugee/Entrant	$52	40	40
Med Indigent Children	$51	40	46
Income Disregard Preg Woman	$26	9	13
Special Treatment Program	$24	2	2
100% Poverty	$23	7	7
Med Indigent Adults	$23	20	24
IRCA/OBRA Aliens	$19	3	3
CHDP	$17	25	28
Medical Inmate/Parolee	$14	2	2
Presumptive Eligible	$2	2	3
Tuberculosis	$0	0	0
Unknown	$0	-	-
Income Disregard Infant	$0	-	-
133% Poverty	$0	-	-
Grand Total	$77	1,063	1,183

Return to **Aid Code Groups**

Appendix 9 – 2014 Total Reimbursement by Aid Code Group (Child)

Dental Plan Model: DMC (Child)	
Aid Code Group	**Reimbursement**
Med Needy Families	$4,046,021
Pub Assist Families	$2,899,134
HFP Transition	$2,392,285
LIHP	$1,096,063
133% Poverty	$446,221
100% Poverty	$403,247
Pub Assist Blind/Disabled	$323,554
Med Indigent Children	$98,365
Med Needy Blind/Disabled	$25,200
Income Disregard Infant	$6,751
Refugee/Entrant	$502
IRCA/OBRA Aliens	$25
CHDP	$9
Grand Total	**$11,737,377**

Dental Plan Model: FFS (Child)	
Aid Code Group	**Reimbursement**
Med Needy Families	$248,099,055
Pub Assist Families	$164,946,917
HFP Transition	$94,451,425
LIHP	$76,921,728
100% Poverty	$25,531,794
133% Poverty	$20,722,435
Pub Assist Blind/Disabled	$19,954,590
Med Indigent Children	$13,657,960
CHDP	$5,066,708
Med Needy Blind/Disabled	$771,524
Income Disregard Infant	$748,226
Refugee/Entrant	$30,014
IRCA/OBRA Aliens	$14,829
Income Disregard Preg Woman	$11,040
Medical Inmate/Parolee	$152
Presumptive Eligible	$141
CHIP	$118
Grand Total	**$670,928,656**

Return to **Aid Code Groups**

Appendix 10 – 2014 Total Count of Service Units by Aid Code Group (Child)

Dental Plan Model: DMC (Child)	
Aid Code Group	**Count of Service Units**
Med Needy Families	1,062,233
HFP Transition	749,680
Pub Assist Families	695,854
LIHP	230,722
100% Poverty	130,390
133% Poverty	70,995
Pub Assist Blind/Disabled	68,437
Med Indigent Children	28,127
Med Needy Blind/Disabled	2,253
Income Disregard Infant	2,011
Refugee/Entrant	52
CHDP	1
IRCA/OBRA Aliens	1
Grand Total	**3,040,756**

Dental Plan Model: FFS (Child)	
Aid Code Group	**Count of Service Units**
Med Needy Families	10,497,065
Pub Assist Families	7,218,058
HFP Transition	4,018,471
LIHP	2,992,104
100% Poverty	1,106,393
Pub Assist Blind/Disabled	846,695
133% Poverty	760,170
Med Indigent Children	598,549
CHDP	143,166
Med Needy Blind/Disabled	35,564
Income Disregard Infant	13,464
Refugee/Entrant	729
IRCA/OBRA Aliens	336
Income Disregard Preg Woman	178
Medical Inmate/Parolee	13
CHIP	10
Presumptive Eligible	1
Grand Total	**28,230,966**

Return to **Aid Code Groups**

Appendix 11 – 2014 Total Count of Claims by Aid Code Group (Child)

Dental Plan Model: DMC (Child)	
Aid Code Group	**Count of Claims Units**
Med Needy Families	531,953
HFP Transition	393,610
Pub Assist Families	361,597
LIHP	131,565
100% Poverty	66,272
133% Poverty	37,173
Pub Assist Blind/Disabled	35,744
Med Indigent Children	14,245
Med Needy Blind/Disabled	1,565
Income Disregard Infant	879
Refugee/Entrant	48
CHDP	1
IRCA/OBRA Aliens	1
Grand Total	**1,574,653**

Dental Plan Model: FFS (Child)	
Med Needy Families	10,963,319
Pub Assist Families	7,496,287
HFP Transition	4,299,604
LIHP	3,274,479
100% Poverty	1,158,076
Pub Assist Blind/Disabled	883,175
133% Poverty	811,076
Med Indigent Children	642,286
CHDP	152,590
Med Needy Blind/Disabled	39,103
Income Disregard Infant	14,970
Refugee/Entrant	823
IRCA/OBRA Aliens	338
Income Disregard Preg Woman	258
Medical Inmate/Parolee	30
CHIP	10
Presumptive Eligible	1
Grand Total	**29,736,425**

Return to **Aid Code Groups**

Appendix 12 – 2014 Total Reimbursement by Aid Code Group (Adult)

Dental Plan Model: DMC (Adult)	
Aid Code Group	**Total Reimbursement**
LIHP	$1,051,695
Pub Assist Blind/Disabled	$503,288
Med Needy Families	$490,586
Pub Assist Families	$259,226
Med Needy Aged	$77,550
Med Needy Blind/Disabled	$68,844
Pub Assist Aged	$57,425
Med Indigent Children	$22,764
Refugee/Entrant	$3,054
BCCTP	$1,279
Med Indigent Adults	$536
Income Disregard Preg Woman	$220
Grand Total	**$2,536,466**

Dental Plan Model: FFS (Adult)	
Aid Code Group	**Total Reimbursement**
LIHP	$141,156,082
Pub Assist Blind/Disabled	$91,186,414
Med Needy Families	$66,822,879
Med Needy Aged	$34,758,989
Pub Assist Aged	$32,431,018
Pub Assist Families	$25,898,047
Med Needy Blind/Disabled	$21,934,181
Med Indigent Children	$1,277,410
BCCTP	$707,592
Income Disregard Preg Woman	$249,549
Refugee/Entrant	$210,127
Med Indigent Adults	$49,625
HFP Transition	$14,148
IRCA/OBRA Aliens	$4,999
CHDP	$3,433
Special Treatment Program	$901
Presumptive Eligible	$782
100% Poverty	$733
Tuberculosis	$211
Medical Inmate/Parolee	$135
Grand Total	$416,707,255
LIHP	**$141,156,082**

Return to **Aid Code Groups**

Appendix 13 – Total Count of Service Units by Aid Code Group (Adult)

Dental Plan Model: DMC (Adult)	
Aid Code Group	**Total Reimbursement**
LIHP	$286,306
Med Needy Families	$157,472
Pub Assist Blind/Disabled	$110,067
Pub Assist Families	$77,421
Med Needy Aged	$21,302
Med Needy Blind/Disabled	$16,790
Pub Assist Aged	$14,075
Med Indigent Children	$2,218
Refugee/Entrant	$1,012
BCCTP	$ 484
Med Indigent Adults	$45
Income Disregard Preg Woman	$1
Grand Total	$**687,193**

Dental Plan Model: FFS (Adult)	
Aid Code Group	**Total Reimbursement**
LIHP	$2,983,333
Pub Assist Blind/Disabled	$1,826,049
Med Needy Families	$1,640,836
Med Needy Aged	$782,059
Pub Assist Aged	$719,013
Pub Assist Families	$659,154
Med Needy Blind/Disabled	$434,331
Med Indigent Children	$34,129
BCCTP	$12,749
Refugee/Entrant	$6,224
Income Disregard Preg Woman	$2,481
Med Indigent Adults	$1,096
HFP Transition	$699
CHDP	$166
IRCA/OBRA Aliens	$58
100% Poverty	$28
Presumptive Eligible	$26
Tuberculosis	$4
Special Treatment Program	$3
Medical Inmate/Parolee	$3
Grand Total	$**9,102,441**

Return to **Aid Code Groups**

Appendix 14 – 2014 Total Count of Claim by Aid Code Group (Adult)

Dental Plan Model: DMC (Adult)	
Aid Code Group	**Total Reimbursement**
LIHP	$184,067
Med Needy Families	$96,554
Pub Assist Blind/Disabled	$73,350
Pub Assist Families	$47,742
Med Needy Aged	$13,951
Med Needy Blind/Disabled	$11,146
Pub Assist Aged	$9,612
Med Indigent Children	$1,449
Refugee/Entrant	$778
BCCTP	$288
Med Indigent Adults	$45
Income Disregard Preg Woman	$1
Grand Total	$**438,983**

Dental Plan Model: FFS (Adult)	
Aid Code Group	**Total Reimbursement**
LIHP	$3,858,691
Pub Assist Blind/Disabled	$1,931,433
Med Needy Families	$1,774,895
Med Needy Aged	$781,975
Pub Assist Aged	$739,670
Pub Assist Families	$716,219
Med Needy Blind/Disabled	$445,714
Med Indigent Children	$36,340
BCCTP	$13,595
Refugee/Entrant	$6,706
Income Disregard Preg Woman	$2,901
Med Indigent Adults	$1,227
HFP Transition	$752
CHDP	$242
IRCA/OBRA Aliens	$58
Presumptive Eligible	$39
100% Poverty	$28
Tuberculosis	$6
Special Treatment Program	$3
Medical Inmate/Parolee	$3
Grand Total	$**10,310,497**

Return to **Aid Code Groups**

Appendix 15 – California Geographic Rating Areas

Alameda Region: Alameda
Central Coast Region: Monterey, San Benito, Santa Cruz
Central Valley Region: Mariposa, Merced, San Joaquin, Stanislaus, Tulare
Contra Costa Region: Contra Costa
Greater Fresno Region: Fresno, Kings, Madera
Greater Sacramento Region: El Dorado, Placer, Sacramento, Yolo
Inland Desert Region: Imperial, Inyo, Mono
Inland Empire Region: Riverside, San Bernardino
Kern Region: Kern
Los Angeles Region: Los Angeles
North Bay Region: Marin, Napa, Solano, Sonoma
Northern Region: Alpine, Amador, Butte, Calaveras, Colusa, Del Norte, Glenn, Humboldt, Lake, Lassen, Mendocino, Modoc, Nevada, Plumas, Shasta, Sierra, Siskiyou, Sutter, Tehama, Trinity, Tuolumne, Yuba
Orange Region: Orange
San Diego Region: San Diego
San Francisco Region: San Francisco
San Mateo Region: San Mateo
Santa Clara Region: Santa Clara
South Coast Region: San Luis Obispo, Santa Barbara, Ventura

Return to FFS Medi-Cal Beneficiary Population Characteristics

Appendix 16 – Total Children's Enrollment in the Medi-Cal Program

Region	Beneficiary Enrollment - Ages 0-20					
	Ages 0-20[1]					
	FY 08/09	FY 09/10	FY 10/11	FY 11/12	FY 12/13	FY 13/14
Alameda	118,442	122,371	126,858	129,420	150,633	162,032
Central Coast	74,921	80,302	85,574	87,128	111,473	124,546
Central Valley	311,291	327,393	340,052	347,638	387,747	426,356
Contra Costa	68,564	73,723	76,969	79,234	93,275	106,260
Greater Fresno	222,473	230,815	238,449	242,388	266,815	284,315
Greater Sacramento	111,836	110,741	113,411	114,157	123,634	148,541
Inland Desert	32,329	33,961	35,404	35,608	37,204	42,665
Inland Empire	503,702	540,642	571,202	585,299	704,344	784,853
Kern	139,587	148,079	151,427	153,863	171,612	187,202
Los Angeles	1,099,694	1,121,600	1,130,322	1,131,880	1,204,692	1,335,214
North Bay	82,302	88,571	93,800	95,514	111,319	133,317
Northern	148,213	154,446	161,355	161,453	166,504	198,920
Orange	226,067	243,508	256,911	263,979	334,139	383,655
San Diego	223,796	226,000	240,039	245,069	301,721	340,913
San Francisco	42,817	44,448	46,390	47,462	56,716	60,645
San Mateo	34,177	36,677	37,978	39,672	47,907	57,420
Santa Clara	120,325	127,752	131,695	131,711	163,441	176,420
South Coast	126,567	134,717	140,244	142,667	160,725	196,976
Statewide Total	**3,687,103**	**3,845,746**	**3,978,080**	**4,034,142**	**4,593,901**	**5,150,250**

[1]Age Group 0-20 is equivalent to Ages <=20

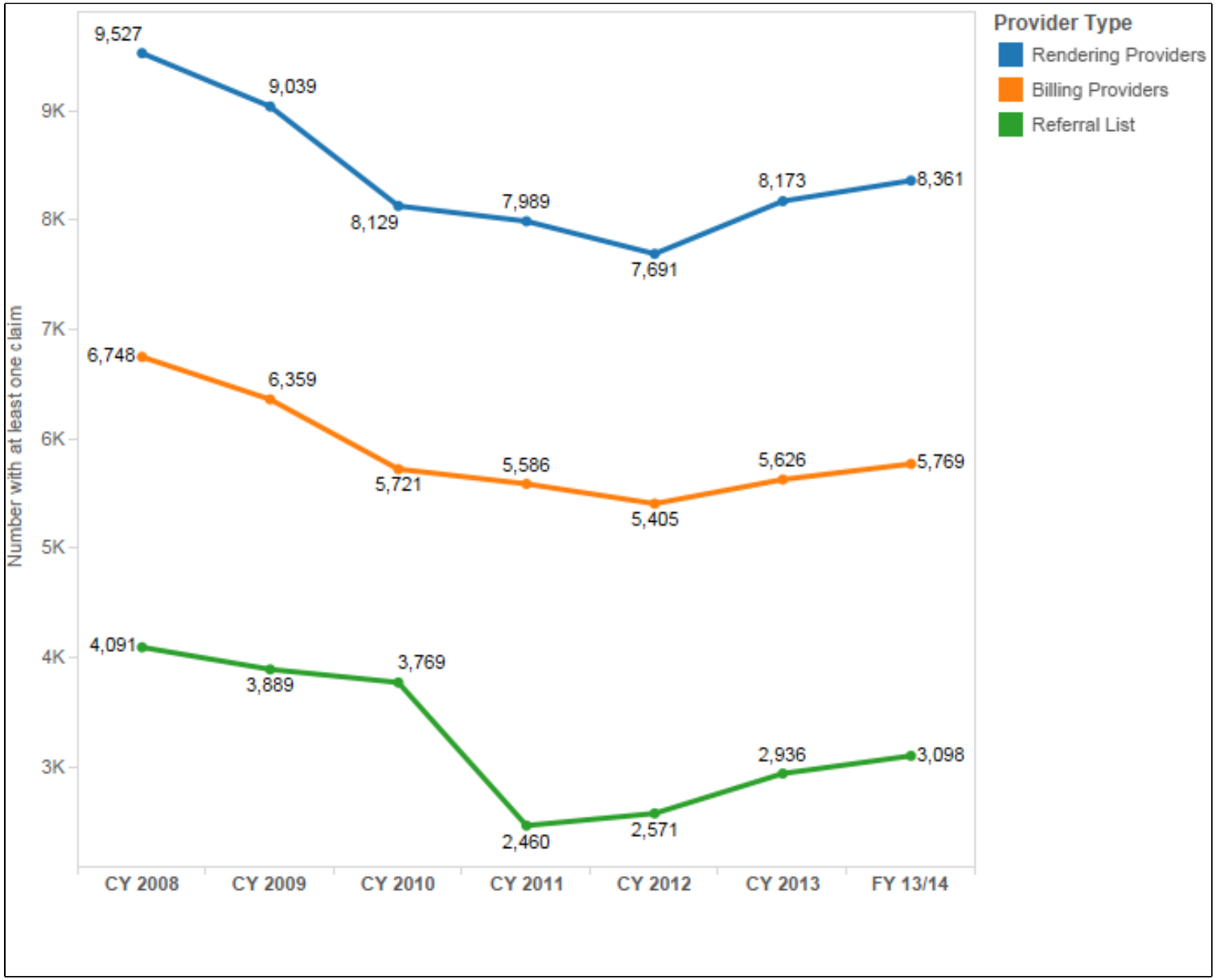
Return to FFS Medi-Cal Beneficiary Population Characteristics

Appendix 17 – Total Adult Enrollment in the Medi-Cal Program

Region	Beneficiary Enrollment - Ages 21+					
	Ages 21+					
	FY 08/09	FY 09/10	FY 10/11	FY 11/12	FY 12/13	FY 13/14
Alameda	121,575	126,172	131,053	134,487	136,066	216,301
Central Coast	49,333	51,888	54,039	55,138	56,030	85,285
Central Valley	217,277	227,306	237,301	244,368	249,252	352,781
Contra Costa	59,550	63,004	66,279	69,462	70,854	113,671
Greater Fresno	145,006	150,552	155,044	159,379	161,471	226,640
Greater Sacramento	133,417	135,737	139,114	140,786	140,000	231,268
Inland Desert	31,781	32,731	34,127	34,547	34,997	45,098
Inland Empire	313,249	333,265	355,983	372,211	381,022	614,673
Kern	88,166	92,987	93,680	96,088	96,912	137,495
Los Angeles	887,565	903,279	925,108	938,976	940,537	1,564,748
North Bay	73,182	77,314	80,376	82,524	84,195	135,784
Northern	153,523	159,152	167,108	168,149	167,393	243,588
Orange	160,547	170,797	180,852	188,260	193,662	338,597
San Diego	179,212	184,555	195,179	200,098	203,167	337,185
San Francisco	86,849	88,463	90,698	92,125	92,244	142,844
San Mateo	32,174	33,676	34,545	36,113	36,808	64,060
Santa Clara	115,260	119,550	122,737	123,096	125,159	193,370
South Coast	88,196	91,850	93,570	94,923	95,410	152,623
Statewide Total	**2,935,862**	**3,042,278**	**3,156,793**	**3,230,730**	**3,265,179**	**5,196,011**

Return to FFS Medi-Cal Beneficiary Population Characteristics

Appendix 18 – Dental Provider Enrollment & Referral List Numbers



[Return to Provider Network]