

Volume 1 of 2
Medi-Cal Dental Managed Care
External Quality Review
Technical Report
Contract Year 2023–24

Main Report

Medi-Cal Dental Services Division
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, Inc.
- ◆ **Health Net**—Health Net of California, Inc.
- ◆ **LIBERTY Dental**—LIBERTY Dental Plan of California, Inc.

Commonly Used Abbreviations and Acronyms

Commonly Used Abbreviations and Acronyms

- ◆ **CalAIM**—California Advancing and Innovating Medi-Cal
- ◆ **CAP**—corrective action plan
- ◆ **CFR**—Code of Federal Regulations
- ◆ **CMS**—Centers for Medicare & Medicaid Services
- ◆ **Dental MC**—Dental Managed Care
- ◆ **Dental MC plan**—Dental Managed Care plan
- ◆ **DHCS**—California Department of Health Care Services
- ◆ **EQR**—external quality review
- ◆ **EQRO**—external quality review organization
- ◆ **FFS**—fee-for-service
- ◆ **HEDIS®**—Healthcare Effectiveness Data and Information Set¹
- ◆ **HHS**—Department of Health and Human Services
- ◆ **HSAG**—Health Services Advisory Group, Inc.
- ◆ **HSP**—Health Solutions Plus
- ◆ **LLP**—Limited Liability Partnership
- ◆ **MCMC**—Medi-Cal Managed Care program
- ◆ **MCO**—managed care organization
- ◆ **NAV**—Network adequacy validation
- ◆ **NCQA**—National Committee for Quality Assurance
- ◆ **OHRA**—Oral Health Risk Assessment
- ◆ **P4P**—pay-for-performance
- ◆ **PAHP**—prepaid ambulatory health plan
- ◆ **PCCM**—primary care case management
- ◆ **PIHP**—prepaid inpatient health plan
- ◆ **PIP**—performance improvement project
- ◆ **PMV**—performance measure validation
- ◆ **QAPI**—quality assessment and performance improvement

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

1. Executive Summary

Purpose

This *2023–24 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, timeliness, and accessibility of care delivered to members by Dental MC plans and as applicable, recommendations as to how DHCS can use the EQR results in its assessment of and revisions to the DHCS Comprehensive Quality Strategy.² Annually, DHCS thoroughly reviews the EQR technical report to determine how the results contribute to progress toward achieving the DHCS Comprehensive Quality Strategy goals as well as whether DHCS needs to revise the Comprehensive Quality Strategy based on the results presented in the EQR technical report.

For more information, refer to Section 2 of this report (“[Introduction](#)”).

Medi-Cal Dental Managed Care Program Overview

Medi-Cal Dental MC members as of June 2024 (i.e., the end of the contract year):³ **More than 950,000**

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

Counties served: **Los Angeles and Sacramento**

² *Department of Health Care Services Comprehensive Quality Strategy 2022*. Available at: <https://www.dhcs.ca.gov/services/Documents/Formatted-Combined-CQS-2-4-22.pdf>. Accessed on: Jan 2, 2025.

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: Jan 2, 2025.

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, the following are notable highlights:

- ◆ Dental MC plans successfully completed their 2024 annual performance improvement project (PIP) submissions; however, they did not include all required details of their PIP processes, resulting in HSAG assigning a *Low Confidence* rating for all submitted PIPs.
- ◆ Performance measure audit results reflect that all three Dental MC plans have sound processes that support the collection of complete and accurate data and calculation of valid performance measure rates.
- ◆ Dental MC statewide weighted averages show statistically significant improvement from measurement year 2022 to measurement year 2023 for 11 of 18 measures for which HSAG compared measurement year 2023 rates to measurement year 2022 rates (61 percent). This improvement demonstrates Dental MC plans’ continued success with ensuring member access to needed dental care services.
- ◆ Compliance Reviews
 - Based on the compliance review information DHCS sent to HSAG, it appears that DHCS conducted a review of all CFR standards for each Dental MC plan within the previous three-year period.
 - DHCS’ compliance review scores reflect that all three Dental MC plans were compliant with most CFR standard requirements.
- ◆ Network Adequacy Validation
 - HSAG determined that all Dental MC plans achieved a *High Confidence* validation rating, which refers to HSAG’s overall confidence that the Dental MC plans used an acceptable methodology for all phases of design, data collection, analysis, and interpretation of the network adequacy indicators.
 - HSAG’s assessment of DHCS’ submitted network adequacy results found that at the county level, all Dental MC plans obtained a pass designation, which indicates all standards and requirements for provider-to-member ratios were met.
 - Dental MC plans demonstrated robust processes in place to ensure accuracy and completeness in maintaining provider data used to inform the Provider Network Report submissions.

More detailed aggregate and Dental MC plan-specific information about each activity may be found in the applicable sections and appendices in this report, as well as in *Volume 2 of 2* of this Dental MC EQR technical report.

2. Introduction

External Quality Review

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

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

DHCS contracts with HSAG as the EQRO to prepare an annual, independent, Dental MC plan technical report. HSAG meets the qualifications of an EQRO as outlined in §438.354 and performs annual EQRs of DHCS’ contracted MCOs, PIHPs, PAHPs, and PCCM entities to evaluate their quality, timeliness, and accessibility of health care services to Medi-Cal managed care program (MCMC) members. In addition to providing its assessment of the quality, timeliness, and accessibility of care delivered to MCMC members by Dental MC plans, HSAG makes recommendations, as applicable, as to how DHCS can use the EQR results in its assessment of and revisions to the DHCS Comprehensive Quality Strategy.⁵ Annually, DHCS thoroughly reviews the EQR technical report to determine how the results contribute to

⁴ Title 42 CFR §457.1250 may be found at: <https://ecfr.federalregister.gov/current/title-42/chapter-IV/subchapter-D/part-457/subpart-L/subject-group-ECFR9effb7c504b1d10/section-457.1250>. Accessed on: Jan 2, 2025.

⁵ *Department of Health Care Services Comprehensive Quality Strategy 2022*. Available at: <https://www.dhcs.ca.gov/services/Documents/Formatted-Combined-CQS-2-4-22.pdf>. Accessed on: Jan 2, 2025.

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 following activities related to EQR are described in §438.358:

- ◆ Mandatory activities:
 - Validation of PIPs required in accordance with §438.330(b)(1) that were underway during the preceding 12 months.
 - Validation of MCO, PIHP, or PAHP performance measures required in accordance with §438.330(b)(2) or MCO, PIHP, or PAHP performance measures calculated by the state during the preceding 12 months.
 - A review, conducted within the previous three-year period, to determine the MCO's, PIHP's, or PAHP's compliance with the standards set forth in Part 438 Subpart D, the disenrollment requirements and limitations described in §438.56, the enrollee rights requirements described in §438.100, the emergency and poststabilization services requirements described in §438.114, and the quality assessment and performance improvement (QAPI) requirements described in §438.330.
 - Validation of MCO, PIHP, or PAHP network adequacy during the preceding 12 months to comply with requirements set forth in §438.68 and, if the state enrolls Indians in the MCO, PIHP, or PAHP, §438.14(b)(1).
- ◆ Optional activities performed by using information derived during the preceding 12 months:
 - Validation of encounter data reported by an MCO, PIHP, PAHP, or PCCM entity.
 - Administration or validation of consumer or provider surveys of quality of care.
 - Calculation of performance measures in addition to those reported by an MCO, PIHP, PAHP, or PCCM entity and validated by an EQRO in accordance with §438.358(b)(1)(ii).
 - Conducting PIPs in addition to those conducted by an MCO, PIHP, PAHP, or PCCM entity and validated by an EQRO in accordance with §438.358(b)(1)(i).
 - Conducting studies on quality that focus on a particular aspect of clinical or nonclinical services at a point in time.
 - Assisting with the quality rating of MCOs, PIHPs, and PAHPs consistent with §438.334.
- ◆ Technical assistance to groups of MCOs, PIHPs, PAHPs, or PCCM entities to assist them in conducting activities related to the mandatory and optional activities described in §438.358 that provide information for the EQR and the resulting EQR technical report.

Unless noted otherwise in this report, DHCS provided HSAG with sufficient information to perform the EQR. 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, timeliness, and accessibility of 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 populations, including:

- ◆ A description of the manner in which the data from all activities conducted in accordance with §438.358 were aggregated and analyzed, and conclusions were drawn as to the quality and timeliness of, and access to care furnished by the MCO, PIHP, PAHP, or PCCM entity.
- ◆ For each EQR-related activity conducted in accordance with §438.358:
 - Objectives
 - Technical methods of data collection and analysis
 - Description of data obtained, including validated performance measurement data for each activity conducted in accordance with §438.358(b)(1)(i) and (ii)
 - Conclusions drawn from the data
- ◆ An assessment of each MCO, PIHP, PAHP, or PCCM entity's strengths and weaknesses for the quality and timeliness of, and access to health care services furnished to Medicaid beneficiaries.
- ◆ Recommendations for improving the quality of health care services furnished by each MCO, PIHP, PAHP, or PCCM entity, including how the State can target goals and objectives in the quality strategy, under §438.340, to better support improvement in the quality and timeliness of, and access to health care services furnished to Medicaid beneficiaries.
- ◆ Methodologically appropriate, comparative information about all MCOs, PIHPs, PAHPs, and PCCM entities, consistent with guidance included in the EQR protocols issued in accordance with §438.352(e).
- ◆ An assessment of the degree to which each MCO, PIHP, PAHP, or PCCM entity has effectively addressed the recommendations for quality improvement made by the EQRO during the previous year's EQR.
- ◆ The names of the MCOs exempt from EQR by the state, including the beginning date of the current exemption period, or that no MCOs are exempt, as appropriate.

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

This report provides a summary of Dental MC plan activities. HSAG summarizes activities for MCMC physical health plans in the *2023–24 Medi-Cal Managed Care Physical Health 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, Timeliness, and Access

CMS requires that the EQR evaluate the performance of MCOs, PIHPs, PAHPs, and PCCM entities related to the quality, timeliness, and accessibility of 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, timeliness, and accessibility of health care services furnished to Dental MC plan members. In this report, the term “member” refers to a person entitled to receive benefits under Medi-Cal Dental MC as well as a person enrolled in a Dental MC plan. While quality, timeliness, and access 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, timeliness, and accessibility of care delivered to Dental MC plan members. In this report, when applicable, HSAG indicates instances in which Dental MC plan performance affects one specific aspect of care more than another.

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

HSAG uses the following process to aggregate and analyze data from all applicable EQR activities it conducts to draw conclusions about the quality, timeliness, and accessibility of care furnished by each Dental MC plan. For each Dental MC plan:

- ◆ HSAG analyzes the quantitative results obtained from each EQR activity to identify strengths and weaknesses related to the quality, timeliness, and accessibility of care furnished by the plan and to identify any themes across all activities.
- ◆ From the aggregated information collected from all EQR activities, HSAG identifies strengths and weaknesses related to the quality, timeliness, and accessibility of services furnished by the plan.
- ◆ HSAG draws conclusions based on the identified strengths and weaknesses, specifying whether the strengths and weaknesses affect one aspect of care more than another (i.e., quality, timeliness, and accessibility of care).

In *Appendix D* of this Dental MC EQR technical report volume, HSAG includes an assessment across all applicable EQR activities of each Dental MC plan's strengths and weaknesses with respect to the quality, timeliness, and accessibility of care furnished to its members as well as HSAG's recommendations.

Summary of Report Content

This report is divided into two volumes that include the following content:

Volume 1—Main Report

- ◆ 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, 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 Performance Improvement Project Information
 - Appendix B—Dental MC Plan-Specific Performance Measure Results
 - Appendix C—Comparative Dental MC Plan-Specific Compliance Review Scoring Results
 - Appendix D—Dental MC Plan-Specific EQR Assessments and Recommendations
 - Dental MC plans’ self-reported follow-up on EQR recommendations from the *2022–23 Medi-Cal Dental Managed Care External Quality Review Technical Report*
 - HSAG’s assessment of Dental MC plans’ EQR strengths, weaknesses, and recommendations based on the activity results included in this EQR technical report

Volume 2—Validation of Network Adequacy

- ◆ Detailed methodology, results, conclusions, and recommendations related to the network adequacy validation (NAV) audits HSAG conducted of the Dental MC plans and DHCS. This volume also includes comparative Dental MC plan-specific validation of network adequacy results.

Medi-Cal Dental Managed Care Overview

DHCS is responsible for providing dental services to eligible Medi-Cal members. DHCS offers dental services through two delivery systems, Dental Fee-for-Service (FFS) and Dental MC. The Dental MC delivery model operates in Los Angeles and Sacramento counties.

During contract year 2023–24, DHCS contracted with three Dental MC plans to provide dental services in Los Angeles and Sacramento counties. In Los Angeles County, Dental MC plans operate as prepaid health plans (PHPs). In this county, Medi-Cal members have the option to enroll in a Dental MC plan or to access dental benefits through the dental FFS delivery system. In Sacramento County, the Dental MC plans operate under a Geographic Managed Care (GMC) model in which Dental MC enrollment is mandatory. As of June 2024 (i.e., the end of the contract year), Dental MC plans were serving 423,501 members in Los Angeles County and 529,836 members in Sacramento County.⁶

⁶ California Health & Human Services Agency. *Medi-Cal Managed Care Enrollment Report*. Available at: <https://data.chhs.ca.gov/dataset/medi-cal-managed-care-enrollment-report>. Enrollment information is based on the report downloaded on: Jul 16, 2024.

Table 2.1 shows the Dental MC plan names, reporting units, and enrollment as of June 2024.

Table 2.1—Dental Managed Care Plan Names, Reporting Units, and Enrollment as of June 2024

Dental Managed Care Plan Name	Reporting Unit	Enrollment as of June 2024
Access Dental	Los Angeles County	119,981
	Sacramento County	149,269
Health Net	Los Angeles County	216,186
	Sacramento County	172,957
LIBERTY Dental	Los Angeles County	87,334
	Sacramento County	207,610

3. DHCS Comprehensive Quality Strategy

In accordance with 42 CFR §438.340, each state contracting with an MCO, PIHP, or PAHP as defined in §438.2 or with a PCCM entity as described in §438.310(c) must draft and implement a written quality strategy for assessing and improving the quality of health care and services furnished by the MCO, PIHP, PAHP, or PCCM entity. Additionally, as indicated in §438.340(c)(2), states must review and update their quality strategy as needed, but no less than once every three years.

In the previous two annual EQR technical reports, HSAG indicated that DHCS submitted the *DHCS Comprehensive Quality Strategy 2022* to CMS on February 4, 2022.

Following this submission, DHCS regularly reviewed health care data to assess DHCS' progress toward meeting the Comprehensive Quality Strategy goals. To meet CMS' requirement of updating the DHCS Comprehensive Quality Strategy no less than once every three years, DHCS initiated a formal revision process in July 2024 and will submit the final version to CMS by July 2025. DHCS' revision process included DHCS leadership input and opportunities for stakeholders to review and provide feedback. DHCS will review stakeholder comments and will incorporate the feedback into the final version of the Comprehensive Quality Strategy.

Due to the timing of DHCS finalizing the Comprehensive Quality Strategy, HSAG was unable to review the final version of the Comprehensive Quality Strategy or include detailed information in this EQR technical report. HSAG will provide a summary of the final DHCS Comprehensive Quality Strategy in the 2024–25 Dental MC EQR technical report.

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

Recommendations

Because HSAG was not yet able to review DHCS' final Comprehensive Quality Strategy, HSAG has no recommendations for DHCS in this EQR technical report. If applicable, HSAG will provide recommendations in the 2024–25 Dental MC EQR technical report on how DHCS can target the Comprehensive Quality Strategy vision, goals, and guiding principles to better support improvement to the quality, timeliness, and accessibility of care for Dental MC members.

4. Validation of Performance Improvement Projects

Validating PIPs is one of the mandatory EQR activities described at 42 CFR §438.358(b)(1). In accordance with §438.330(d), MCOs, PIHPs, PAHPs, and PCCM entities are required to have a quality program that (1) includes ongoing PIPs designed to have a favorable effect on health outcomes and enrollee satisfaction, and (2) focuses on clinical and/or nonclinical areas that involve the following:

- ◆ Measuring performance using objective quality indicators
- ◆ Implementing system interventions to achieve quality improvement
- ◆ Evaluating intervention effectiveness
- ◆ Planning and initiating activities for increasing and sustaining improvement

The EQR technical report must include information on the validation of PIPs required by the state and underway during the preceding 12 months.

To comply with the CMS requirements, DHCS contracts with HSAG to conduct an independent validation of PIPs submitted by Dental MC plans. HSAG uses a two-pronged approach. First, HSAG provides training and technical assistance to Dental MC plans on how to design, conduct, and report PIPs in a methodologically sound manner, meeting all State and federal requirements. Then, HSAG assesses the validity and reliability of PIP submissions to draw conclusions about the quality, timeliness, and accessibility of care furnished by these plans.

Objectives

The purpose of HSAG's PIP validation is to ensure that Dental MC plans, DHCS, and stakeholders can have confidence that the plans executed a methodologically sound improvement project, and that any reported improvement is related to and can be reasonably linked to the quality improvement strategies and activities conducted during the PIP.

As part of the annual validation, HSAG evaluates two key components of the quality improvement process:

- ◆ The technical structure of the PIP, to ensure that the plan designs, conducts, and reports the PIP in a methodologically sound manner, meeting all State and federal requirements.
 - HSAG's review determines whether the PIP design (e.g., PIP Aim statement, population, sampling methods, performance indicator, and data collection methodology) is based on sound methodological principles and could reliably measure outcomes.

Successful execution of this component ensures that reported PIP results are accurate and capable of measuring sustained improvement.

- ◆ The implementation of the PIP. Once designed, a plan's effectiveness in improving outcomes depends on the systematic data collection process, analysis of data, the identification of barriers, and subsequent development of relevant interventions.

Technical Methods of Data Collection and Analysis

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

Performance Improvement Project Overview

HSAG's PIP process is based on the CMS EQR *Protocol 1. Validation of Performance Improvement Projects: A Mandatory EQR-Related Activity*, February 2023.⁷

HSAG works with states for which it is the EQRO to ensure managed care plans meet the requirement to conduct clinical and nonclinical PIPs. HSAG's determination of whether a PIP topic is clinical or nonclinical is based on the performance indicator(s) defined for the PIP. HSAG determines a performance indicator to be clinical when it measures the occurrence of a clinical service in a clinical setting. A nonclinical PIP's performance indicator must be focused on a nonclinical aspect of care and not related to a clinical service or visit.

Performance Improvement Project Stages

The following are the three PIP stages:

- ◆ **Design**, which includes:
 - Selecting the topic based on data that identify an opportunity for improvement.
 - Defining the PIP Aim statement(s) to help maintain the PIP focus and set the framework for data collection, analysis, and interpretation.
 - Clearly defining the PIP population to represent the population to which the PIP Aim statement(s) and performance indicator(s) apply.
 - If sampling is used, using sound sampling methods to select members of the population.

⁷ Department of Health and Human Services, Centers for Medicare & Medicaid Services. *Protocol 1. Validation of Performance Improvement Projects: A Mandatory EQR-Related Activity*, February 2023. Available at: <https://www.medicaid.gov/medicaid/quality-of-care/downloads/2023-eqr-protocols.pdf>. Accessed on: Jan 2, 2025.

- Selecting the performance indicator(s) to track performance or improvement over time.
 - A performance indicator is a quantitative or qualitative characteristic or variable that reflects a discrete event or a status that is to be measured.
 - The performance indicator(s) should be objective, clear and unambiguously defined, and based on current clinical knowledge or health services research.
- Defining a valid and reliable data collection process which ensures that the data collected for each indicator are valid and reliable.
 - Validity is an indication of the accuracy of the information obtained.
 - Reliability is an indication of the repeatability or reproducibility of a measurement.
- ◆ **Implementation**, which includes:
 - Completing data analysis and interpretation of performance indicator results.
 - Conducting causal/barrier analyses and processes to identify and prioritize barriers to desired outcomes.
 - Developing and testing/initiating interventions that are linked to the identified and prioritized barriers.
 - Ongoing data collection to evaluate the effectiveness of each intervention, and using data to determine whether to adopt, adapt, abandon, or continue testing each intervention.
- ◆ **Outcomes**, which includes evaluating performance indicator performance based on the following:
 - Non-statistically significant improvement over the baseline performance across all performance indicators.
 - Statistically significant improvement over the baseline performance across all performance indicators.
 - Sustained improvement is assessed after improvement over the baseline performance has been demonstrated. Sustained improvement is achieved when repeated measurements over comparable time periods demonstrate continued improvement over the baseline performance indicator performance.

Throughout the duration of the PIP process, HSAG conducts trainings as needed and provides technical assistance to plans when requested.

Annual Submission and Validation

The duration of a PIP is a minimum of three years and includes the reporting of annual measurement periods for baseline, Remeasurement 1, and Remeasurement 2. Plans annually submit to HSAG a PIP Submission Form that documents the PIP activities to the point of progression. HSAG provides to plans the PIP Submission Form Completion Instructions that include the details regarding documentation requirements for each step in the PIP process.

As part of the annual validation, HSAG assigns *Met/Partially Met/Not Met* scores to evaluation elements within each of the following review steps, as applicable:

- ◆ Review the selected PIP topic.
- ◆ Review the PIP Aim statement(s).
- ◆ Review the identified PIP population.
- ◆ Review the sampling method.
- ◆ Review the selected PIP performance indicator(s).
- ◆ Review the data collection procedures.
- ◆ Review the data analysis and interpretation of results.
- ◆ Assess the improvement strategies.
- ◆ Assess the likelihood that significant and sustained improvement occurred.

Based on the evaluation element scores, HSAG assesses the validity and reliability of PIP results by determining the confidence levels for the following:

- ◆ Overall confidence of adherence to acceptable PIP methodology.
- ◆ Overall confidence that the PIP achieved significant improvement.

HSAG shares the initial PIP validation findings with the Dental MC plans and provides an opportunity for these plans to address the identified findings and resubmit. The Dental MC plans have an opportunity to seek technical assistance prior to resubmitting the PIPs for the final validation. HSAG provides final PIP validation findings to the Dental MC plans and DHCS.

Description of Data Obtained

HSAG obtained the data needed to conduct the PIP validations from the PIP Submission Forms Dental MC plans submitted in September 2024. The plans submitted one form for each required PIP. The submissions included information about the PIP design, provided baseline data (calendar year 2023), and documented improvement strategies conducted in 2024 up to the date of submission.

Requirements

Prior to and after HSAG provided the final 2020–22 PIP validation findings to the plans and DHCS in June 2023, DHCS and HSAG discussed the best approach and timing for the new Dental MC PIPs because DHCS was involved in a Dental MC plan procurement process. In November 2023, DHCS informed HSAG that the procurement process was delayed, and DHCS and HSAG determined to move forward with initiating the 2023–26 PIPs with the three existing Dental MC plans.

In December 2023, DHCS notified the Dental MC plans that it would be requiring each plan to conduct two PIPs on the following topics:

- ◆ *Annual Dental Visits* (clinical PIP)
- ◆ *Oral Health Risk Assessment* (nonclinical PIP)

On December 13, 2023, HSAG conducted a PIP training for the Dental MC plans. HSAG provided an overview of its updated PIP process and information regarding the PIP Submission Form requirements. Additionally, HSAG conducted a training on June 25, 2024, to provide information to the Dental MC plans regarding the September 2024 PIP submission requirements.

Results

HSAG validated the Dental MC plan PIPs through Step 8 of the PIP Validation Tool and assigned a *Low Confidence* rating related to adhering to an acceptable PIP methodology to all three Dental MC plans' clinical and nonclinical PIPs. The Dental MC plans tested interventions targeting members, which include member outreach to provide health education and appointment scheduling assistance. Additionally, Dental MC plans implemented provider-focused interventions, such as providing education and offering incentive programs.

See *Appendix A* of this Dental MC EQR technical report volume for Dental MC plan-specific PIP validation findings and intervention information.

Conclusions

To draw conclusions related to Dental MC plans' PIPs, HSAG assessed the PIP validation results, including the confidence levels HSAG assigned to each PIP.

Dental MC plans successfully completed their 2024 annual PIP submissions; however, plans did not include all required details of their PIP processes, resulting in HSAG assigning a *Low Confidence* rating for all submitted PIPs. While HSAG conducts PIP trainings to ensure Dental MC plans have a thorough understanding of the PIP submission requirements and validation criteria, plans should review the PIP Submission Form Completion Instructions to ensure plans include all required information in the 2025 annual PIP submissions. HSAG will provide ongoing technical assistance to plans, as requested, throughout the life of the PIPs.

In *Appendix D* of this Dental MC EQR technical report volume, HSAG includes an assessment of each Dental MC plan's strengths and weaknesses related to PIPs with respect to the quality, timeliness, and accessibility of care furnished to its members as well as HSAG's recommendations, as applicable.

5. Validation of Performance Measures

In accordance with 42 CFR §438.330(c), states must require that MCOs, PIHPs, PAHPs, and PCCM entities submit performance measurement data as part of those entities' QAPI programs. Validating performance measures is one of the mandatory EQR activities described in §438.358(b)(1)(ii) and (b)(2). The EQR technical report must include information on the validation of MCO, PIHP, PAHP, and PCCM entity performance measures (as required by the state) or MCO, PIHP, PAHP, and PCCM entity performance measures calculated by the state during the preceding 12 months.

Objective

The purpose of performance measure validation (PMV) is to ensure that each Dental MC plan calculates and reports performance measures consistent with the established specifications.

Technical Methods of Data Collection and Analysis

To comply with 42 CFR §438.330, DHCS selects a set of performance measures to evaluate the quality of dental care delivered by Dental MC plans to their members. DHCS requires each Dental MC plan to undergo PMV by an external audit vendor. Annually, each Dental MC plan submits to DHCS both reporting units' PMV audit reports that include audited performance measure rates reflecting data from the previous calendar year.

Following is a description of how the data were obtained for the PMV analyses.

Access Dental Plan, Inc.

Access Dental contracted with Crowe Limited Liability Partnership (LLP), which conducted the PMV using standards established by the American Institute of Certified Public Accountants. Crowe LLP obtained from Access Dental the performance measure data needed to report rates for all required measures as well as the data query logic Access Dental used to extract the applicable records from the data. Additionally, Crowe LLP:

- ◆ Inspected the database query logic Access Dental used to identify the number of members with at least 90 days of continuous enrollment in the same plan within the measurement year.
- ◆ Compared the database query logic Access Dental used to calculate the performance measure metrics with the specifications.

- ◆ Recalculated and compared the performance measure rates to the rates calculated by Access Dental.

Health Net of California, Inc.

Health Net contracted with Attest Health Care Advisors, which conducted an independent audit in alignment with the National Committee for Quality Assurance’s (NCQA’s) Healthcare Effectiveness Data and Information Set (HEDIS®) Compliance Audit™,⁸ standards, policies, and procedures. Attest Health Care Advisors assessed Health Net’s conformity with the performance measure specifications to evaluate the validity of the DHCS-selected performance measures the plan calculated and submitted.

LIBERTY Dental Plan of California, Inc.

LIBERTY Dental contracted with Attest Health Care Advisors, which conducted an independent audit in alignment with NCQA’s HEDIS Compliance Audit standards, policies, and procedures. Attest Health Care Advisors assessed LIBERTY Dental’s conformity with the performance measure specifications to evaluate the validity of the DHCS-selected performance measures the plan calculated and submitted.

Description of Data Obtained

HSAG obtained from DHCS the measurement year 2023 PMV audit reports for each Dental MC plan.

Results

All three Dental MC plans were able to report valid rates for all required measurement year 2023 performance measures, and no findings were identified by the auditing organizations.

Conclusions

To draw conclusions related to PMV, HSAG assessed the information gathered from the Dental MC plans’ PMV audit reports. The audit results reflect that all three Dental MC plans have sound processes that support the collection of complete and accurate data and calculation of valid performance measure rates.

⁸ HEDIS Compliance Audit™ is a trademark of NCQA.

In *Appendix D* of this Dental MC EQR technical report volume, HSAG includes an assessment of each Dental MC plan's strengths and weaknesses related to PMV with respect to the quality, timeliness, and accessibility of care furnished to its members as well as HSAG's recommendations, as applicable.

6. Performance Measures

Objective

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

Technical Methods of Data Collection and Analysis

Annually, Dental MC plans submit to DHCS audited performance measure rates reflecting data from the previous calendar year. DHCS sends the rates to HSAG annually for inclusion in the Dental MC EQR technical report. HSAG organizes, aggregates, and analyzes the rates to draw conclusions about Dental MC plan performance in providing accessible, timely, and quality health care services to members. To provide a meaningful display of Dental MC plan performance, HSAG organizes the performance measures according to health care areas that each measure affects (i.e., Access to Care and Preventive Care). Additionally, HSAG calculates Dental MC weighted averages according to CMS' methodology.⁹

Description of Data Obtained

HSAG obtained the measurement year 2023 performance measure data submitted to DHCS by the Dental MC plans, which included numerators, denominators, and calculated rates.

Results

Table 6.1 presents the three-year trending Dental MC weighted averages for each required performance measure. Note that while the *Continuity of Care* and *Usual Source of Care* measures are similar, the *Continuity of Care* measures evaluate the percentage of members who received a comprehensive oral evaluation or prophylaxis in both the first and second years during the measurement period, whereas the *Usual Source of Care* measures evaluate the percentage of members who received any dental service in both the first and second years during the measurement period.

⁹ Centers for Medicare & Medicaid Services. Technical Assistance Resource: Calculating State-Level Rates Using Data from Multiple Reporting Units. February 2024. Available at: <https://www.medicare.gov/medicaid/quality-of-care/downloads/state-level-rates-brief.pdf>. Accessed on: Jan 2, 2025.

Table 6.1—Measurement Years 2021, 2022, and 2023 Dental Managed Care Weighted Average Performance Measure Results

 = Statistical testing result indicates that the measurement year 2023 rate is significantly better than the measurement year 2022 rate. Indicated by a ^.

 = Statistical testing result indicates that the measurement year 2023 rate is significantly worse than the measurement year 2022 rate. Indicated by a *.

Measurement year 2021 rates reflect data from January 1, 2021, through December 31, 2021. Measurement year 2022 rates reflect data from January 1, 2022, through December 31, 2022. Measurement year 2023 rates reflect data from January 1, 2023, through December 31, 2023. Performance comparisons are based on the Chi-square test of statistical significance, with a *p* value of <0.05.

Not Tested = A measurement year 2022–23 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 2021 Rate	Measurement Year 2022 Rate	Measurement Year 2023 Rate	Measurement Years 2022–23 Rate Difference
Access to Care				
<i>Annual Dental Visits—Ages 0–20 Years</i>	36.47%	39.48%	38.71%	-0.7*
<i>Annual Dental Visits—Ages 21+ Years</i>	19.59%	19.73%	19.62%	-0.12
<i>Continuity of Care—Ages 0–20 Years</i>	62.03%	66.01%	66.63%	0.62^
<i>Continuity of Care—Ages 21+ Years</i>	39.27%	40.15%	43.01%	2.86^
<i>Exam/Oral Health Evaluations—Ages 0–20 Years</i>	30.95%	33.59%	33.64%	0.06
<i>Exam/Oral Health Evaluations—Ages 21+ Years</i>	14.88%	15.30%	15.52%	0.22^
<i>General Anesthesia—Ages 0–20 Years</i>	66.83%	68.13%	64.42%	Not Tested

Measure	Measurement Year 2021 Rate	Measurement Year 2022 Rate	Measurement Year 2023 Rate	Measurement Years 2022–23 Rate Difference
<i>General Anesthesia—Ages 21+ Years</i>	42.19%	45.37%	50.18%	Not Tested
<i>Overall Utilization of Dental Services—One Year—Ages 0–20 Years</i>	38.31%	41.40%	41.24%	-0.16
<i>Overall Utilization of Dental Services—One Year—Ages 21+ Years</i>	19.70%	19.45%	20.10%	0.66 [^]
<i>Use of Dental Treatment Services—Ages 0–20 Years</i>	21.59%	23.78%	21.96%	Not Tested
<i>Use of Dental Treatment Services—Ages 21+ Years</i>	13.25%	13.51%	13.95%	Not Tested
<i>Usual Source of Care—Ages 0–20 Years</i>	24.09%	28.91%	31.19%	2.28 [^]
<i>Usual Source of Care—Ages 21+ Years</i>	8.98%	10.23%	10.71%	0.47 [^]
Preventive Care				
<i>Preventive Services to Filling—Ages 0–20 Years</i>	83.77%	84.88%	84.20%	-0.68 [*]
<i>Preventive Services to Filling—Ages 21+ Years</i>	47.82%	49.55%	51.92%	2.36 [^]
<i>Sealants to Restoration Ratio (Surfaces)—Ages 6–9 Years</i>	6.12	4.91	3.83	Not Tested
<i>Sealants to Restoration Ratio (Surfaces)—Ages 10–14 Years</i>	2.57	2.30	2.10	Not Tested
<i>Treatment/Prevention of Caries—Ages 0–20 Years</i>	28.67%	31.80%	33.30%	1.50 [^]

Measure	Measurement Year 2021 Rate	Measurement Year 2022 Rate	Measurement Year 2023 Rate	Measurement Years 2022–23 Rate Difference
<i>Treatment/Prevention of Caries—Ages 21+ Years</i>	8.97%	9.56%	11.20%	1.64 [^]
<i>Use of Preventive Services—Ages 0–20 Years</i>	31.31%	34.36%	34.03%	-0.33 [*]
<i>Use of Preventive Services—Ages 21+ Years</i>	10.00%	9.86%	10.18%	0.32 [^]
<i>Use of Sealants—Ages 6–9 Years</i>	11.76%	13.72%	14.15%	0.43 [^]
<i>Use of Sealants—Ages 10–14 Years</i>	6.20%	7.70%	7.42%	-0.28 [*]

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 2023. Table 6.2 displays the measurement year 2023 performance measure results for each Dental MC plan for Los Angeles County, and Table 6.3 displays the measurement year 2023 performance measure results for each Dental MC plan for Sacramento County.

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

Table 6.2—Measurement Year 2023 Dental Managed Care Plan Comparative Performance Measure Results—Los Angeles County

Measurement year 2023 rates reflect data from January 1, 2023, through December 31, 2023.

Measure	Access Dental Plan	Health Net of California, Inc.	LIBERTY Dental Plan of California, Inc.
Access to Care			
<i>Annual Dental Visits—Ages 0–20 Years</i>	32.41%	31.66%	37.63%
<i>Annual Dental Visits—Ages 21+ Years</i>	15.97%	19.79%	24.52%
<i>Continuity of Care—Ages 0–20 Years</i>	58.08%	62.53%	68.86%
<i>Continuity of Care—Ages 21+ Years</i>	33.63%	42.88%	47.67%
<i>Exam/Oral Health Evaluations—Ages 0–20 Years</i>	29.35%	27.96%	34.13%
<i>Exam/Oral Health Evaluations—Ages 21+ Years</i>	12.25%	16.16%	20.03%
<i>General Anesthesia—Ages 0–20 Years</i>	67.94%	68.53%	62.67%
<i>General Anesthesia—Ages 21+ Years</i>	61.28%	45.45%	43.85%
<i>Overall Utilization of Dental Services—One Year—Ages 0–20 Years</i>	32.73%	35.00%	41.11%
<i>Overall Utilization of Dental Services—One Year—Ages 21+ Years</i>	16.07%	20.22%	24.87%
<i>Use of Dental Treatment Services—Ages 0–20 Years</i>	12.99%	20.92%	18.85%
<i>Use of Dental Treatment Services—Ages 21+ Years</i>	10.18%	13.94%	16.61%
<i>Usual Source of Care—Ages 0–20 Years</i>	23.52%	24.55%	31.01%
<i>Usual Source of Care—Ages 21+ Years</i>	7.22%	10.22%	13.43%
Preventive Care			
<i>Preventive Services to Filling—Ages 0–20 Years</i>	67.57%	84.08%	85.62%
<i>Preventive Services to Filling—Ages 21+ Years</i>	41.02%	43.16%	47.81%

Measure	Access Dental Plan	Health Net of California, Inc.	LIBERTY Dental Plan of California, Inc.
<i>Sealants to Restoration Ratio (Surfaces)—Ages 6–9 Years</i>	4.70	5.82	6.35
<i>Sealants to Restoration Ratio (Surfaces)—Ages 10–14 Years</i>	4.07	2.54	2.15
<i>Treatment/Prevention of Caries—Ages 0–20 Years</i>	23.47%	26.84%	33.22%
<i>Treatment/Prevention of Caries—Ages 21+ Years</i>	8.15%	10.33%	14.24%
<i>Use of Preventive Services—Ages 0–20 Years</i>	28.54%	27.30%	33.41%
<i>Use of Preventive Services—Ages 21+ Years</i>	7.54%	9.95%	13.46%
<i>Use of Sealants—Ages 6–9 Years</i>	11.51%	11.05%	13.19%
<i>Use of Sealants—Ages 10–14 Years</i>	5.31%	4.78%	6.58%

Table 6.3—Measurement Year 2023 Dental Managed Care Plan Comparative Performance Measure Results—Sacramento County

Measurement year 2023 rates reflect data from January 1, 2023, through December 31, 2023.

Measure	Access Dental Plan	Health Net of California, Inc.	LIBERTY Dental Plan of California, Inc.
Access to Care			
<i>Annual Dental Visits—Ages 0–20 Years</i>	32.98%	42.34%	47.06%
<i>Annual Dental Visits—Ages 21+ Years</i>	14.98%	19.61%	23.12%
<i>Continuity of Care—Ages 0–20 Years</i>	60.30%	70.60%	72.13%
<i>Continuity of Care—Ages 21+ Years</i>	34.40%	47.76%	47.86%
<i>Exam/Oral Health Evaluations—Ages 0–20 Years</i>	26.64%	36.80%	41.11%
<i>Exam/Oral Health Evaluations—Ages 21+ Years</i>	11.33%	15.40%	18.12%

Measure	Access Dental Plan	Health Net of California, Inc.	LIBERTY Dental Plan of California, Inc.
<i>General Anesthesia—Ages 0–20 Years</i>	52.86%	65.71%	68.75%
<i>General Anesthesia—Ages 21+ Years</i>	62.38%	45.86%	41.95%
<i>Overall Utilization of Dental Services— One Year—Ages 0–20 Years</i>	33.30%	47.11%	51.79%
<i>Overall Utilization of Dental Services— One Year—Ages 21+ Years</i>	15.28%	21.71%	25.01%
<i>Use of Dental Treatment Services— Ages 0–20 Years</i>	13.16%	28.41%	27.94%
<i>Use of Dental Treatment Services— Ages 21+ Years</i>	10.19%	15.30%	16.93%
<i>Usual Source of Care—Ages 0–20 Years</i>	24.08%	35.60%	41.35%
<i>Usual Source of Care—Ages 21+ Years</i>	8.04%	12.17%	14.40%
Preventive Care			
<i>Preventive Services to Filling— Ages 0–20 Years</i>	71.75%	90.20%	88.69%
<i>Preventive Services to Filling— Ages 21+ Years</i>	50.05%	58.97%	59.77%
<i>Sealants to Restoration Ratio (Surfaces)— Ages 6–9 Years</i>	2.88	3.56	3.59
<i>Sealants to Restoration Ratio (Surfaces)— Ages 10–14 Years</i>	3.85	1.87	1.88
<i>Treatment/Prevention of Caries— Ages 0–20 Years</i>	26.20%	38.61%	42.16%
<i>Treatment/Prevention of Caries— Ages 21+ Years</i>	7.97%	12.06%	14.62%
<i>Use of Preventive Services— Ages 0–20 Years</i>	28.07%	38.04%	41.62%
<i>Use of Preventive Services— Ages 21+ Years</i>	6.85%	10.56%	12.93%
<i>Use of Sealants—Ages 6–9 Years</i>	10.09%	15.94%	18.02%
<i>Use of Sealants—Ages 10–14 Years</i>	5.23%	8.55%	10.58%

See *Appendix B* of this Dental MC EQR technical report volume for Dental MC plan-specific performance measure results for measurement years 2021, 2022, and 2023.

Conclusions

To draw conclusions related to Dental MC plans' performance measure results, HSAG assessed the Dental MC statewide weighted averages to determine statewide performance and assessed for differences in performance among the three Dental MC plans.

Dental MC statewide weighted averages show statistically significant improvement from measurement year 2022 to measurement year 2023 for 11 of 18 measures for which HSAG compared measurement year 2023 rates to measurement year 2022 rates (61 percent). This improvement demonstrates Dental MC plans' continued success with ensuring member access to needed dental care services.

While statistical testing determined that the Dental MC statewide weighted averages for the *Annual Dental Visits—Ages 0–20 Years*, *Preventive Services to Filling—Ages 0–20 Years*, *Use of Preventive Services—Ages 0–20 Years*, and *Use of Sealants—Ages 10–14 Years* measures declined significantly from measurement year 2022 to measurement year 2023, the rate differences are less than 1 percentage point for all four measures. Therefore, the statistically significant decline may be due to the large denominator sizes for these measures, which resulted in small percentage point differences reflecting statistically significant changes, rather than a reflection of overall performance.

In both Los Angeles and Sacramento counties in measurement year 2023, LIBERTY Dental's rates for most performance measures were better than the other two Dental MC plans' rates. Additionally, across both counties in measurement year 2023, Access Dental had lower rates than Health Net and LIBERTY Dental for most performance measures, reflecting that Access Dental has the most opportunities for improvement when compared to the other two Dental MC plans.

In *Appendix D* of this Dental MC EQR technical report volume, HSAG includes an assessment of each Dental MC plan's strengths and weaknesses related to performance measure results with respect to the quality, timeliness, and accessibility of care furnished to its members as well as HSAG's recommendations, as applicable.

7. Review of Compliance with Managed Care Regulations

In accordance with 42 CFR §438.358, the state or its designee must conduct a review within the previous three-year period to determine each MCO's, PIHP's, PAHP's, or PCCM entity's compliance with the standards established by the state for access to care, structure and operations, and quality measurement and improvement. The EQR technical report must include information on the reviews conducted within the previous three-year period to determine the health plans' compliance with the standards established by the state.

DHCS directly conducts compliance reviews of Dental MC plans, rather than contracting with the EQRO to conduct reviews on its behalf. Transparency and accountability are important aspects of the DHCS Comprehensive Quality Strategy, and conducting compliance reviews is one of the ways DHCS holds plans accountable to meet federal and State requirements that support the delivery of quality, timely, and accessible health care services to Medi-Cal members.¹⁰

Objectives

DHCS' objective related to compliance reviews is to annually assess each Dental MC plan's compliance with:

- ◆ The standards set forth in 42 CFR Part 438 Subpart D, the disenrollment requirements and limitations described in §438.56, the enrollee rights requirements described in §438.100, the emergency and poststabilization services requirements described in §438.114, and the QAPI requirements described in §438.330.

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

- ◆ DHCS' compliance with conducting reviews of all Dental MC plans within the previous three-year period.
- ◆ Dental MC plans' compliance with the areas that DHCS reviewed as part of the compliance review process.

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: Jan 2, 2025.

Technical Methods of Data Collection and Analysis

DHCS collected the data for the Dental MC plan compliance reviews through the annual DHCS Audits & Investigations Division Dental Audits and also from the results of other activities, such as annual network certification and quality improvement programs.

Scoring Methodology

To meet CMS' compliance review requirements, DHCS developed a compliance review scoring methodology that includes all federal standards required by CMS.

DHCS assigned *Met/Not Met* scores to CFR elements within each standard based on identified findings from data collected through the data sources indicated above.

If the Dental MC plan's review resulted in a finding or identified noncompliance with a corresponding CFR element, DHCS scored the CFR element as *Not Met*. If DHCS identified no findings or evidence of noncompliance with a corresponding CFR element, DHCS scored the element as *Met*. To determine the compliance percentage for each CFR standard, DHCS divided the number of elements with a *Met* score by the total number of elements assessed.

DHCS provided the Dental MC plans with a compliance review scoring methodology and the definition DHCS will use to determine full compliance for each standard in the scope of the compliance review.

Timeliness of Compliance Reviews

HSAG determined, by assessing the dates DHCS conducted its compliance reviews, whether DHCS conducted the reviews for all Dental MC plans within the previous three-year period.

Results

DHCS completed the compliance review scoring for all required CFR standards for each Dental MC plan on October 15, 2024. DHCS also included in its compliance review scoring the Fraud, Waste, and Abuse standard as described at §438.608.

On October 16, 2024, DHCS notified the Dental MC plans of their individual plan scoring results. DHCS will require that the deficiencies be cleared or corrective action plans (CAPs) for the deficiencies DHCS identified during the compliance review process.

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

Grievances and Appeals standard. DHCS also identified findings for Access Dental in the Coordination and Continuity of Care and Fraud, Waste, and Abuse standards and for LIBERTY Dental in the Availability of Services standard.

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

Conclusions

To draw conclusions related to compliance reviews, HSAG reviewed the compliance review scoring results that DHCS submitted to HSAG. HSAG also assessed Dental MC plan compliance with the standards and whether there were any common areas for improvement related to the quality, timeliness, and accessibility of care for Dental MC members.

To assess DHCS' compliance with §438.358, HSAG reviewed the dates when DHCS conducted compliance reviews of Dental MC plans and determined that DHCS conducted the reviews for all Dental MC plans within the previous three-year period.

DHCS' compliance review scores reflect that all three Dental MC plans were compliant with most CFR standard requirements. DHCS identified findings related to all three Dental MC plans' grievance and appeals processes. These findings reflect opportunities for the plans to create new or to revise existing policies and procedures for ensuring timely and thorough responses to members' grievances and appeals.

In *Appendix D* of this Dental MC EQR technical report volume, HSAG includes an assessment of each Dental MC plan's strengths and weaknesses related to compliance reviews with respect to the quality, timeliness, and accessibility of care furnished to its members as well as HSAG's recommendations, as applicable.

8. Validation of Network Adequacy

States that contract with MCOs, PIHPs, or PAHPs to deliver Medicaid services must develop and enforce network adequacy standards in accordance with 42 CFR §438.68—and if the state enrolls American Indians and Alaska Natives in the MCOs, PIHPs, or PAHPs, in accordance with §438.4(b)(1). Validation of network adequacy is one of the mandatory EQR activities described in §438.358(b)(1)(iv). The EQRO must summarize the validation of network adequacy conducted during the preceding 12 months in the EQR technical report.

Objectives

The objectives of the validation of network adequacy are to:

- ◆ Assess the accuracy of the DHCS-defined network adequacy indicators reported by the Dental MC plans.
- ◆ Evaluate the collection of provider data, reliability and validity of network adequacy data, methods used to assess network adequacy, and systems and processes used.
- ◆ Determine the indicator-level validation rating, which refers to the overall confidence that an acceptable methodology was used for all phases of design, data collection, analysis, and interpretation of the network adequacy indicators, as set forth by DHCS.

Technical Methods of Data Collection and Analysis

HSAG collected network adequacy data from DHCS and the Dental MC plans via a secure file transfer protocol site and virtual NAV audits. HSAG used the collected data to conduct the validation of network adequacy in accordance with the CMS EQR *Protocol 4. Validation of Network Adequacy: A Mandatory EQR-Related Activity*, February 2023.¹¹

¹¹ Department of Health and Human Services, Centers for Medicare & Medicaid Services. *Protocol 4. Validation of Network Adequacy: A Mandatory EQR-Related Activity*, February 2023. Available at: <https://www.medicaid.gov/medicaid/quality-of-care/downloads/2023-eqr-protocols.pdf>. Accessed on: Jan 2, 2025.

Description of Data Obtained

HSAG obtained the following data from DHCS and the Dental MC plans to conduct the NAV audits for the calendar year 2023 reporting period:

- ◆ Information systems data from the Information Systems Capabilities Assessment Tool
- ◆ Network adequacy logic for calculation of network adequacy indicators
- ◆ Network adequacy data files
- ◆ Network adequacy monitoring data
- ◆ Supporting documentation, including policies and procedures, data dictionaries, system flow diagrams, system log files, and data collection process descriptions

Validation of Network Adequacy Summary

HSAG includes the validation of network adequacy detailed methodology, results, conclusions, and recommendations in *Volume 2 of 2* of this Dental MC EQR technical report. This volume also includes comparative Dental MC plan-specific validation of network adequacy results.

Additionally, in *Appendix D* of this Dental MC EQR technical report volume (*Volume 1 of 2*), HSAG includes an assessment of each Dental MC plan's strengths and weaknesses related to NAV audits with respect to the quality, timeliness, and accessibility of care furnished to its members as well as HSAG's recommendations, as applicable.

9. Follow-Up on Prior Year’s Recommendations

External Quality Review Recommendations for DHCS

As part of the process for producing the *2023–24 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 *2022–23 Medi-Cal Dental Managed Care External Quality Review Technical Report*. Table 9.1 provides the EQR recommendation from the *2022–23 Medi-Cal Dental Managed Care External Quality Review Technical Report*, along with DHCS’ self-reported actions taken to address the EQR recommendation. Please note that HSAG made minimal edits to Table 9.1 to preserve the accuracy of DHCS’ self-reported actions.

Table 9.1—DHCS’ Self-Reported Follow-Up on External Quality Review Recommendations from the 2022–23 Medi-Cal Dental Managed Care Technical Report

2022–23 External Quality Review Recommendation	Actions Taken by DHCS to Address the External Quality Review Recommendation
<p>1. HSAG recommends that DHCS ensure the Dental MC plans understand the scoring methodology and definition of “full compliance” prior to conducting the next compliance reviews for the Dental MC plans.</p>	<p>On November 6, 2023, DHCS provided all three Dental MC plans with the compliance scoring methodology DHCS used to analyze compliance review findings. DHCS included a sample and description using a two-point rating system with the requirement of either <i>Met</i> or <i>Not Met</i>.</p> <p>In addition, on November 22, 2023, DHCS provided plans with additional information and samples of categories that scored under 100 percent (not full compliance).</p>

Assessment of DHCS’ Self-Reported Actions

HSAG reviewed DHCS’ self-reported actions in Table 9.1 and determined that DHCS adequately addressed the 2022–23 EQR recommendation. DHCS indicated that it notified the Dental MC plans of the compliance review scoring methodology, including examples of areas in which they were not fully compliant.

External Quality Review Recommendations for Dental MC Plans

HSAG provided each Dental MC plan an opportunity to summarize actions taken to address recommendations HSAG made in its 2022–23 Dental MC plan-specific evaluation report. In *Appendix D* of this Dental MC EQR technical report volume, HSAG includes each Dental MC plan's self-reported follow-up on the 2022–23 EQR recommendations as well as HSAG's assessment of the self-reported actions.

Appendix A. Comparative Dental MC Plan-Specific Performance Improvement Project Information

This appendix provides the PIP validation criteria and confidence level definitions that HSAG uses for validating PIPs. Additionally, this appendix includes Dental MC plan-specific PIP topics and validation findings, as well as descriptions of plan-tested interventions.

PIP Validation Criteria

HSAG conducts PIP validation in accordance with the CMS EQR *Protocol 1. Validation of Performance Improvement Projects: A Mandatory EQR-Related Activity*, February 2023.¹²

Table A.1 lists the review steps and corresponding evaluation elements, including critical elements, that HSAG uses for validating each annual PIP submission. HSAG assigns a *Met/Partially Met/Not Met* score to each evaluation element.

Table A.1—Performance Improvement Project Validation Review Steps and Evaluation Elements

* Denotes a critical evaluation element.

Review Steps	Evaluation Elements
1. Review the Selected PIP Topic	◆ The PIP topic was selected following collection and analysis of data.*
2. Review the PIP Aim Statement(s)	◆ The PIP Aim statement(s) stated the area in need of improvement in clear, concise, and measurable terms.*
3. Review the Identified PIP Population	◆ The PIP population was accurately and completely defined and captured all members to whom the PIP Aim statement(s) applied.*

¹² Department of Health and Human Services, Centers for Medicare & Medicaid Services. *Protocol 1. Validation of Performance Improvement Projects: A Mandatory EQR-Related Activity*, February 2023. Available at: <https://www.medicaid.gov/medicaid/quality-of-care/downloads/2023-eqr-protocols.pdf>. Accessed on: Jan 2, 2025.

Review Steps	Evaluation Elements
4. Review the Sampling Method	<p>The sampling method:</p> <ul style="list-style-type: none"> ◆ Included the sampling frame size for each indicator. ◆ Included the sample size for each indicator.* ◆ Included the margin of error and confidence level for each indicator. ◆ Described the method used to select the sample. ◆ Allowed for the generalization of results to the population.*
5. Review the Selected Performance Indicator(s)	<p>The performance indicator(s):</p> <ul style="list-style-type: none"> ◆ Were well-defined, objective, and measured changes in health or functional status, member satisfaction, or valid process alternatives.* ◆ Included the basis on which the indicator(s) was developed, if internally developed.
6. Review the Data Collection Procedures	<p>The data collection procedures included:</p> <ul style="list-style-type: none"> ◆ Clearly defined sources of data and data elements collected for the indicator(s). ◆ A clearly defined and systematic process for collecting baseline and remeasurement data for the indicator(s).* ◆ A manual data collection tool that ensured consistent and accurate collection of data according to indicator specifications.* ◆ The percentage of reported administrative data completeness at the time the data are generated, and the process used to calculate the percentage.
7. Review Data Analysis and Interpretation of Results	<p>The data analysis and interpretation of the indicator outcomes:</p> <ul style="list-style-type: none"> ◆ Included accurate, clear, consistent, and easily understood information in the data table.* ◆ Included a narrative interpretation of results that addressed all requirements. ◆ Addressed factors that threatened the validity of the data reported and ability to compare the initial measurement with the remeasurement.
8. Assess the Improvement Strategies	<p>The improvement strategies included:</p> <ul style="list-style-type: none"> ◆ A causal/barrier analysis with a clearly documented team, process/steps, and quality improvement tools.* ◆ Interventions that were logically linked to identified barriers and have the potential to impact indicator outcomes.*

Review Steps	Evaluation Elements
	<ul style="list-style-type: none"> ◆ Interventions that were implemented in a timely manner to allow for impact of indicator outcomes. ◆ An evaluation of effectiveness for each individual intervention.* ◆ Interventions that were adopted, adapted, abandoned, or continued based on evaluation data.
<p>9. Assess the Likelihood that Significant and Sustained Improvement Occurred</p>	<ul style="list-style-type: none"> ◆ The remeasurement methodology was the same as the baseline methodology.* ◆ There was improvement over baseline performance across all performance indicators. ◆ There was statistically significant improvement (95 percent confidence level, <i>p</i> value of <0.05) over the baseline across all performance indicators. ◆ Sustained statistically significant improvement over baseline indicator performance across all indicators was demonstrated through repeated measurements over comparable time periods.

Confidence Level Definitions

HSAG assesses the validity and reliability of the results to determine whether plans, DHCS, and key stakeholders may have confidence in the reported PIP findings. For each annual PIP submission, HSAG determines the following confidence level(s), as applicable:

- ◆ Overall confidence of adherence to acceptable PIP methodology.
- ◆ Overall confidence that the PIP achieved significant improvement.

HSAG uses the following calculation to determine 1) the evaluation element score and 2) the critical element score, both of which HSAG uses to assign confidence levels related to adherence to an acceptable PIP methodology:

- ◆ The percentage score for all evaluation elements *Met* is calculated by dividing the total *Met* by the sum of all evaluation elements *Met*, *Partially Met*, and *Not Met*. The *Not Assessed* and *Not Applicable* results are removed from the scoring calculations.
- ◆ The percentage score for critical elements *Met* is calculated by dividing the total critical elements *Met* by the sum of the critical elements *Met*, *Partially Met*, and *Not Met*.

HSAG assigns a confidence level for significant improvement only after the PIP demonstrates improvement over the baseline rate for the PIP performance indicator.

Table A.2 includes the definitions for the confidence levels HSAG assigns to each PIP submission.

Table A.2—Performance Improvement Project Confidence Level Definitions

Confidence Level	Definition
Overall Confidence of Adherence to Acceptable PIP Methodology	
High Confidence	All critical evaluation elements were <i>Met</i> , and 90 to 100 percent of all evaluation elements were <i>Met</i> across all steps.
Moderate Confidence	All critical evaluation elements were <i>Met</i> , and 80 to 89 percent of all evaluation elements were <i>Met</i> across all steps.
Low Confidence	Sixty-five to 79 percent of all evaluation elements were <i>Met</i> across all steps; or one or more critical evaluation elements were <i>Partially Met</i> .
No Confidence	Less than 65 percent of all evaluation elements were <i>Met</i> across all steps; or one or more critical evaluation elements were <i>Not Met</i> .
Overall Confidence that the PIP Achieved Significant Improvement	
High Confidence	All performance indicators demonstrated <i>statistically significant</i> improvement over the baseline.
Moderate Confidence	One of the three scenarios below occurred: <ol style="list-style-type: none"> 1. All performance indicators demonstrated improvement over the baseline, and some but not all performance indicators demonstrated <i>statistically significant</i> improvement over the baseline. 2. All performance indicators demonstrated improvement over the baseline, and none of the performance indicators demonstrated <i>statistically significant</i> improvement of the baseline. 3. Some but not all performance indicators demonstrated improvement over baseline, and some but not all performance indicators demonstrated <i>statistically significant</i> improvement over baseline.
Low Confidence	The remeasurement methodology was not the same as the baseline methodology for at least one performance indicator; or some but not all performance indicators demonstrated improvement over the baseline, and none of the performance indicators demonstrated <i>statistically significant</i> improvement over the baseline.

Confidence Level	Definition
No Confidence	The remeasurement methodology was not the same as the baseline methodology for all performance indicators, or none of the performance indicators demonstrated improvement over the baseline.

Performance Improvement Project Validation Findings

The Dental MC plans began implementing the 2023–26 PIPs in January 2024. Section 4 of this EQR technical report (“**Validation of Performance Improvement Projects**”) describes DHCS’ requirements for the clinical and nonclinical PIP topics. HSAG conducted PIP validations on the PIP submission forms that the plans submitted in September 2024. The Dental MC plans submitted one form for each required PIP for each annual submission. The September 2024 submissions included information about the PIP design and baseline data (calendar year 2023), and documented improvement strategies implemented in 2024 up to the date of submission. HSAG validated each PIP submission using the validation criteria described in Table A.1 and assigned confidence levels as defined in Table A.2.

Table A.3 lists the plans’ clinical and nonclinical PIP topics, respectively; evaluation element scores; critical element scores; and confidence levels for adherence to an acceptable PIP methodology for the September 2024 submissions.

Table A.3—September 2024 Performance Improvement Project Submission Evaluation Element Scores, Critical Element Scores, and Confidence Levels for Adherence to an Acceptable Methodology

Plan Name	PIP Topic	Evaluation Element Score	Critical Element Score	Confidence Level
Access Dental	<i>Annual Dental Visits</i>	87%	89%	Low Confidence
	<i>Oral Health Risk Assessments</i>	86%	89%	Low Confidence
Health Net	<i>Annual Dental Visits</i>	87%	78%	Low Confidence
	<i>Oral Health Risk Assessments</i>	93%	89%	Low Confidence

Plan Name	PIP Topic	Evaluation Element Score	Critical Element Score	Confidence Level
LIBERTY Dental	<i>Annual Dental Visits</i>	93%	89%	Low Confidence
	<i>Oral Health Risk Assessments</i>	93%	89%	Low Confidence

Performance Improvement Project Interventions

Table A.4 and Table A.5 present descriptions of interventions that the plans tested as described in the September 2024 PIP submissions for clinical and nonclinical PIPs, respectively. The tables also provide each PIP’s performance indicator description and the baseline rate (calendar year 2023).

Table A.4—2023–26 Clinical Performance Improvement Project Intervention Descriptions, Performance Indicator Descriptions, and Baseline Rates

Plan Name	Intervention Description	PIP Performance Indicator Description	Baseline Rate
Topic: Annual Dental Visits			
Access Dental	<ul style="list-style-type: none"> Implement provider communication and education on utilization and performance benchmarks. 	Percentage of members ages 0 to 20 years with at least 90 days of continuous enrollment who had one instance of any dental service within the measurement year.	33.20%
Health Net	<ul style="list-style-type: none"> Develop and implement a provider pay-for-performance (P4P) program. Conduct automated robocall outreach to parents/guardians of eligible members and offer assistance in benefit understanding and/or appointment scheduling with a live agent. 	The percentage of GMC child members who have had any dental treatment during the measurement year.	42.39%
		The percentage of PHP child members who have had any dental treatment during the measurement year.	31.66%

Plan Name	Intervention Description	PIP Performance Indicator Description	Baseline Rate
LIBERTY Dental	<ul style="list-style-type: none"> ◆ Conduct automated robocall outreach to parents/guardians of eligible members and offer assistance in benefit understanding and/or appointment scheduling with a live agent. ◆ Coordinate with a third-party vendor to conduct text messaging outreach to parents/guardians of eligible members and offer assistance in benefit understanding and/or appointment scheduling. If the member opts in, the member will be connected with the plan agent for additional assistance. 	The percentage of GMC child members (ages 0 to 20 years) who have had any dental treatment during the measurement year.	47.06%
		The percentage of PHP child members (ages 0 to 20 years) who have had any dental treatment during the measurement year.	37.63%

Table A.5—2023–26 Nonclinical Performance Improvement Project Intervention Descriptions, Performance Indicator Descriptions, and Baseline Rates

Plan Name	Intervention Description	PIP Performance Indicator Description	Baseline Rate
Topic: Oral Health Risk Assessments			
Access Dental	<ul style="list-style-type: none"> ◆ Conduct call reminder campaign in which a live agent can assist members with completing the Oral Health Information Form and refer the member to case management/provider services, as appropriate. 	The percentage of newly enrolled members during the measurement period who complete the Oral Health Information Form within 90 days of enrollment.	6.54%
Health Net	<ul style="list-style-type: none"> ◆ Conduct automated robocall outreach to eligible members and notify them of their active dental benefits and pending Oral Health Risk Assessment (OHRA) completion. Members can opt to connect with a live 	The percentage of members (all ages) who had an OHRA completed within 90 days of enrollment.	0.41%

APPENDIX A. COMPARATIVE DENTAL MC PLAN-SPECIFIC PIP INFORMATION

Plan Name	Intervention Description	PIP Performance Indicator Description	Baseline Rate
	<p>agent who can assist with OHRA completion.</p> <ul style="list-style-type: none"> ◆ Conduct live agent telephonic outreach to eligible members and notify them of their active dental benefits and pending OHRA completion. Members can opt for the live agent to assist with OHRA completion. 		
LIBERTY Dental	<ul style="list-style-type: none"> ◆ Conduct automated robocall outreach to eligible members and notify them of their active dental benefits and pending OHRA completion. Members can opt to connect with a live agent who can assist with OHRA completion. ◆ Conduct live agent telephonic outreach to eligible members and notify them of their active dental benefits and pending OHRA completion. Members can opt for the live agent to assist with OHRA completion. 	The percentage of members (all ages) who had an OHRA completed within 90 days of enrollment.	5.58%

Appendix B. Dental MC Plan-Specific Performance Measure Results

This appendix provides each Dental MC plan’s measurement years 2021, 2022, and 2023 performance measure results. To provide a meaningful display of Dental MC plan performance, HSAG organized the performance measures according to health care areas that each measure affects (i.e., Access to Care and Preventive Care).

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

Access Dental Plan, Inc.

Table B.1 and Table B.2 present Access Dental’s audited performance measure rates for measurement years 2021, 2022, and 2023 for each Dental MC plan reporting unit.

**Table B.1—Measurement Years 2021, 2022, and 2023
Dental Managed Care Plan Performance Measure Results
Access Dental Plan, Inc.—Los Angeles County**

 = Statistical testing result indicates that the measurement year 2023 rate is significantly better than the measurement year 2022 rate. Indicated by a ^.

 = Statistical testing result indicates that the measurement year 2023 rate is significantly worse than the measurement year 2022 rate. Indicated by a *.

Measurement year 2021 rates reflect data from January 1, 2021, through December 31, 2021. Measurement year 2022 rates reflect data from January 1, 2022, through December 31, 2022. Measurement year 2023 rates reflect data from January 1, 2023, through December 31, 2023. Performance comparisons are based on the Chi-square test of statistical significance, with a *p* value of <0.05.

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

Not Tested = A measurement year 2022–23 rate difference was not calculated because higher or lower rates do not necessarily indicate better or worse performance or because the data for this measure do not meet the assumptions for a Chi-square test of statistical significance.

APPENDIX B. DENTAL MC PLAN-SPECIFIC PERFORMANCE MEASURE RESULTS

Measure	Measurement Year 2021 Rate	Measurement Year 2022 Rate	Measurement Year 2023 Rate	Measurement Years 2022–23 Rate Difference
Access to Care				
<i>Annual Dental Visits—Ages 0–20 Years</i>	35.31%	35.19%	32.41%	-2.79*
<i>Annual Dental Visits—Ages 21+ Years</i>	16.83%	16.60%	15.97%	-0.64*
<i>Continuity of Care—Ages 0–20 Years</i>	60.05%	60.49%	58.08%	-2.40*
<i>Continuity of Care—Ages 21+ Years</i>	30.37%	31.39%	33.63%	2.24^
<i>Exam/Oral Health Evaluations—Ages 0–20 Years</i>	31.31%	31.73%	29.35%	-2.38*
<i>Exam/Oral Health Evaluations—Ages 21+ Years</i>	11.98%	12.42%	12.25%	-0.17
<i>General Anesthesia—Ages 0–20 Years</i>	NA	72.22%	67.94%	Not Tested
<i>General Anesthesia—Ages 21+ Years</i>	NA	58.18%	61.28%	Not Tested
<i>Overall Utilization of Dental Services—One Year—Ages 0–20 Years</i>	35.48%	35.26%	32.73%	-2.53*
<i>Overall Utilization of Dental Services—One Year—Ages 21+ Years</i>	16.76%	16.56%	16.07%	-0.49*
<i>Use of Dental Treatment Services—Ages 0–20 Years</i>	14.39%	14.09%	12.99%	Not Tested
<i>Use of Dental Treatment Services—Ages 21+ Years</i>	10.59%	10.21%	10.18%	Not Tested

APPENDIX B. DENTAL MC PLAN-SPECIFIC PERFORMANCE MEASURE RESULTS

Measure	Measurement Year 2021 Rate	Measurement Year 2022 Rate	Measurement Year 2023 Rate	Measurement Years 2022–23 Rate Difference
<i>Usual Source of Care—Ages 0–20 Years</i>	21.50%	24.63%	23.52%	-1.11*
<i>Usual Source of Care—Ages 21+ Years</i>	6.49%	7.23%	7.22%	-0.01
Preventive Care				
<i>Preventive Services to Filling—Ages 0–20 Years</i>	84.26%	79.14%	67.57%	-11.57*
<i>Preventive Services to Filling—Ages 21+ Years</i>	42.72%	46.89%	41.02%	-5.87*
<i>Sealants to Restoration Ratio (Surfaces)—Ages 6–9 Years</i>	7.03	4.71	4.70	Not Tested
<i>Sealants to Restoration Ratio (Surfaces)—Ages 10–14 Years</i>	3.93	3.85	4.07	Not Tested
<i>Treatment/Prevention of Caries—Ages 0–20 Years</i>	30.83%	29.05%	23.47%	-5.58*
<i>Treatment/Prevention of Caries—Ages 21+ Years</i>	7.70%	7.82%	8.15%	0.32^
<i>Use of Preventive Services—Ages 0–20 Years</i>	30.74%	30.95%	28.54%	-2.41*
<i>Use of Preventive Services—Ages 21+ Years</i>	7.40%	7.78%	7.54%	-0.24*
<i>Use of Sealants—Ages 6–9 Years</i>	11.91%	11.57%	11.51%	-0.07
<i>Use of Sealants—Ages 10–14 Years</i>	6.29%	6.58%	5.31%	-1.27*

**Table B.2—Measurement Years 2021, 2022, and 2023
Dental Managed Care Plan Performance Measure Results
Access Dental Plan, Inc.—Sacramento County**

 = Statistical testing result indicates that the measurement year 2023 rate is significantly better than the measurement year 2022 rate. Indicated by a ^.

 = Statistical testing result indicates that the measurement year 2023 rate is significantly worse than the measurement year 2022 rate. Indicated by a *.

Measurement year 2021 rates reflect data from January 1, 2021, through December 31, 2021. Measurement year 2022 rates reflect data from January 1, 2022, through December 31, 2022. Measurement year 2023 rates reflect data from January 1, 2023, through December 31, 2023. Performance comparisons are based on the Chi-square test of statistical significance, with a *p* value of <0.05.

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

Not Tested = A measurement year 2022–23 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 2021 Rate	Measurement Year 2022 Rate	Measurement Year 2023 Rate	Measurement Years 2022–23 Rate Difference
Access to Care				
<i>Annual Dental Visits—Ages 0–20 Years</i>	25.78%	32.99%	32.98%	-0.01
<i>Annual Dental Visits—Ages 21+ Years</i>	17.27%	16.13%	14.98%	-1.14*
<i>Continuity of Care—Ages 0–20 Years</i>	43.09%	59.15%	60.30%	1.15^
<i>Continuity of Care—Ages 21+ Years</i>	30.49%	30.51%	34.40%	3.89^
<i>Exam/Oral Health Evaluations—Ages 0–20 Years</i>	21.07%	26.72%	26.64%	-0.08
<i>Exam/Oral Health Evaluations—Ages 21+ Years</i>	11.64%	10.85%	11.33%	0.47^

APPENDIX B. DENTAL MC PLAN-SPECIFIC PERFORMANCE MEASURE RESULTS

Measure	Measurement Year 2021 Rate	Measurement Year 2022 Rate	Measurement Year 2023 Rate	Measurement Years 2022–23 Rate Difference
<i>General Anesthesia—Ages 0–20 Years</i>	71.01%	66.33%	52.86%	Not Tested
<i>General Anesthesia—Ages 21+ Years</i>	NA	47.94%	62.38%	Not Tested
<i>Overall Utilization of Dental Services—One Year—Ages 0–20 Years</i>	25.99%	33.32%	33.30%	-0.02
<i>Overall Utilization of Dental Services—One Year—Ages 21+ Years</i>	17.27%	16.19%	15.28%	-0.92*
<i>Use of Dental Treatment Services—Ages 0–20 Years</i>	11.12%	12.77%	13.16%	Not Tested
<i>Use of Dental Treatment Services—Ages 21+ Years</i>	11.67%	10.43%	10.19%	Not Tested
<i>Usual Source of Care—Ages 0–20 Years</i>	15.85%	20.42%	24.08%	3.66^
<i>Usual Source of Care—Ages 21+ Years</i>	7.91%	8.37%	8.04%	-0.32*
Preventive Care				
<i>Preventive Services to Filling—Ages 0–20 Years</i>	69.28%	73.98%	71.75%	-2.23*
<i>Preventive Services to Filling—Ages 21+ Years</i>	45.22%	45.17%	50.05%	4.88^
<i>Sealants to Restoration Ratio (Surfaces)—Ages 6–9 Years</i>	3.46	3.90	2.88	Not Tested
<i>Sealants to Restoration Ratio (Surfaces)—Ages 10–14 Years</i>	2.68	3.00	3.85	Not Tested

Measure	Measurement Year 2021 Rate	Measurement Year 2022 Rate	Measurement Year 2023 Rate	Measurement Years 2022–23 Rate Difference
<i>Treatment/Prevention of Caries—Ages 0–20 Years</i>	20.56%	26.97%	26.20%	-0.77*
<i>Treatment/Prevention of Caries—Ages 21+ Years</i>	8.22%	8.22%	7.97%	-0.25*
<i>Use of Preventive Services—Ages 0–20 Years</i>	18.98%	26.87%	28.07%	1.19^
<i>Use of Preventive Services—Ages 21+ Years</i>	7.01%	7.24%	6.85%	-0.40*
<i>Use of Sealants—Ages 6–9 Years</i>	5.08%	7.60%	10.09%	2.49^
<i>Use of Sealants—Ages 10–14 Years</i>	2.51%	5.05%	5.23%	0.18

Health Net of California, Inc.

Table B.3 and Table B.4 present Health Net’s audited performance measure rates for measurement years 2021, 2022, and 2023 for each Dental MC plan reporting unit.

**Table B.3—Measurement Years 2021, 2022, and 2023
Dental Managed Care Plan Performance Measure Results
Health Net of California, Inc.—Los Angeles County**

 = Statistical testing result indicates that the measurement year 2023 rate is significantly better than the measurement year 2022 rate. Indicated by a ^.

 = Statistical testing result indicates that the measurement year 2023 rate is significantly worse than the measurement year 2022 rate. Indicated by a *.

Measurement year 2021 rates reflect data from January 1, 2021, through December 31, 2021. Measurement year 2022 rates reflect data from January 1, 2022, through December 31, 2022. Measurement year 2023 rates reflect data from January 1, 2023, through December 31, 2023. Performance comparisons are based on the Chi-square test of statistical significance, with a *p* value of <0.05.

APPENDIX B. DENTAL MC PLAN-SPECIFIC PERFORMANCE MEASURE RESULTS

Not Tested = A measurement year 2022–23 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 2021 Rate	Measurement Year 2022 Rate	Measurement Year 2023 Rate	Measurement Years 2022–23 Rate Difference
Access to Care				
<i>Annual Dental Visits— Ages 0–20 Years</i>	30.85%	32.31%	31.66%	-0.65*
<i>Annual Dental Visits— Ages 21+ Years</i>	19.14%	19.69%	19.79%	0.10
<i>Continuity of Care— Ages 0–20 Years</i>	61.51%	63.57%	62.53%	-1.04
<i>Continuity of Care— Ages 21+ Years</i>	39.97%	41.16%	42.88%	1.72^
<i>Exam/Oral Health Evaluations— Ages 0–20 Years</i>	27.02%	28.71%	27.96%	-0.74*
<i>Exam/Oral Health Evaluations— Ages 21+ Years</i>	15.55%	16.11%	16.16%	0.05
<i>General Anesthesia— Ages 0–20 Years</i>	65.68%	65.65%	68.53%	Not Tested
<i>General Anesthesia— Ages 21+ Years</i>	48.85%	45.05%	45.45%	Not Tested
<i>Overall Utilization of Dental Services— One Year— Ages 0–20 Years</i>	33.76%	34.80%	35.00%	0.20
<i>Overall Utilization of Dental Services— One Year— Ages 21+ Years</i>	19.05%	19.04%	20.22%	1.18^
<i>Use of Dental Treatment Services— Ages 0–20 Years</i>	17.67%	22.65%	20.92%	Not Tested

APPENDIX B. DENTAL MC PLAN-SPECIFIC PERFORMANCE MEASURE RESULTS

Measure	Measurement Year 2021 Rate	Measurement Year 2022 Rate	Measurement Year 2023 Rate	Measurement Years 2022–23 Rate Difference
<i>Use of Dental Treatment Services—Ages 21+ Years</i>	12.16%	13.03%	13.94%	Not Tested
<i>Usual Source of Care—Ages 0–20 Years</i>	20.26%	23.33%	24.55%	1.23 [^]
<i>Usual Source of Care—Ages 21+ Years</i>	8.07%	9.59%	10.22%	0.62 [^]
Preventive Care				
<i>Preventive Services to Filling—Ages 0–20 Years</i>	80.92%	83.78%	84.08%	0.30
<i>Preventive Services to Filling—Ages 21+ Years</i>	40.57%	42.42%	43.16%	0.74
<i>Sealants to Restoration Ratio (Surfaces)—Ages 6–9 Years</i>	6.99	6.06	5.82	Not Tested
<i>Sealants to Restoration Ratio (Surfaces)—Ages 10–14 Years</i>	2.95	2.42	2.54	Not Tested
<i>Treatment/Prevention of Caries—Ages 0–20 Years</i>	20.15%	21.72%	26.84%	5.12 [^]
<i>Treatment/Prevention of Caries—Ages 21+ Years</i>	7.59%	8.06%	10.33%	2.28 [^]
<i>Use of Preventive Services—Ages 0–20 Years</i>	26.24%	27.86%	27.30%	-0.57 [*]
<i>Use of Preventive Services—Ages 21+ Years</i>	9.52%	9.57%	9.95%	0.38 [^]
<i>Use of Sealants—Ages 6–9 Years</i>	9.80%	11.48%	11.05%	-0.43
<i>Use of Sealants—Ages 10–14 Years</i>	4.83%	5.53%	4.78%	-0.75 [*]

**Table B.4—Measurement Years 2021, 2022, and 2023
Dental Managed Care Plan Performance Measure Results
Health Net of California, Inc.—Sacramento County**

 = Statistical testing result indicates that the measurement year 2023 rate is significantly better than the measurement year 2022 rate. Indicated by a ^.

 = Statistical testing result indicates that the measurement year 2023 rate is significantly worse than the measurement year 2022 rate. Indicated by a *.

Measurement year 2021 rates reflect data from January 1, 2021, through December 31, 2021. Measurement year 2022 rates reflect data from January 1, 2022, through December 31, 2022. Measurement year 2023 rates reflect data from January 1, 2023, through December 31, 2023. Performance comparisons are based on the Chi-square test of statistical significance, with a *p* value of <0.05.

Not Tested = A measurement year 2022–23 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 2021 Rate	Measurement Year 2022 Rate	Measurement Year 2023 Rate	Measurement Years 2022–23 Rate Difference
Access to Care				
<i>Annual Dental Visits—Ages 0–20 Years</i>	39.30%	41.48%	42.34%	0.86 [^]
<i>Annual Dental Visits—Ages 21+ Years</i>	19.90%	19.47%	19.61%	0.14
<i>Continuity of Care—Ages 0–20 Years</i>	68.60%	68.34%	70.60%	2.26 [^]
<i>Continuity of Care—Ages 21+ Years</i>	43.51%	44.38%	47.76%	3.38 [^]
<i>Exam/Oral Health Evaluations—Ages 0–20 Years</i>	34.25%	35.94%	36.80%	0.86 [^]
<i>Exam/Oral Health Evaluations—Ages 21+ Years</i>	15.02%	15.02%	15.40%	0.38 [^]
<i>General Anesthesia—Ages 0–20 Years</i>	65.47%	67.50%	65.71%	Not Tested

APPENDIX B. DENTAL MC PLAN-SPECIFIC PERFORMANCE MEASURE RESULTS

Measure	Measurement Year 2021 Rate	Measurement Year 2022 Rate	Measurement Year 2023 Rate	Measurement Years 2022–23 Rate Difference
<i>General Anesthesia—Ages 21+ Years</i>	34.46%	42.22%	45.86%	Not Tested
<i>Overall Utilization of Dental Services—One Year—Ages 0–20 Years</i>	42.55%	44.76%	47.11%	2.34 [^]
<i>Overall Utilization of Dental Services—One Year—Ages 21+ Years</i>	20.85%	20.14%	21.71%	1.57 [^]
<i>Use of Dental Treatment Services—Ages 0–20 Years</i>	25.86%	30.40%	28.41%	Not Tested
<i>Use of Dental Treatment Services—Ages 21+ Years</i>	14.42%	14.72%	15.30%	Not Tested
<i>Usual Source of Care—Ages 0–20 Years</i>	28.15%	32.09%	35.60%	3.51 [^]
<i>Usual Source of Care—Ages 21+ Years</i>	10.22%	11.42%	12.17%	0.75 [^]
Preventive Care				
<i>Preventive Services to Filling—Ages 0–20 Years</i>	87.31%	88.71%	90.20%	1.49 [^]
<i>Preventive Services to Filling—Ages 21+ Years</i>	54.72%	54.60%	58.97%	4.37 [^]
<i>Sealants to Restoration Ratio (Surfaces)—Ages 6–9 Years</i>	5.78	4.55	3.56	Not Tested
<i>Sealants to Restoration Ratio (Surfaces)—Ages 10–14 Years</i>	2.27	2.07	1.87	Not Tested
<i>Treatment/Prevention of Caries—Ages 0–20 Years</i>	32.74%	35.54%	38.61%	3.06 [^]

Measure	Measurement Year 2021 Rate	Measurement Year 2022 Rate	Measurement Year 2023 Rate	Measurement Years 2022–23 Rate Difference
<i>Treatment/Prevention of Caries—Ages 21+ Years</i>	10.49%	11.05%	12.06%	1.01 [^]
<i>Use of Preventive Services—Ages 0–20 Years</i>	35.25%	36.77%	38.04%	1.27 [^]
<i>Use of Preventive Services—Ages 21+ Years</i>	11.07%	10.03%	10.56%	0.53 [^]
<i>Use of Sealants—Ages 6–9 Years</i>	14.21%	15.65%	15.94%	0.29
<i>Use of Sealants—Ages 10–14 Years</i>	7.44%	8.75%	8.55%	-0.21

LIBERTY Dental Plan of California, Inc.

Table B.5 and Table B.6 present LIBERTY Dental’s audited performance measure rates for measurement years 2021, 2022, and 2023 for each Dental MC plan reporting unit.

**Table B.5—Measurement Years 2021, 2022, and 2023
Dental Managed Care Plan Performance Measure Results
LIBERTY Dental Plan of California, Inc.—Los Angeles County**

 = Statistical testing result indicates that the measurement year 2023 rate is significantly better than the measurement year 2022 rate. Indicated by a [^].

 = Statistical testing result indicates that the measurement year 2023 rate is significantly worse than the measurement year 2022 rate. Indicated by a ^{*}.

Measurement year 2021 rates reflect data from January 1, 2021, through December 31, 2021. Measurement year 2022 rates reflect data from January 1, 2022, through December 31, 2022. Measurement year 2023 rates reflect data from January 1, 2023, through December 31, 2023. Performance comparisons are based on the Chi-square test of statistical significance, with a *p* value of <0.05.

Not Tested = A measurement year 2022–23 rate difference was not calculated because higher or lower rates do not necessarily indicate better or worse performance or because the data for this measure do not meet the assumptions for a Chi-square test of statistical significance.

APPENDIX B. DENTAL MC PLAN-SPECIFIC PERFORMANCE MEASURE RESULTS

Measure	Measurement Year 2021 Rate	Measurement Year 2022 Rate	Measurement Year 2023 Rate	Measurement Years 2022–23 Rate Difference
Access to Care				
<i>Annual Dental Visits—Ages 0–20 Years</i>	37.37%	39.41%	37.63%	-1.78*
<i>Annual Dental Visits—Ages 21+ Years</i>	21.96%	23.91%	24.52%	0.60^
<i>Continuity of Care—Ages 0–20 Years</i>	64.43%	66.93%	68.86%	1.93^
<i>Continuity of Care—Ages 21+ Years</i>	43.22%	45.25%	47.67%	2.42^
<i>Exam/Oral Health Evaluations—Ages 0–20 Years</i>	31.66%	33.79%	34.13%	0.34
<i>Exam/Oral Health Evaluations—Ages 21+ Years</i>	18.09%	19.79%	20.03%	0.24
<i>General Anesthesia—Ages 0–20 Years</i>	58.87%	63.70%	62.67%	Not Tested
<i>General Anesthesia—Ages 21+ Years</i>	50.67%	44.24%	43.85%	Not Tested
<i>Overall Utilization of Dental Services—One Year—Ages 0–20 Years</i>	40.33%	42.59%	41.11%	-1.48*
<i>Overall Utilization of Dental Services—One Year—Ages 21+ Years</i>	21.57%	22.52%	24.87%	2.34^
<i>Use of Dental Treatment Services—Ages 0–20 Years</i>	22.86%	22.07%	18.85%	Not Tested
<i>Use of Dental Treatment Services—Ages 21+ Years</i>	14.28%	16.00%	16.61%	Not Tested

APPENDIX B. DENTAL MC PLAN-SPECIFIC PERFORMANCE MEASURE RESULTS

Measure	Measurement Year 2021 Rate	Measurement Year 2022 Rate	Measurement Year 2023 Rate	Measurement Years 2022–23 Rate Difference
<i>Usual Source of Care—Ages 0–20 Years</i>	22.74%	28.88%	31.01%	2.14 [^]
<i>Usual Source of Care—Ages 21+ Years</i>	9.78%	11.82%	13.43%	1.60 [^]
Preventive Care				
<i>Preventive Services to Filling—Ages 0–20 Years</i>	83.31%	87.31%	85.62%	-1.70
<i>Preventive Services to Filling—Ages 21+ Years</i>	42.48%	47.49%	47.81%	0.32
<i>Sealants to Restoration Ratio (Surfaces)—Ages 6–9 Years</i>	7.75	5.51	6.35	Not Tested
<i>Sealants to Restoration Ratio (Surfaces)—Ages 10–14 Years</i>	2.60	2.05	2.15	Not Tested
<i>Treatment/Prevention of Caries—Ages 0–20 Years</i>	25.37%	27.28%	33.22%	5.95 [^]
<i>Treatment/Prevention of Caries—Ages 21+ Years</i>	8.95%	10.07%	14.24%	4.17 [^]
<i>Use of Preventive Services—Ages 0–20 Years</i>	33.04%	35.14%	33.41%	-1.73 [*]
<i>Use of Preventive Services—Ages 21+ Years</i>	12.58%	12.82%	13.46%	0.65 [^]
<i>Use of Sealants—Ages 6–9 Years</i>	11.35%	12.95%	13.19%	0.24
<i>Use of Sealants—Ages 10–14 Years</i>	5.74%	5.93%	6.58%	0.65

**Table B.6—Measurement Years 2021, 2022, and 2023
Dental Managed Care Plan Performance Measure Results
LIBERTY Dental Plan of California, Inc.—Sacramento County**

 = Statistical testing result indicates that the measurement year 2023 rate is significantly better than the measurement year 2022 rate. Indicated by a ^.

 = Statistical testing result indicates that the measurement year 2023 rate is significantly worse than the measurement year 2022 rate. Indicated by a *.

Measurement year 2021 rates reflect data from January 1, 2021, through December 31, 2021. Measurement year 2022 rates reflect data from January 1, 2022, through December 31, 2022. Measurement year 2023 rates reflect data from January 1, 2023, through December 31, 2023. Performance comparisons are based on the Chi-square test of statistical significance, with a *p* value of <0.05.

Not Tested = A measurement year 2022–23 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 2021 Rate	Measurement Year 2022 Rate	Measurement Year 2023 Rate	Measurement Years 2022–23 Rate Difference
Access to Care				
<i>Annual Dental Visits—Ages 0–20 Years</i>	46.56%	49.59%	47.06%	-2.53*
<i>Annual Dental Visits—Ages 21+ Years</i>	22.99%	23.13%	23.12%	-0.01
<i>Continuity of Care—Ages 0–20 Years</i>	69.46%	71.07%	72.13%	1.06^
<i>Continuity of Care—Ages 21+ Years</i>	44.18%	44.29%	47.86%	3.58^
<i>Exam/Oral Health Evaluations—Ages 0–20 Years</i>	38.08%	40.82%	41.11%	0.30
<i>Exam/Oral Health Evaluations—Ages 21+ Years</i>	17.25%	17.77%	18.12%	0.35^
<i>General Anesthesia—Ages 0–20 Years</i>	68.53%	69.36%	68.75%	Not Tested

APPENDIX B. DENTAL MC PLAN-SPECIFIC PERFORMANCE MEASURE RESULTS

Measure	Measurement Year 2021 Rate	Measurement Year 2022 Rate	Measurement Year 2023 Rate	Measurement Years 2022–23 Rate Difference
<i>General Anesthesia—Ages 21+ Years</i>	40.57%	43.17%	41.95%	Not Tested
<i>Overall Utilization of Dental Services—One Year—Ages 0–20 Years</i>	49.74%	52.85%	51.79%	-1.06*
<i>Overall Utilization of Dental Services—One Year—Ages 21+ Years</i>	23.83%	23.61%	25.01%	1.40^
<i>Use of Dental Treatment Services—Ages 0–20 Years</i>	32.48%	32.27%	27.94%	Not Tested
<i>Use of Dental Treatment Services—Ages 21+ Years</i>	16.74%	16.87%	16.93%	Not Tested
<i>Usual Source of Care—Ages 0–20 Years</i>	31.63%	38.56%	41.35%	2.79^
<i>Usual Source of Care—Ages 21+ Years</i>	12.07%	13.52%	14.40%	0.88^
Preventive Care				
<i>Preventive Services to Filling—Ages 0–20 Years</i>	87.61%	88.63%	88.69%	0.06
<i>Preventive Services to Filling—Ages 21+ Years</i>	54.30%	55.53%	59.77%	4.23^
<i>Sealants to Restoration Ratio (Surfaces)—Ages 6–9 Years</i>	6.52	5.16	3.59	Not Tested
<i>Sealants to Restoration Ratio (Surfaces)—Ages 10–14 Years</i>	2.46	2.25	1.88	Not Tested
<i>Treatment/Prevention of Caries—Ages 0–20 Years</i>	37.19%	41.73%	42.16%	0.42

APPENDIX B. DENTAL MC PLAN-SPECIFIC PERFORMANCE MEASURE RESULTS

Measure	Measurement Year 2021 Rate	Measurement Year 2022 Rate	Measurement Year 2023 Rate	Measurement Years 2022–23 Rate Difference
<i>Treatment/Prevention of Caries—Ages 21+ Years</i>	11.27%	12.58%	14.62%	2.04 [^]
<i>Use of Preventive Services—Ages 0–20 Years</i>	40.83%	43.76%	41.62%	-2.14 [*]
<i>Use of Preventive Services—Ages 21+ Years</i>	13.03%	12.26%	12.93%	0.67 [^]
<i>Use of Sealants—Ages 6–9 Years</i>	15.74%	18.71%	18.02%	-0.70
<i>Use of Sealants—Ages 10–14 Years</i>	8.74%	10.99%	10.58%	-0.41

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

Table C.1 shows the compliance review scores for audit year 2023 that DHCS provided to HSAG for inclusion in this EQR technical report for each of the Dental MC plans.

Table C.1—Audit Year 2023 Dental MC Plan Compliance Review Scores

CFR Standard Number	Compliance Review Standard	Access Dental Plan, Inc. Scores	Health Net of California, Inc. Scores	LIBERTY Dental Plan of California, Inc. Scores
§438.206	Availability of Services	100%	100%	83%
§438.207	Assurances of Adequate Capacity and Services	100%	100%	100%
§438.208	Coordination and Continuity of Care	92%	100%	100%
§438.210	Coverage and Authorization of Services	100%	100%	100%
§438.214	Provider Selection	100%	100%	100%
§438.224	Confidentiality	100%	100%	100%
§438.228	Grievance and Appeal Systems	95%	95%	95%
§438.230	Subcontractual Relationships and Delegation	100%	100%	100%
§438.236	Practice Guidelines	100%	100%	100%
§438.242	Health Information Systems	100%	100%	100%
§438.330	QAPI Program	100%	100%	100%
§438.56	Disenrollment: Requirements and Limitations	100%	100%	100%
§438.100	Enrollee Rights	100%	100%	100%
§438.114	Emergency and Poststabilization Services	100%	100%	100%
§438.608	Fraud, Waste, and Abuse	94%	100%	100%
Total Score		98%	99%	98%

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 2022–23 Dental MC EQR recommendations and HSAG’s assessment of the self-reported actions. Additionally, based on its assessment of the 2023–24 Dental MC EQR activities, HSAG summarizes each Dental MC plan’s strengths and weaknesses (referred to as “opportunities for improvement” in this appendix) with respect to the quality, timeliness, and accessibility of care the Dental MC plan furnishes to its members. Based on the assessment, HSAG makes recommendations to each Dental MC plan.

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

HSAG used the following process to aggregate and analyze data from all applicable EQR activities it conducted to draw conclusions about the quality, timeliness, and accessibility of care furnished by each Dental MC plan. For each Dental MC plan:

- ◆ HSAG analyzed the quantitative results obtained from each EQR activity to identify strengths and weaknesses related to the quality, timeliness, and accessibility of care furnished by the plan and to identify any themes across all activities.
- ◆ From the aggregated information collected from all EQR activities, HSAG identified strengths and weaknesses related to the quality, timeliness, and accessibility of services furnished by the plan.
- ◆ HSAG drew conclusions based on the identified strengths and weaknesses, specifying whether the strengths and weaknesses affect one aspect of care more than another (i.e., quality, timeliness, and accessibility of care).

Access Dental Plan, Inc.

Follow-Up on Prior Year Recommendations

Table D.1 provides the 2022–23 EQR recommendations directed to Access Dental, along with the Dental MC plan’s self-reported actions taken to address the recommendations. Please note that HSAG made minimal edits to Table D.1 to preserve the accuracy of Access Dental’s self-reported actions.

Table D.1—Access Dental Plan, Inc.’s Self-Reported Follow-Up on the 2022–23 External Quality Review Recommendations

2022–23 External Quality Review Recommendations Directed to Access Dental	Actions Taken by Access Dental to Address the External Quality Review Recommendations
<p>1. Work with DHCS to resolve the identified findings from DHCS’ compliance review scoring process to ensure Access Dental meets all CFR standard requirements moving forward.</p>	<p>Utilization Management</p> <p>Access Dental has implemented over- and underutilization mechanisms and continues to review, looking for unusual patterns as well as reviewing overutilized and more complex codes.</p> <p>All required Notice of Action letter templates are in place and being used. Additionally, our utilization management team continues to strive to meet prior authorization turnaround times.</p> <p>Member’s Rights</p> <p>A minimum of two written records of grievances are reviewed in the quarterly Quality Management Committee, Public Policy, and Board of Directors meetings.</p> <p>Quality Management</p> <p>Counts of deferred cases are being reported through the Quality Management Committee and can be seen in the meeting minutes. A quality improvement system manual is also currently in place.</p>

2022–23 External Quality Review Recommendations Directed to Access Dental	Actions Taken by Access Dental to Address the External Quality Review Recommendations
	<p>Administrative and Organizational Capacity Access Dental has updated its dental compliance officer reporting structure.</p> <p>The 2022 annual audit CAP has been closed with DHCS.</p>
<p>2. For performance measures with rates that declined significantly from measurement year 2021 to measurement year 2022, evaluate performance measure data to determine whether clinical significance is tied to the statistically significant decline. For evaluation results that demonstrate clinical significance:</p> <p>a. Identify the factors that contributed to the significant decline in performance and implement quality improvement strategies that target the identified factors. Strategies should address the timeliness and quality of services provided to members as well as barriers to accessing dental care services.</p>	<p>Access Dental determined that these declines were not clinically significant despite being statistically significant. We were working through data completion issues at the time that have since been resolved. Our more recent performance shows statistically significant improvement in all affected measures.</p>

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

HSAG reviewed Access Dental’s self-reported actions in Table D.1 and determined that the Dental MC plan adequately addressed the 2022–23 EQR recommendations. Access Dental provided a summary of the steps the Dental MC plan took to address the findings from DHCS’ CFR compliance review and noted that DHCS had closed the CAP related to its 2022 annual audit of Access Dental. Additionally, the Dental MC plan indicated that it determined data completion issues contributed to the statistically significant decline in performance measure rates from measurement year 2021 to measurement year 2022. Access Dental noted that it has resolved the data issues, and recent assessment of performance measure rates shows statistically significant improvement in all affected measures.

2023–24 External Quality Review Conclusions—Strengths, Opportunities for Improvement, and Recommendations for Access Dental Plan, Inc.

Based on the overall assessment of Access Dental's delivery of quality, timely, and accessible care through the 2023–24 EQR activities, HSAG identified the following strengths, opportunities for improvement, and recommendations for the Dental MC plan. Note that all of Access Dental's activities and services affect the quality, timeliness, and accessibility of care delivered to its members. When applicable, HSAG indicates instances in which the Dental MC plan's performance affects one specific aspect of care more than another.

Strengths

- ◆ The organization that conducted PMV for Access Dental determined that the Dental MC plan followed the appropriate specifications to produce valid performance measure rates for measurement year 2023 and identified no issues of concern.
- ◆ For measurement year 2023 performance measure rates that HSAG compared to measurement year 2022 rates:
 - For Los Angeles County:
 - One of 10 Access to Care measure rates (10 percent) improved significantly from measurement year 2022 to measurement year 2023.
 - One of eight Preventive Care measure rates (13 percent) improved significantly from measurement year 2022 to measurement year 2023.
 - For Sacramento County:
 - Four of 10 Access to Care measure rates (40 percent) improved significantly from measurement year 2022 to measurement year 2023.
 - Three of eight Preventive Care measure rates (38 percent) improved significantly from measurement year 2022 to measurement year 2023.
- ◆ Access Dental reported fully addressing all findings from DHCS' CFR standard compliance review, which HSAG reported in the *2022–23 Medi-Cal Dental Managed Care External Quality Review Technical Report*.
- ◆ DHCS' 2024 compliance review scores for Access Dental show that the Dental MC plan was fully compliant with most CFR standards.
- ◆ Based on its NAV audit findings, HSAG determined that Access Dental performed thorough testing on the member/provider data migration to a new platform and had multiple layers of testing to ensure no data were lost during the migration. HSAG identified no specific opportunities for improvement related to Access Dental's data collection and management processes used to inform network adequacy standard and indicator calculations.

Opportunities for Improvement

- ◆ HSAG’s PIP validation determined that Access Dental failed to include all required details of its PIP processes for both clinical and nonclinical PIPs.
- ◆ Statistical testing determined that the rates for 13 measures in Los Angeles County and seven measures in Sacramento County declined significantly from measurement year 2022 to measurement year 2023.
- ◆ DHCS identified findings within the following CFR standards during the DHCS 2024 compliance review scoring process for Access Dental:
 - Coordination and Continuity of Care—§438.208
 - Grievance and Appeal Systems—§438.228
 - Fraud, Waste, and Abuse—§438.608

2023–24 External Quality Review Recommendations

- ◆ Review the PIP Submission Form Completion Instructions to ensure Access Dental includes all required information in the Dental MC plan’s 2025 annual clinical and nonclinical PIP submissions.
- ◆ For performance measures with rates that declined significantly from measurement year 2022 to measurement year 2023, evaluate performance measure data to determine whether clinical significance is tied to the statistically significant decline. For evaluation results that demonstrate clinical significance:
 - Identify the factors that contributed to the significant decline in performance and implement quality improvement strategies that target the identified factors. Strategies should address the timeliness and quality of services provided to members as well as barriers to accessing dental care services.
- ◆ Work with DHCS to resolve the identified findings from DHCS’ 2024 compliance review scoring process related to the following CFR standards to ensure Access Dental meets all CFR standard requirements moving forward:
 - Coordination and Continuity of Care—§438.208
 - Grievance and Appeal Systems—§438.228
 - Fraud, Waste, and Abuse—§438.608

Access Dental’s responses to the EQR recommendations should reflect strategies that impact the timeliness and quality of services provided to members as well as barriers to accessing preventive and other dental health care services.

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

Health Net of California, Inc.

Follow-Up on Prior Year Recommendations

Table D.2 provides the 2022–23 EQR recommendations directed to Health Net, along with the Dental MC plan’s self-reported actions taken to address the recommendations. Please note that HSAG made minimal edits to Table D.2 to preserve the accuracy of Health Net’s self-reported actions.

Table D.2—Health Net of California, Inc.’s Self-Reported Follow-Up on the 2022–23 External Quality Review Recommendations

2022–23 External Quality Review Recommendations Directed to Health Net	Actions Taken by Health Net to Address the External Quality Review Recommendations
<p>1. Work with DHCS to resolve the identified findings from DHCS’ compliance review scoring process to ensure Health Net meets all CFR standard requirements moving forward.</p>	<p>Health Net remains committed to working with DHCS to resolve identified findings to ensure compliance with applicable CFR standards, through ongoing monitoring, reporting, and continued collaboration efforts. This includes the specific interventions listed for Recommendation #2 below.</p>
<p>2. For performance measures with rates that declined significantly from measurement year 2021 to measurement year 2022, evaluate performance measure data to determine whether clinical significance is tied to the statistically significant decline. For evaluation results that demonstrate clinical significance:</p> <p>a. Identify the factors that contributed to the significant decline in performance and implement quality improvement strategies that target the identified factors. Strategies should address the timeliness and quality of services provided to members as well as barriers to accessing dental care services.</p>	<p>In reviewing the 2022–23 EQR technical report, Health Net’s rates for the following measures had a statistically significant decline from measurement year 2021 to measurement year 2022:</p> <ul style="list-style-type: none"> ◆ <i>Annual Dental Visits—Ages 21+ Years</i> (-0.43 percentage points) ◆ <i>Overall Utilization of Dental Services—One Year—Ages 21+ Years</i> (-0.71 percentage points) ◆ <i>Use of Preventive Services—Ages 21+ Years</i> (-1.04 percentage points) <p>Health Net compared these rates to the two other California Dental MC plans (LIBERTY Dental and Access Dental) to determine whether our performance measure rates were below the set standard. In comparing these results, Health Net found that although there</p>

2022–23 External Quality Review Recommendations Directed to Health Net	Actions Taken by Health Net to Address the External Quality Review Recommendations
	<p>have been the noted decreases, Health Net has performed at or above the standard set by other California Dental MC plans.</p> <p>Although there does not appear to be clinical significance tied to the noted performance measure rate decreases, Health Net has launched and maintained various programs and efforts to ensure continuous delivery of dental care and outreach to the Medi-Cal population to encourage utilization. Some of the key programs are listed below:</p> <ul style="list-style-type: none"> ◆ <u>Community Smiles (Ongoing)</u>: Intervention that focuses on identifying social determinants of health 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. ◆ <u>Medical Dental Referral and Navigation System Program (Ongoing)</u>: This is a pilot program created by the Dental Transformation Initiative for Sacramento County. Health Net is currently partnering with community-based organizations to actively submit dental referrals for members based on their urgency level. ◆ <u>Provider Incentive Programs (Ongoing)</u>: These P4P programs aim to increase the utilization rates of specific treatments by offering additional payment if completed for non-utilizing members. Below are P4P programs Health Net has used to promote utilization: <ul style="list-style-type: none"> ■ CalAIM Bonus Program: Providers were paid a \$100 one-time bonus for

2022–23 External Quality Review Recommendations Directed to Health Net	Actions Taken by Health Net to Address the External Quality Review Recommendations
	<p>preventive covered services for specified preventive procedure codes.</p> <ul style="list-style-type: none"> ■ High-Risk Member Bonus Program: Providers were paid a \$100 one-time bonus for deep cleanings and periodontal maintenance to diabetes high-risk members. <p>In addition to the above, Health Net has ongoing telephonic outreach campaigns to encourage utilization while supporting the success of our other interventions. Health Net believes that as these interventions/programs are continually integrated throughout 2023–24, there will be an improvement in performance measure rates in the next annual evaluation. Health Net has progressive utilization provider monitoring to hold providers accountable for delivering care to their assigned membership.</p>

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

HSAG reviewed Health Net’s self-reported actions in Table D.2 and determined that the Dental MC plan adequately addressed the 2022–23 EQR recommendations. Health Net noted that the Dental MC plan is committed to working with DHCS to resolve the findings from DHCS’ CFR compliance review and specified that it will do so through ongoing monitoring, reporting, continued collaboration, and quality improvement interventions. While Health Net determined that the decline in performance for some measure rates from measurement year 2021 to measurement year 2022 was not clinically significant, the Dental MC plan described member- and provider-focused interventions it is implementing to ensure member access to dental care services and utilization of needed preventive care.

2023–24 External Quality Review Conclusions—Strengths, Opportunities for Improvement, and Recommendations for Health Net of California, Inc.

Based on the overall assessment of Health Net’s delivery of quality, timely, and accessible care through the 2023–24 EQR activities, HSAG identified the following strengths, opportunities for improvement, and recommendations for the Dental MC plan. Note that all of Health Net’s activities and services affect the quality, timeliness, and accessibility of care delivered to its members. When applicable, HSAG indicates instances in which the Dental MC plan’s performance affects one specific aspect of care more than another.

Strengths

- ◆ The auditor with whom Health Net contracted determined that the Dental MC plan followed the appropriate specifications to produce valid performance measure rates for measurement year 2023 and identified no issues of concern.
- ◆ For measurement year 2023 performance measure rates that HSAG compared to measurement year 2022 rates:
 - For Los Angeles County:
 - Four of 10 Access to Care measure rates (40 percent) improved significantly from measurement year 2022 to measurement year 2023.
 - Three of eight Preventive Care measure rates (38 percent) improved significantly from measurement year 2022 to measurement year 2023.
 - For Sacramento County:
 - Nine of 10 Access to Care measure rates (90 percent) improved significantly from measurement year 2022 to measurement year 2023.
 - Six of eight Preventive Care measure rates (75 percent) improved significantly from measurement year 2022 to measurement year 2023.
- ◆ Based on performance measure results, Health Net performed better in Sacramento County related to the provision of quality, accessible, and timely dental care services to the Dental MC plan’s members.
- ◆ DHCS’ 2024 compliance review scores for Health Net show that the Dental MC plan was fully compliant with all but one of the CFR standards.
- ◆ Based on HSAG’s NAV audit findings, HSAG determined that Health Net had robust processes in place for conducting oversight and monitoring of delegates, including monthly and quarterly Utilization Management/Quality Improvement meetings to ensure accuracy and completeness of data received. HSAG identified no specific opportunities for improvement related to Health Net’s data collection and management processes used to inform network adequacy standard and indicator calculations.

Opportunities for Improvement

- ◆ HSAG’s PIP validation determined that Health Net failed to include all required details of its PIP processes for both clinical and nonclinical PIPs.
- ◆ Statistical testing determined that the rates for the following measures for Los Angeles County declined significantly from measurement year 2022 to measurement year 2023:
 - *Annual Dental Visits—Ages 0–20 Years*
 - *Exam/Oral Health Evaluations—Ages 0–20 Years*
 - *Use of Preventive Services—Ages 0–20 Years*
 - *Use of Sealants—Ages 10–14 Years*
- ◆ Health Net has remaining findings to resolve from DHCS’ CFR standard compliance review, which HSAG reported in the *2022–23 Medi-Cal Dental Managed Care External Quality Review Technical Report*.
- ◆ During the 2024 DHCS compliance review scoring process for Health Net, DHCS identified findings within the Grievance and Appeal Systems standard (§438.228).

2023–24 External Quality Review Recommendations

- ◆ Review the PIP Submission Form Completion Instructions to ensure Health Net includes all required information in the Dental MC plan’s 2025 annual clinical and nonclinical PIP submissions.
- ◆ For Los Angeles County, for performance measures with rates that declined significantly from measurement year 2022 to measurement year 2023, evaluate performance measure data to determine whether clinical significance is tied to the statistically significant decline. For evaluation results that demonstrate clinical significance:
 - Identify the factors that contributed to the significant decline in performance and implement quality improvement strategies that target the identified factors. Strategies should address the timeliness and quality of services provided to members as well as barriers to accessing dental care services.
- ◆ Work with DHCS to fully resolve the findings from DHCS’ CFR standard compliance review, which HSAG reported in the *2022–23 Medi-Cal Dental Managed Care External Quality Review Technical Report*.
- ◆ Work with DHCS to resolve the identified findings from DHCS’ 2024 compliance review scoring process related to the Grievance and Appeal Systems standard (§438.228) to ensure Health Net meets all CFR standard requirements moving forward.

Health Net’s responses to the EQR recommendations should reflect strategies that impact the timeliness and quality of services provided to members as well as barriers to accessing preventive and other dental health care services.

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

LIBERTY Dental Plan of California, Inc.

Follow-Up on Prior Year Recommendations

Table D.3 provides the 2022–23 EQR recommendations directed to LIBERTY Dental, along with the Dental MC plan’s self-reported actions taken to address the recommendations. Please note that HSAG made minimal edits to Table D.3 to preserve the accuracy of LIBERTY Dental’s self-reported actions.

Table D.3—LIBERTY Dental Plan of California, Inc.’s Self-Reported Follow-Up on the 2022–23 External Quality Review Recommendations

2022–23 External Quality Review Recommendations Directed to LIBERTY Dental	Actions Taken by LIBERTY Dental to Address the External Quality Review Recommendations
<p>1. Work with DHCS to resolve the identified findings from DHCS’ compliance review scoring process to ensure LIBERTY Dental meets all CFR standard requirements moving forward.</p>	<p>LIBERTY Dental remains committed to working with DHCS to resolve identified findings to ensure compliance with applicable CFR standards, through ongoing monitoring, reporting, and continued collaboration efforts, as well as the specific interventions listed for Recommendation #2 below.</p>
<p>2. Evaluate performance measure data to determine whether clinical significance is tied to the statistically significant decline for the <i>Use of Preventive Services—Ages 21+ Years</i> measure rate from measurement year 2021 to measurement year 2022.</p> <p>a. If evaluation results demonstrate clinical significance, identify the factors that contributed to the significant decline in performance and implement quality improvement strategies that target the identified factors. Strategies should address the timeliness and quality of services provided to members as well as barriers to accessing preventive dental care services.</p>	<p>In response to the EQR findings, LIBERTY Dental compared the <i>Use of Preventive Services—Ages 21+ Years</i> measure rate in Sacramento County to the two other California Dental MC plans (Health Net and Access Dental) to determine whether our results were below the set standard. In comparing these results, LIBERTY Dental found that although there was the noted decrease between measurement year 2021 and measurement year 2022, LIBERTY Dental has performed above the standard set by other California Dental MC plans for this performance measure.</p> <p>Although there does not appear to be clinical significance tied to the noted performance measure rate decrease, LIBERTY has launched and maintained various programs</p>

2022–23 External Quality Review Recommendations Directed to LIBERTY Dental	Actions Taken by LIBERTY Dental to Address the External Quality Review Recommendations
	<p>and efforts to ensure continuous delivery of dental care and outreach to encourage utilization to the Medi-Cal population. Some of the key programs are listed below:</p> <ul style="list-style-type: none"> ◆ <u>Community Smiles (Ongoing)</u>: Intervention that focuses on identifying social determinants of health 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. ◆ <u>Medical Dental Referral and Navigation System Program (Ongoing)</u>: This is a pilot program created by the Dental Transformation Initiative for Sacramento County. LIBERTY Dental is currently partnering with community-based organizations to actively submit dental referrals for members based on their urgency level. ◆ <u>Provider Incentive Programs (Ongoing)</u>: These P4P programs aim to increase the utilization rates of specific treatments by offering additional payment if completed for non-utilizing members. <p>In addition to the above, LIBERTY Dental has ongoing telephonic and text outreach campaigns to encourage utilization while supporting the success of our other interventions. LIBERTY Dental believes that as the Dental MC plan continually integrates these interventions/programs throughout 2023–24, there will be an increase in performance measure rates on the next annual evaluation.</p>

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

HSAG reviewed LIBERTY Dental's self-reported actions in Table D.3 and determined that the Dental MC plan adequately addressed the 2022–23 EQR recommendations. LIBERTY Dental noted that the Dental MC plan is committed to working with DHCS to resolve the findings from DHCS' CFR compliance review and specified that it will do so through ongoing monitoring, reporting, continued collaboration, and quality improvement interventions. While LIBERTY Dental determined that the decline in performance for some measure rates from measurement year 2021 to measurement year 2022 was not clinically significant, the Dental MC plan described member- and provider-focused interventions it is implementing to ensure member access to dental care services and utilization of needed preventive care.

2023–24 External Quality Review Conclusions—Strengths, Opportunities for Improvement, and Recommendations for LIBERTY Dental Health Plan of California, Inc.

Based on the overall assessment of LIBERTY Dental's delivery of quality, timely, and accessible care through the 2023–24 EQR activities, HSAG identified the following strengths, opportunities for improvement, and recommendations for the Dental MC plan. Note that all of LIBERTY Dental's activities and services affect the quality, timeliness, and accessibility of care delivered to its members. When applicable, HSAG indicates instances in which the Dental MC plan's performance affects one specific aspect of care more than another.

Strengths

- ◆ The auditor with whom LIBERTY Dental contracted determined that the Dental MC plan followed the appropriate specifications to produce valid performance measure rates for measurement year 2023 and identified no issues of concern.
- ◆ For measurement year 2023 performance measure rates that HSAG compared to measurement year 2022 rates:
 - For Los Angeles County:
 - Six of 10 Access to Care measure rates (60 percent) improved significantly from measurement year 2022 to measurement year 2023.
 - Three of eight Preventive Care measure rates (38 percent) improved significantly from measurement year 2022 to measurement year 2023.
 - For Sacramento County:
 - Six of 10 Access to Care measure rates (60 percent) improved significantly from measurement year 2022 to measurement year 2023.

- Three of eight Preventive Care measure rates (38 percent) improved significantly from measurement year 2022 to measurement year 2023.
- ◆ DHCS' 2024 compliance review scores for LIBERTY Dental show that the Dental MC plan was fully compliant with most CFR standards.
- ◆ Based on HSAG's NAV audit findings, HSAG determined that LIBERTY Dental:
 - Utilized a Microsoft SharePoint-based tool, Compliance Reporting Tracking System, which monitored the timely submission and accuracy of network adequacy required reports to DHCS.
 - Plans to incorporate dashboard monitoring, specifically the Microsoft Power Bi dashboard, to ultimately have the capability to view self-service reports at any point in time versus only monthly snapshots.

Opportunities for Improvement

- ◆ HSAG's PIP validation determined that LIBERTY Dental failed to include all required details of its PIP processes for both clinical and nonclinical PIPs.
- ◆ Statistical testing determined that the rates for the following measures for both Los Angeles and Sacramento counties declined significantly from measurement year 2022 to measurement year 2023:
 - *Annual Dental Visits—Ages 0–20 Years*
 - *Overall Utilization of Dental Services—One Year—Ages 0–20 Years*
 - *Use of Preventive Services—Ages 0–20 Years*
- ◆ LIBERTY Dental has remaining findings to resolve from DHCS' CFR standard compliance review, which HSAG reported in the *2022–23 Medi-Cal Dental Managed Care External Quality Review Technical Report*.
- ◆ DHCS identified findings within the following CFR standards during the DHCS 2024 compliance review scoring process for LIBERTY Dental:
 - Availability of Services—§438.206
 - Grievance and Appeal Systems—§438.228
- ◆ During HSAG's NAV audit process, HSAG noted that LIBERTY Dental manually entered provider data from the Dental MC's Conduent system into its core management information system, Health Solutions Plus (HSP).

2023–24 External Quality Review Recommendations

- ◆ Review the PIP Submission Form Completion Instructions to ensure LIBERTY Dental includes all required information in the Dental MC plan's 2025 annual clinical and nonclinical PIP submissions.
- ◆ For performance measures with rates that declined significantly from measurement year 2022 to measurement year 2023, evaluate performance measure data to determine

whether clinical significance is tied to the statistically significant decline. For evaluation results that demonstrate clinical significance:

- Identify the factors that contributed to the significant decline in performance and implement quality improvement strategies that target the identified factors. Strategies should address the timeliness and quality of services provided to members as well as barriers to accessing dental care services.
- ◆ Work with DHCS to fully resolve the findings from DHCS' CFR standard compliance review, which HSAG reported in the *2022–23 Medi-Cal Dental Managed Care External Quality Review Technical Report*.
- ◆ Work with DHCS to resolve the identified findings from DHCS' 2024 compliance review scoring process related to the following CFR standards to ensure LIBERTY Dental meets all CFR standard requirements moving forward:
 - Availability of Services—§438.206
 - Grievance and Appeal Systems—§438.228
- ◆ Explore options to automate data transfer from Conduent to HSP.

LIBERTY Dental's responses to the EQR recommendations should reflect strategies that impact the timeliness and quality of services provided to members as well as barriers to accessing preventive and other dental health care services.

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