



**Medi-Cal Dental Services Division
Statewide Factsheet (February 2020)**

All graphics below from DHCS Statewide Factsheet (February 2020)

Case Management			
Geographic Area	New Case Count (Oct-Dec 2019)	Total Case Management Cases in 2019	Case Count as % of Member Months (for 3 month period)
Statewide	34	Unknown	0.000%
PHP (2 of 3 plans)	143	637	0.020%
GMC (2 of 3 plans)	312	1,642	0.036%

In February 2020, the Department of Health Care Services released a statewide dental services fact sheet <https://www.dhcs.ca.gov/Documents/MDS/D/Stateholder%20Docs/Statewide-Factsheet-Feb-2020-Stakeholder-Version.pdf>. Analysis of the data included in this fact sheet illustrates advantages of the dental managed care program: greater beneficiary support through case management, higher provider participation, and reduced administrative burden for providers.

Case Management:

FFS Model Provides Almost No Case Management, which is a Critical Feature of DMC

- **Case management is a critical service that helps members access dental providers and overcome barriers to care, resulting in improved quality outcomes.** The DMC plans provide case management to vulnerable member populations including persons with special needs and pregnant women, and any persons having difficulty locating a provider.
- **In FFS, out of a program serving over 12 million people, only 34 individuals accessed case management over the last 3 months of 2019.** In FFS, the burden is on the member to locate a provider and the lack of coordination results in provision of episodic care.
- **In DMC (2 counties), data from 2 of the 3 participating plans shows over 2,000 beneficiaries accessed case management in 2019,** and 455 individuals did so during the last quarter of 2019. Provider Enrollment: DMC has Greater Provider Participation than FFS.

Provider Enrollment		
	Active Billing Dental Offices	Active Rendering Providers
FFS	5,921	11,207
GMC	136	285
PHP	915	1,546

Provider Enrollment:

DMC has Greater Provider Participation than FFS

- **This data should not be used for comparative purposes!** The FFS row includes providers for 56 counties and the GMC and PHP rows represent single counties.
- **The multi-year trend shows a decline in rendering providers in FFS.** This data is for a single point in time (December 2019), however during the time period where payments to dentists increased by 28.6%, the number of rendering dentists actually decreased by 2.3% (between SFY 2016-17 and 2017-18).
- **The participation rate among dentists is greater in DMC than FFS due to enhanced support and reduced administrative burden.** The American Dental Association estimates the statewide California Medicaid dental participation rate is 15.4%. According to DMC plan estimates, approximately 33.8% of practicing dentists in Sacramento County participate in DMC.
- **Comparing the number of providers is problematic because certain geographic areas have fewer dentists per capita.** For example, there are fewer dentists per capita in Sacramento County than California as a whole (1:1325 in Sacramento, compared to 1:1200 statewide according to County Health Rankings) and this is one of the reasons the DMC program was created so members could access care.

Treatment Authorization Requests (TARs) in CY 2019 Average Turn-Around Time (in Days)		
FFS	DMC	Statewide
5.5	3.57	4.5

Treatment Authorization Requests:

DMC Reduces Provider Burden

- **DMC offers reduced provider burden; rather than implementing authorization and documentation requirements across the board in a “one-size, fits-all” approach, requirements can be applied to individual providers based on their performance.** This flexibility allows DMC plans to reward high-performing, cost-effective providers with reduced administrative burden, while continuing to verify performance using safeguards such as retrospective reviews.
- There is a quicker resolution time frame in DMC – average decisions are **reached almost 2 days faster**, meaning beneficiaries can get the care they need more quickly.
- **The rate of approvals is 6.3 points higher in DMC than FFS** and the rate of denials is 2.3 points lower.
- **Another example of administrative burden in FFS is related to deferred decisions;** when decisions are deferred, providers are asked to submit additional documentation and the decision is delayed. 4% of treatment authorization requests in FFS resulted in deferred decisions, but due to turnaround time requirements applied to the DMC plans, there were almost no deferred decisions in DMC.

Treatment Authorization Requests in 2019				
Measure	Number		Percentage	
	FFS	DMC	FFS	DMC
Approved	1,142,324	250,950	58.1%	64.4%
Denied	746,141	138,645	37.9%	35.6%
Deferred	79,341	74	4.0%	0.0%
Sum	1,967,806	389,668		

Above converted from graphic to table for illustrative purposes

Utilization:

Utilization Comparisons are Misleading

In the program overview section of DHCS' report, DHCS reports statewide dental utilization of **34.7%**, which indicates utilization needs to improve for all Californians. However, the DMC programs have consistently exceeded this statewide average. For the time period April 2018 to March 2019, state reporting on the DHCS website shows utilization of **44.1%** for PHP and **40.2%** for GMC.

In addition, utilization measures are not the best indicator of program quality. NCQA, the nation's premier quality organization for managed health care, is considering retiring the Annual Dental Visit because it is not a good quality performance measure. Although California uses the CMS-416 measure, they are essentially the same measure, with some minor methodology differences. Nationally, measures are changing. In addition, it is unreasonable to compare the FFS and DMC programs using these measures for multiple reasons, including:

- **Denti-Cal's utilization data includes preventive services delivered by any qualified healthcare practitioner providing dental services** – example being a pediatrician in a medical office. Dental managed care data may only include dentists and/or dental hygienists. This means there cannot be an apples-to-apples comparison of utilization data and if you back out the non-dental provider services (9.9% of these services in 2018), the dental managed care utilization is actually higher.
- **Comparing the State of California's utilization data in FFS (56 of 58 counties) to the performance of two counties in DMC is an improper comparison.** Some counties have utilization above and other have utilization below the DMC counties. Regional analysis of utilization is more appropriate and shows the DMC counties have performance similar to and better than neighboring counties.
- **Comparisons also ignore fundamental differences in program requirements** which directly affect utilization such as the requirement for the plans to administer a comprehensive fraud, waste, and abuse (FWA) Program Integrity plan. The Federal Office of the Inspector General's 2016 Report on CA Medi-Cal Children estimates FWA accounts for as much as 25% of the utilization totals.



This response prepared by LIBERTY Dental Plan of California, Inc.
For more information, please contact [John Carvelli](#) 949.903.1393, or [Dave Meadows](#) 949.933.5327.