



**2024-2026 QDP Issuer Model Contract Refresh Workgroup
Measurement & Data**

July 7, 2022

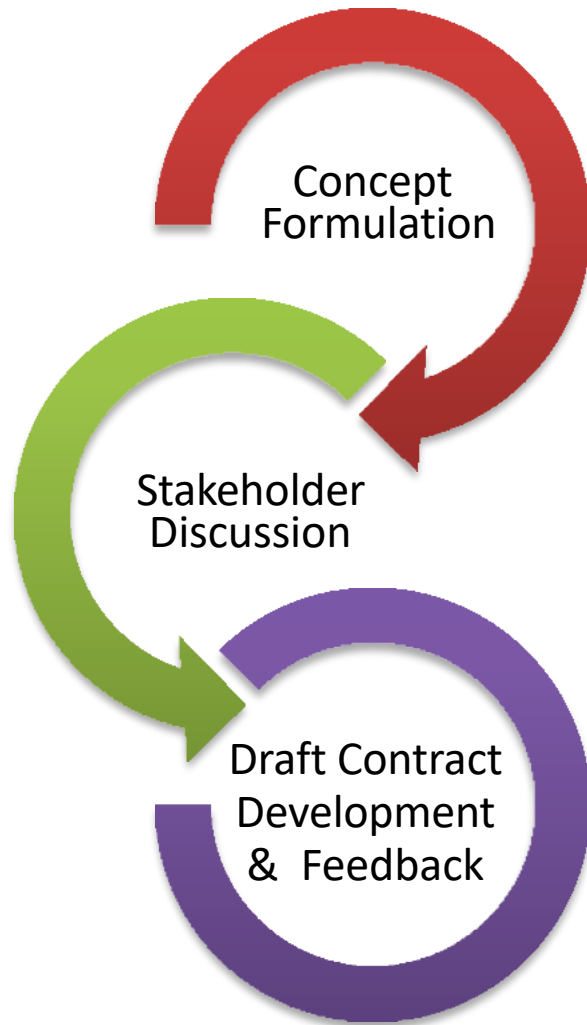
AGENDA

Time	Topic	Presenter
10am - 10:10	Welcome and Introductions	Covered CA
10:10 – 10:25	Medi-Cal Dental Programs	DHCS
10:25 – 10:40	Performance Measures from the Provider's Perspective	CDA
10:40 – 11:10	Covered California Performance Measurement & Data Contractual Provisions	Covered CA
11:10 - 11:40	Open Discussion and Feedback	Discussion
11:40 - 11:50am	Next Steps and Adjourn	Tara Di Ponti

Welcome & Timeline

Tara Di Ponti and Elena Wise

CONTRACT REFRESH WORKGROUP APPROACH



- Covered California leadership and staff engage in strategic planning sessions to develop concept proposal for the contract refresh framework, principles, and priority areas for focus – to facilitate contract development of a draft for public review in September.
- Dental Refresh workgroup
 - Scheduled monthly meetings (anticipated for April to November)
 - Forum for large group discussion on proposed changes to Attachment 1, Attachment 2 & 3
 - Learning space to share ideas and best practices among stakeholders
 - Participants will review and give feedback on contract proposals and draft contract language
 - Additional focus group meetings on specific priority areas will be scheduled as necessary to help facilitate contract development

Covered California's Framework for Holding Dental Plans Accountable for Quality, Equity and Delivery System Transformation

Domains for Equitable, High-Quality Care	Care Delivery Strategies	Goals
<ul style="list-style-type: none"> • Health promotion and prevention • Acute care • Chronic care • Complex care 	<ul style="list-style-type: none"> • Effective primary care • Appropriate, accessible specialty care • Leveraging technology • Cultural and linguistic competence 	<ul style="list-style-type: none"> • Improvement in health status • Elimination of disparities • Evidence-based care • Patient-centered care • Affordability for consumers and society

Key Levers

Covered California recognizes that promoting change in the delivery system requires **aligning** with other purchasers and working with all relevant players in a way that improves value for consumers and society while minimizing administrative burden on plans and providers.

- Benefit design
- Measurement for improvement and accountability
- Data sharing and analytics
- Payment reform
- Consumer empowerment
- Quality improvement collaboratives
- Technical assistance
- Certification and accreditation

Community Drivers: Social influences on Health, Economic and Racial Justice

Principles and Dental Strategic Focus Areas

Quality is central

Equity is quality

Measures that matter

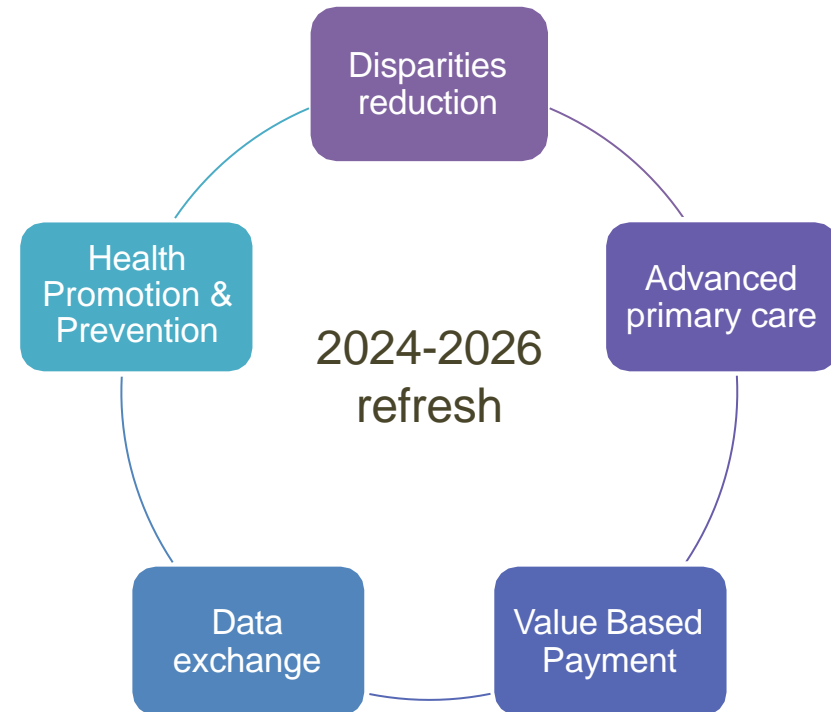
Make quality count

Amplify through alignment

Promote public good

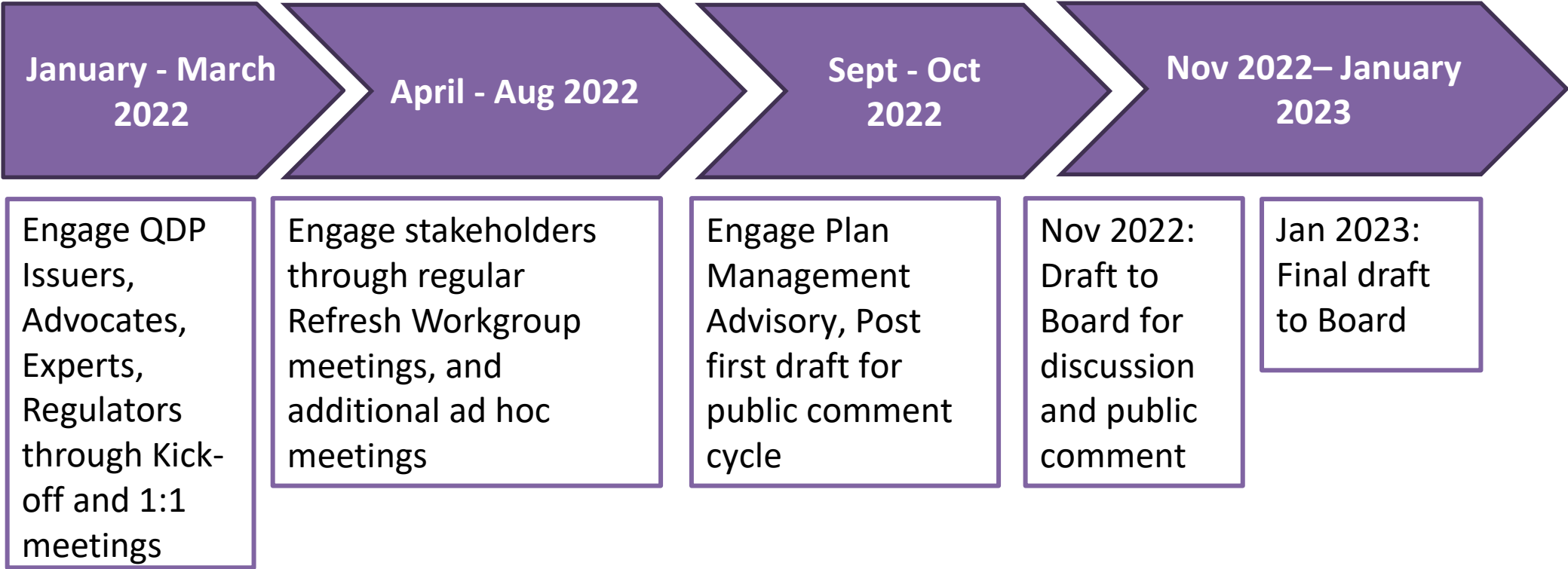
Care about cost

STRATEGIC FOCUS AREAS



Alignment with the Department of Healthcare Services (DHCS)
Data analytics / Healthcare Evidence Initiative

PROPOSED 2024 – 2026 QDP QUALITY INITIATIVE DEVELOPMENT TIMELINE



Medi-Cal Dental Program

Department of Health Care Services



Medi-Cal Dental Program

Carolyn Brookins
Assistant Division Chief
Medi-Cal Dental Services Division
Department of Health Care Services

Agenda

Medi-Cal Dental Initiatives

- Dental Transformation Initiative (DTI)
- Proposition 56
- California Advancing and Innovating Medi-Cal (CalAIM)

Medi-Cal Dental Reporting Requirements and Results

- AB 2207
- Medi-Cal 2020 1115 Waiver
- 1915b Waiver
- CMS 416

Medi-Cal Dental Initiatives

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Dental Transformation Initiative (DTI)

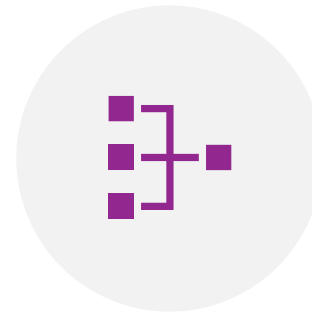
DTI focused on high-value care, improved access, and utilization of performance measures to drive delivery system reform.



DOMAIN 1 - PREVENTIVE SERVICES



DOMAIN 2 - CARIES RISK ASSESSMENT (CRA)



DOMAIN 3 - CONTINUITY OF CARE



DOMAIN 4 - LOCAL DENTAL PILOT PROJECTS (LDPPS)

Source: <https://www.dhcs.ca.gov/provgovpart/Pages/DTI.aspx>



Began in July 2017. Reauthorized in annual budget and multiple State Plan Amendments.



Approximately 300 dental procedures are eligible for these supplemental payments.



The Budget Act of 2021 lifted suspension dates.

Proposition 56 Supplemental Payments

Source: <https://www.dhcs.ca.gov/provgovpart/Prop-56/Pages/Prop56-Provider-Dental.aspx>



CalAIM

- DHCS proposed the California Innovating and Advancing Medi-Cal (CalAIM) multi-year initiative in October 2019 to implement January 1, 2021.
- Postponed to January 1, 2022 due to the Public Health Emergency (PHE).
- Four CalAIM oral health initiatives are based on the successful outcomes of the DTI.

Sources: <https://www.dhcs.ca.gov/services/Pages/DHCS-CalAIM-Dental.aspx>
<https://www.dhcs.ca.gov/provgovpart/Pages/DTI.aspx>

Caries Risk Assessment (CRA) Bundle

- To assess and manage caries risk and reduce the need for invasive and costly restorative procedures in children ages 0-6
- Bundle includes CRA exam codes and nutritional counseling
- Allows for increased frequency of preventive services based on risk level
- Bundle rate of \$61 (\$15 exam and \$46 nutritional counseling)

Silver Diamine Fluoride (SDF)

- Caries-arresting medicament
- Provides an option for non-invasive caries treatment
- For children ages 0-6 and specified high-risk and institutional populations
- Two visits per member, per year (once every 6 months)
- Up to 10 teeth per visit
- Lifetime maximum application of four treatments per tooth
- Paid at rate of \$12 per tooth



Preventive Services

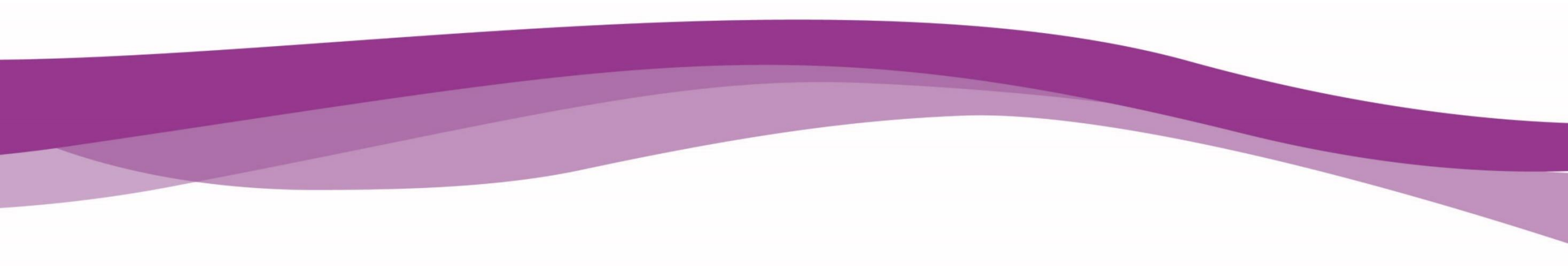
- To increase preventive services utilization for adults & children
- P4P payment pays 75 percent above the Schedule of Maximum Allowances (base fee)
- Available to providers statewide in all delivery systems



Continuity of Care

- To increase patients' return to the same dental office year after year for continuity of care and to improve oral health outcomes
- P4P payment is \$55 annually per member (adults & children)
- Available to providers in the Fee-for-Service delivery system and Safety Net Clinics statewide.

Medi-Cal Dental Reporting Requirements and Results



Website Published Reports

DHCS publishes its performance measures quarterly and DTI reports annually. Below are the pathways to access the reports.

- DHCS->Services-> Medi-Cal Dental program-> Dental Data Reports

Assembly Bill 2207 Reporting

Assembly Bill (AB) 2207, signed by the Governor in 2016, builds on prior Medi-Cal dentistry. The legislation includes reporting requirements for utilization data on general anesthesia categories. The legislation aligns FFS and DMC annual and cumulative information.

- [AB 2207 Webinar Frequently Asked Questions and Answers](#)
- [Dental Performance Measures - High Level \(Total, FFS, DMC, GMC, PHP\)](#)
- [Dental Fee-For-Service \(FFS\) Performance Measures](#)
- [Dental Managed Care \(DMC\) Performance Measures](#)
- [Medi-Cal Dental General Anesthesia Report Calendar Year 2018](#)
- [Medi-Cal Dental General Anesthesia Report Calendar Year 2019](#)
- [Medi-Cal Dental General Anesthesia Report Calendar Year 2020](#)
- [Medi-Cal Dental Per Provider Report Calendar Year 2018](#)
- [Medi-Cal Dental Per Provider Report Calendar Year 2019](#)

- DHCS->Services-> Medi-Cal Dental program-> Dental Transformation Initiative

General Information

- [DTI Pilot County Expansions - 2019](#)
- [DTI Frequently Asked Questions \(FAQs\)](#) (Revised August 31, 2016)
- [Medi-Cal 2020 Progress Reports](#) (Refer to the Table of Contents of each report for information relevant to DTI.)
- [DTI Annual Reports](#)
- [DTI Final Evaluation Design](#) | [CMS Approval Letter](#)
- [DTI Final Interim Evaluation Report](#) | [CMS Approval Letter](#)

Sources: [Medi-Cal Dental Reports](#)
[DTI Website](#)

Assembly Bill 2207

Performance Measure Requirements

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Performance Measurement Requirements Children (0-20) and Adults (21+)

Annual Dental Visits

Preventive Dental Services

Examination and Oral Health Evaluations

Dental Diagnostic Services

Treatment/Prevention of Caries

Preventive Services to Fillings Ratio

Dental Treatment Services

These performance measures are updated on a quarterly basis on a rolling 12 month basis.

Performance Measurement Requirements Children (0-20)

Dental sealant and fluoride varnish:

- Use of Sealant
- Count of Sealant
- Count of Fluoride Varnishes

These performance measures are updated on a quarterly basis on a rolling 12 month basis.

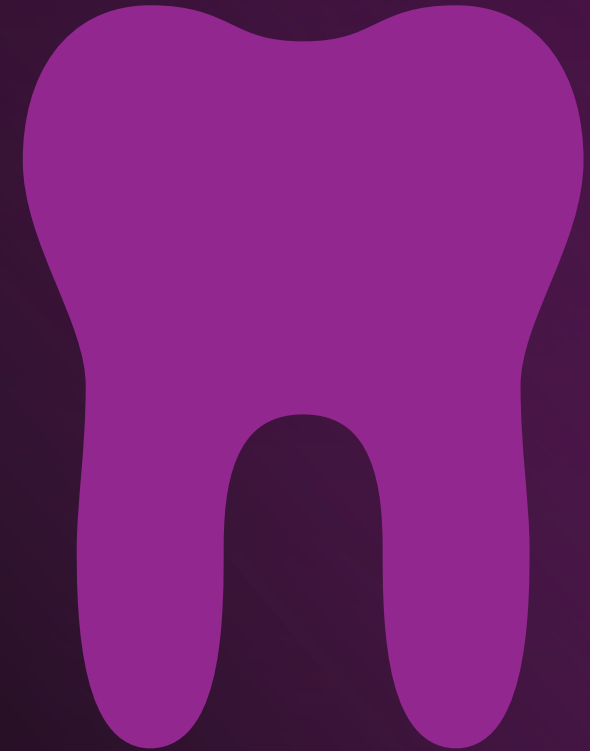
Performance Measurement Requirements for Children (0-20) and Adults (21+)

Continuity of care and overall utilization over an extended period of time:

- Continuity of Care
- Usual Source of Care
- Overall Utilization of Dental Services 1 Year
- Overall Utilization of Dental Services 2 Years
- Overall Utilization of Dental Services 3 Years

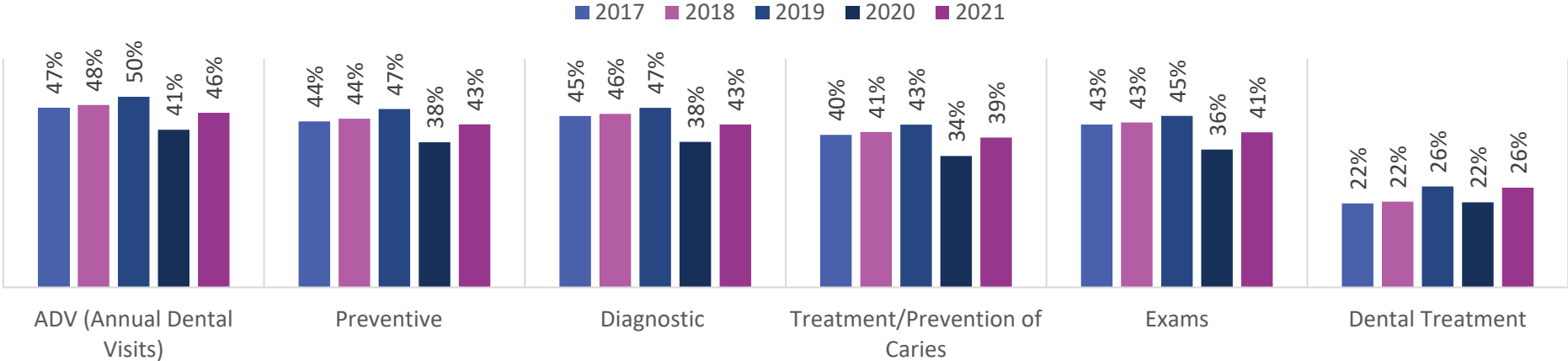
These performance measures are updated on a quarterly basis on a rolling 12 month basis.

Source: [AB 2207 Medi-Cal: Dental Program](#)

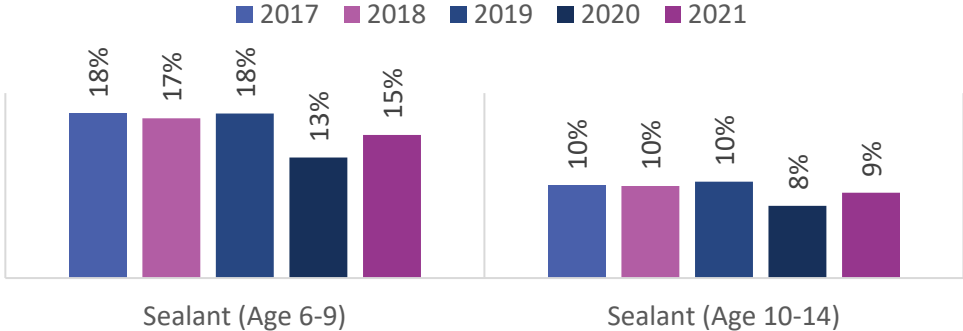


Statewide Utilization in Children (2017-2021*)

Statewide utilization in children (Ages 0-20)



Sealant utilization in children

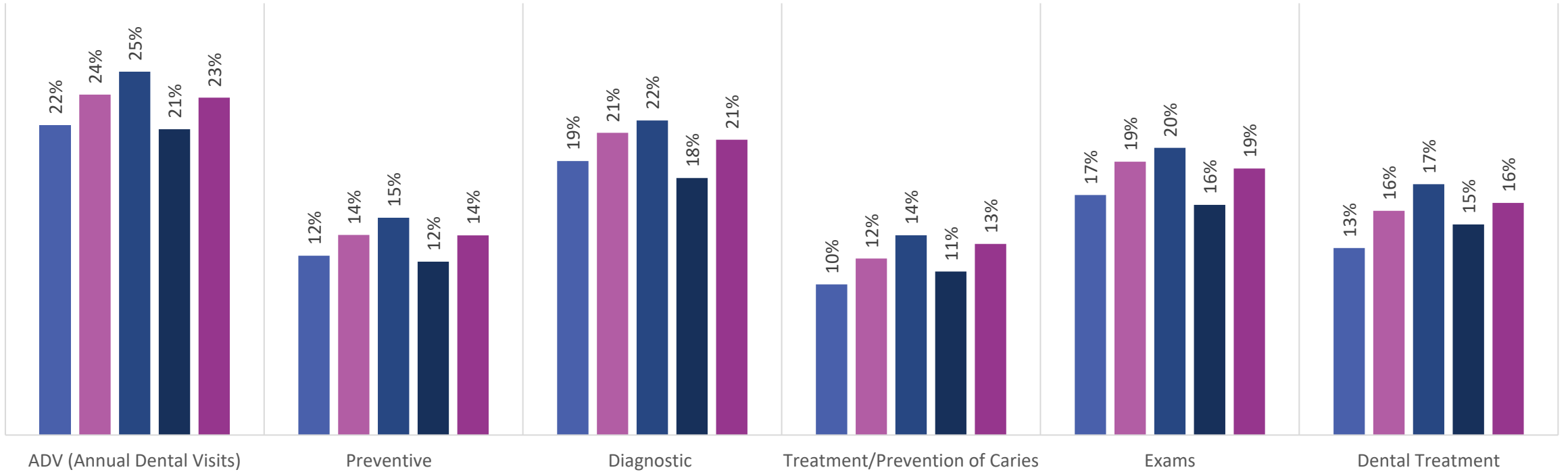


Sources: Dental Dashboard MIS/DSS June 2022;
 *Data for CY 2021 is expected to increase

Statewide Utilization in Adults (2017-2021*)

Statewide utilization In adults (Age 21+)

■ 2017 ■ 2018 ■ 2019 ■ 2020 ■ 2021



Sources: Dental Dashboard MIS/DSS June 2022;
*Data for CY 2021 is expected to increase

Per Provider Report

Number of patients seen on a per-provider basis for the following services:

- » Number of annual dental visits.
- » Number of annual preventive dental services.
- » Number of annual dental treatment services.
- » Number of annual examinations and oral health evaluations.
- » DHCS publishes this report annually for both FFS and DMC providers and includes
- » Services rendered at dental offices and safety net clinics.

Source: [AB 2207 Medi-Cal: Dental Program](#)

Complaints and Grievances Report

DHCS reports the following parameters in this annual report:

- » Medi-Cal dental complaints and grievances by delivery system
- » Number of complaints by category and filing method
- » Number of complaints submitted by quarter
- » Percentage of complaints resolved within 30 days
- » Complaint resolution outcome by category

Source: [AB 2207 Medi-Cal: Dental Program](#)

General Anesthesia Report

- » Report on utilization based on Medi-Cal members who required and received GA services for dental procedures through Medi-Cal's dental and medical delivery systems.
- » Dental utilization is based dental procedures received through the Dental FFS and DMC delivery systems.

Medi-Cal 2020 1115 Waiver DTI Reporting Requirements



Preliminary Report to CMS



Final Annual Reports to CMS



Evaluation Report

Medi-Cal 2020 1115 Waiver DTI Reporting Requirements

- Domain 1 - Use of Preventive Dental Services
- Domain 2 - Caries Risk Assessment
- Domain 3 – Continuity of Care
- Domain 4 – Local Dental Pilot Project

Domain 1 Results

Percentage of Beneficiaries Who Received Any Preventive Dental Service

Measure	Baseline Year: CY 2014	PY 5 Excluding SNCs	PY 5 Including SNCs	PY 6 Excluding SNCs	PY 6 Including SNCs
Numerator	1,997,190	1,710,834	2,031,119	2,039,376	2,383,327
Denominator	5,279,035	5,204,581	5,204,581	5,414,212	5,414,212
Preventive Dental Services Utilization	37.83%	32.87%	39.03%	37.67%	44.02%
Percentage Points Change from Baseline Year	N/A	-4.96	1.20	-0.16	6.19

Medi-Cal Dental Service Offices and Rendering Providers

Measure	Baseline Year: CY 2014	PY 6	Percent Diff
Number of Service Office Locations Providing Preventive Dental Services to Beneficiaries Ages One through Twenty	5,600	6,236	11.36%
Number of Rendering Providers Providing Preventive Dental Services to at Least Ten Beneficiaries Ages One through Twenty	5,908	6,377	7.94%

Domain 2 Results

Group	Beneficiary Category in PY 6	PY 5 Preventive	PY 6 Preventive	Percent Diff
Control	00 Did not receive services in PY 5	0	62,149	N/A
Control	04 Received services in PY 5	100,746	103,734	3%
Control	05 Total PY 6 Beneficiaries	100,746	165,883	65%
Low Risk	00 Did not receive services in PY 5	0	189,340	N/A
Low Risk	04 Received services in PY 5	19,150	36,705	92%
Low Risk	05 Total PY 6 Beneficiaries	19,150	226,045	1080%
Moderate Risk	00 Did not receive services in PY 5	0	189,700	N/A
Moderate Risk	04 Received services in PY 5	14,305	29,946	109%
Moderate Risk	05 Total PY 6 Beneficiaries	14,305	219,646	1435%
High Risk	00 Did not receive services in PY 5	0	709,698	N/A
High Risk	04 Received services in PY	74,433	198,721	167%
High Risk	05 Total PY 6 Beneficiaries	74,433	908,419	1120%

Number and Percentage Change in Preventive Dental Services for New CRA Beneficiaries and Control Group in PY 6

Domain 3 Results

Preventive Dental Services Utilization

Increase in Domain 3 and Non-Domain 3 Counties Including and Excluding SNCs

Year	Measure	D3 Counties	Non-D3 Counties
Baseline Year: CY 2014	Numerator Excluding SNCs	1,255,723	741,467
Baseline Year: CY 2014	Denominator	3,418,732	1,860,303
Baseline Year: CY 2014	Utilization Excluding SNCs	36.73%	39.86%
PY 6	Numerator Excluding SNCs	1,316,593	722,783
PY 6	Denominator	3,595,548	1,818,664
PY 6	Utilization Excluding SNCs	36.62%	39.74%
Baseline Year to PY 6	Change of Percentage Points Excluding SNCs	-0.11	-0.12
PY 6	Numerator Including SNCs	1,578,986	804,341
PY 6	Denominator	3,595,548	1,818,664
PY 6	Utilization Including SNCs	43.92%	44.23%
Baseline Year to PY 6	Change of Percentage Points Including SNCs	7.19	4.37

1915b Waiver

Monitoring Requirements

- Data to evaluate the utilization between FFS and DMC in the following metrics:
 - Annual Dental Visits
 - Use of Preventive Services
 - Use of Sealants
- Data necessary to monitor health outcomes and quality metrics at the local and aggregate level through encounter data and supplemental reporting on health outcomes and equity of care.
- Data necessary to monitor appeals and grievances for beneficiaries
- [California Advancing & Innovating Medi-Cal \(CalAIM\) 1915\(b\) Waiver Special Terms and Conditions](#)

Source: CALAIM Waiver Control # CA 17.R10

CMS 416 Reporting Requirements

Annually DHCS provides CMS with the following dental information regarding Total Eligibles receiving:

- Any Dental Services
- Preventive Dental Services
- Dental Treatment Services
- A Sealant on a Permanent Molar Tooth
- Diagnostic Dental Services
- Oral Health Services Provided by a Non-Dentist Provider
- Any Preventive Dental or Oral Health Service

Source: 2700.4 Instructions for Completing Form CMS-416: Annual Early and Periodic Screening, Diagnostic, and Treatment (EPSDT) Participation Report

Thank you!

Questions or comments?



You may also email dental@dhcs.ca.gov with questions or comments. Please do not share personal information in your email inquiries.

Performance Measures from the Provider's Perspective

California Dental Association

Performance Measures from the Provider's Perspective

Monica Montano, PhD
Regulatory and Legislative Advocate
California Dental Association

CDA

- Represents nearly 27,000 members
- 1 of 6 members of organized dentistry in the U.S. belong to CDA
- Our mission: to support our members in their practice and service to the public through innovation in education, advocacy and related programs

How do dental practices differ from medical practices?

Most dentists are general dentists

- 80/20- 80% of dentists are general dentists compared to 20% of dental specialists
- All dentists generally have some experience in all specialties
- Majority of dental care is coordinated within one office

Dentists generally practice as solo providers



- 73% of dentists in private practice own their practice
- 51% of dentists in CA are solo providers (CA)
- Group and corporate practices are becoming more common
- 8.1% of dentists in CA are affiliated with a dental service organization

Diagnosis codes generally not used

- Dentists use CDT codes, which only describes the treatment or services rendered
 - If a filling came loose because of an injury or material wore down- the same CDT code will be used
- Performance data is aggregated mainly from claims data
- Generally, dentists do not have a true EHR

These factors play a role in dental performance measures

How do you measure/improve dental quality?

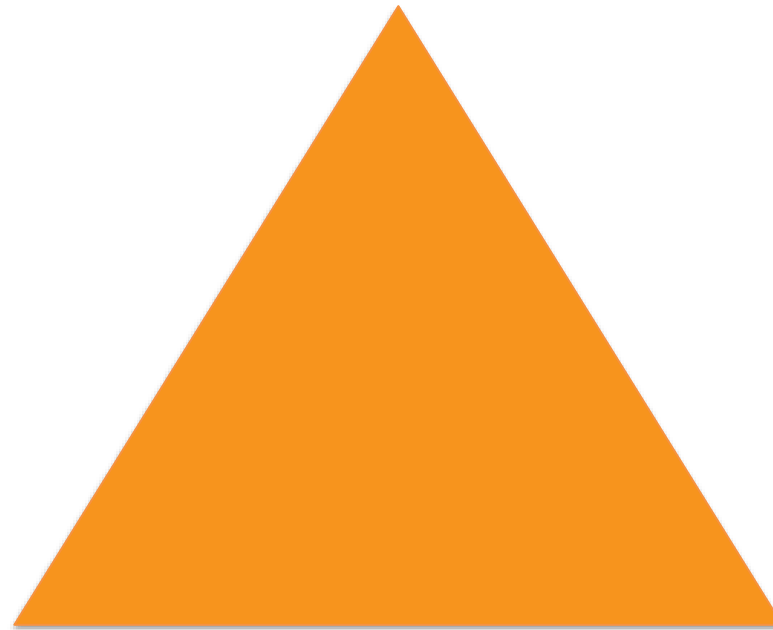
Improving Dental Quality - Questions to keep in mind

- What are we measuring?
- What will this indicate?
- Is this evidence-based?
- What tools are we using to measure, is this claims data?



Plan-Provider-Patient Relationship

Patient



Provider

Plan

Community Health
Workers/Promotores

Third-Party Administrators

Virtual Dental Home

Improvement Strategies

- Adequate support and training for dental office staff/providers
- Increased transparency about cost/coverage for enrollees
- Performance measures linked to financial incentives

Dental Transformation Initiative (DTI)

- Medi-Cal strategy focused on high-value care, improved access, and utilization of performance measures to drive delivery system reform
- Provided financial incentives to providers based on certain claims data

Dental Transformation Initiative (DTI)

- Provider incentive payments linked to certain utilization measures- claims data
- For example- preventive utilization services for children increased by 10% from 2014 to 2019
- CalAIM Dental Initiative was built on the successful components of DTI

Considerations for Covered California

- Improved transparency around cost, especially OON
- When care/assessments are rendered outside of a traditional dental office- link patient to provider
- Develop measures related to care coordination, follow-up, and referral process

Covered California Performance Measurement & Data Contractual Provisions

Elena Wise and Taylor Priestley

MEASURE SET CRITERIA

- **Epidemiologically relevant:** target conditions that are key drivers of morbidity and mortality for Californians, with significant racial or ethnic disparities in outcomes
- **Outcomes focused:** select measures with clear linkage to clinical outcomes
- **Established:** minimize administrative burden by relying on nationally endorsed metrics that, as much as possible, are shared across multiple measure sets
- **Actionable:** choose measures where improvement is clearly amenable to health care intervention
- **Parsimonious:** focus on a select subset of measures to achieve impact
- **Aligned:** strive to align measure sets and measure specifications to allow maximal synergy across health plans and providers

CURRENT PEDIATRIC PERFORMANCE MEASURES

DQA Measure		Description
3.1	Utilization of Services	Percentage of all enrolled children aged 0 - 1 who received at least one dental service within the reporting year.
3.2	Utilization of Services	Percentage of all enrolled children aged 2 - under age 19 who received at least one dental service within the reporting year.
3.3	Oral Evaluation	Percentage of enrolled children under age 19 who received a comprehensive or periodic oral evaluation within the reporting year.
3.4a	Sealants in 10 year olds	Percentage of enrolled children, who have ever received sealants on a permanent first molar tooth: (1) at least one sealant sealed by 10th birthdate.
3.4b	Sealants in 10 year olds	Percentage of enrolled children, who have ever received sealants on a permanent first molar tooth: and (2) all four molars sealed by 10th birthdate.
3.5a	Sealants in 15 year olds	Percentage of enrolled children, who have ever received sealants on a permanent second molar tooth: (1) at least one sealant sealed by the 15th birthdate.
3.5b	Sealants in 15 year olds	Percentage of enrolled children, who have ever received sealants on a permanent second molar tooth: (2) all four molars sealed by the 15th birthdate.
3.6	Topical Fluoride for Children at Elevated Caries Risk	Percentage of enrolled children aged 1-18 years who are at “elevated” risk (i.e. “moderate” or “high”) who received at least 2 topical fluoride applications within the reporting year.
3.7	Ambulatory Care Sensitive Emergency Department Visits for Dental Caries in Children	Number of emergency department (ED) visits for caries-related reasons per 100,000 member months for all enrolled children.
3.8	Follow-Up After ED Visit by Children for Dental Caries	The percentage of caries-related emergency department visits among children 0 through 18 years in the reporting year for which the member visited a dentist within 7 days of the ED visit.
3.9	Follow-Up After ED Visit by Children for Dental Caries	The percentage of caries-related emergency department visits among children 0 through 18 years in the reporting year for which the member visited a dentist within 30 days of the ED visit.

CURRENT ADULT PERFORMANCE MEASURES

Covered CA Measure		Description
4.1	Annual Dental Visit (ADV)	Measure includes all members ages 19 years and older as of December 31, in the prior calendar year (denominator) who had at least one dental visit in 2018 (numerator). Measure include members enrolled for at least 11 of the 12 months in the prior calendar year.
4.2	Preventive Dental Services (PDS)	Measure includes members enrolled for at least 11 of the 12 months in the prior calendar year (denominator) who received any preventive dental service (D1000- D1999) in the prior calendar year (numerator).
4.3	Use of Dental Treatment Services (UDTS).	Measure includes members enrolled for at least 11 of the 12 months in the prior calendar year (denominator) who received any dental treatment other than diagnostic or preventive services (D2000-D9999) in the prior calendar year (numerator).

PERFORMANCE MEASURE CONCEPTS – EVALUATING UTILIZATION

DHCS Performance Measurement for Children (0-20)	DQA Performance Measurement for Children (under the age 21)
<p>Annual Dental Visits % of members who had at least one (1) dental visit during the measurement period.</p>	<p>Utilization of Services % of children under age 21 who received at least one dental service within the reporting year</p>
<p>Use of Preventive Services % of members who received any preventive dental service during the measurement period.</p>	
<p>Use of Diagnostic Services % of members who received any diagnostic dental service during the measurement period.</p>	
<p>Treatment/Prevention of Caries % of members who received either treatment for caries or a caries-preventive procedure during the measurement period.</p>	<p>Caries Risk Documentation % of children under age 21 years who have caries risk documented in the reporting year</p>
<p>Preventive Services to Fillings % of members who received one (1) or more fillings in the measurement period who also received preventive services (topical fluoride application, sealant, preventive resin restoration, education) during the measurement period.</p>	<p>Preventive Services for Children % of children who received a topical fluoride application and/or sealants within the reporting year</p>
<p>Use of Dental Treatment Services % of members who received any dental treatment service during the measurement period.</p>	<p>Treatment Services % of children who received a treatment service within the reporting year.</p>

PERFORMANCE MEASURE CONCEPTS – EVALUATING QUALITY OF CARE

DHCS Performance Measurement for Children (0-20)	DQA Performance Measurement for Children (under the age 21)
<p>Exams/Oral Health Evaluations % of members who received a comprehensive or periodic oral health evaluation or, for members under 3 years of age, who received an oral evaluation and counseling with the primary care giver, during the measurement period.</p>	<p>Oral Evaluation % of children under age 21 who received a comprehensive or periodic oral evaluation within the reporting year</p>
<p>Count of Fluoride Varnishes # of applications of fluoride varnishes (CDT Codes D1206, D1208 and CPT Code 99188) rendered by an enrolled medical or dental provider or dental encounter at a SNC with ICD10: K036 or Z293 for members ages 0-5, 0-6, 6-9, and 10-14 during the measurement period.</p>	<p>Topical Fluoride for Children % of children aged 1 through 20 years who received at least 2 topical fluoride applications within the reporting year</p>
<p>Use of Sealants % of members ages 6-9 and 10-14 who received a dental sealant on at least one permanent molar during the measurement period.</p>	<p>Sealant Receipt on Permanent 1st Molar % of enrolled children, who have ever received sealants on a permanent first molar tooth: (1) at least one sealant and (2) all four molars sealed by 10th birthdate.</p>
	<p>Sealant Receipt on Permanent 2nd Molar % of enrolled children, who have ever received sealants on a permanent second molar tooth: (1) at least one sealant and (2) all four molars sealed by the 15th birthdate</p>
<p>Count of Sealants # of applications of dental sealants (D1351) or dental encounter at a SNC with ICD 10: Z98810 for members ages 6-9 and 10-14 during the measurement period.</p>	

PERFORMANCE MEASURE CONCEPTS – EVALUATING QUALITY OF CARE

DHCS Performance Measurement for Children (0-20)	DQA Performance Measurement for Children (under the age 21)
<p>Continuity of Care % of members continuously enrolled for two (2) years with no gap in coverage who received a comprehensive oral evaluation or a prophylaxis in both the first and second years during the measurement period.</p>	<p>Care Continuity % of children enrolled in two consecutive years who received a comprehensive or periodic oral evaluation in both year</p>
<p>Usual Source of Care % of members continuously enrolled for two (2) years with no gap in coverage who received any dental service in both the first and second years during the measurement period.</p>	<p>Usual Source of Services % of children enrolled in two consecutive years who visited the same practice or clinical entity in both years</p>
<p>Overall Utilization of Dental Services 1 year % of members continuously enrolled for the measurement period who received any dental service during that period.</p>	
<p>Overall Utilization of Dental Services 2 years % of members continuously enrolled for the measurement period who received any dental service during that period.</p>	
<p>Overall Utilization of Dental Services 3 years % of members continuously enrolled for the measurement period who received any dental service during that period.</p>	

PERFORMANCE MEASURE CONCEPTS – EVALUATING QUALITY OF CARE

DHCS Performance Measurement for Children (0-20)	DQA Performance Measurement for Children (under the age 21)
	<p>Ambulatory Care Sensitive Emergency Department Visits for Dental Caries in Children # of emergency department visits for caries-related reasons per 100,000 member months for all children</p>
	<p>Follow-Up after Emergency Department Visits for Dental Caries in Children % of ambulatory care sensitive Emergency Department (ED) visits for dental caries among children 0 through 20 years in the reporting period for which the member visited a dentist within (a) 7 days and (b) 30 days of the ED visit</p>
	<p>Per Member Per Month Cost of Clinical Services Total amount that is paid on direct provision of care (reimbursed for clinical services) per member per month for all children during the reporting year</p>

PERFORMANCE MEASURE CONCEPTS – EVALUATING EFFICIENCY & COST

DHCS Performance Measurement for Children (0-20)	DQA Performance Measurement for Children (under the age 21)
	Per Member Per Month Cost of Clinical Services Total amount that is paid on direct provision of care (reimbursed for clinical services) per member per month for all children during the reporting year

PERFORMANCE MEASURE CONCEPTS – EVALUATING UTILIZATION

DHCS Performance Measurement for Adult	DQA Performance Measurement for Adult
<ul style="list-style-type: none">• Annual Dental Visits - % of members who had at least one (1) dental visit during the measurement period.• Use of Preventive Services - % of members who received any preventive dental service during the measurement period.• Use of Diagnostic Services - % of members who received any diagnostic dental service during the measurement period.• Treatment/Prevention of Caries - % of members who received either treatment for caries or a caries-preventive procedure during the measurement period.• Preventive Services to Fillings - % of members who received one (1) or more fillings in the measurement period who also received preventive services (topical fluoride application, sealant, preventive resin restoration, education) during the measurement period.• Use of Dental Treatment Services - % of members who received any dental treatment service during the measurement period.	<ul style="list-style-type: none">• Periodontal Evaluation in Adults with Periodontitis - % of enrolled adults aged 30 years and older with history of periodontitis who received a comprehensive or periodic oral evaluation or a comprehensive periodontal evaluation within the reporting year.

PERFORMANCE MEASURE CONCEPTS – EVALUATING QUALITY OF CARE

DHCS Performance Measurement for Adult	DQA Performance Measurement for Adult
<ul style="list-style-type: none"> • Exams/Oral Health Evaluations - % of members who received a comprehensive or periodic oral health evaluation or, for members under 3 years of age, who received an oral evaluation and counseling with the primary care giver, during the measurement period. • Continuity of Care - % of members continuously enrolled for two (2) years with no gap in coverage who received a comprehensive oral evaluation or a prophylaxis in both the first and second years during the measurement period. • Usual Source of Care - % of members continuously enrolled for two (2) years with no gap in coverage who received any dental service in both the first and second years during the measurement period. • Overall Utilization of Dental Services 1 year - % of members continuously enrolled for the measurement period who received any dental service during that period. • Overall Utilization of Dental Services 2 years - % of members continuously enrolled for the measurement period who received any dental service during that period. • Overall Utilization of Dental Services 3 years - % of members continuously enrolled for the measurement period who received any dental service during that period. 	<ul style="list-style-type: none"> • Non-Surgical Ongoing Periodontal Care for Adults with Periodontitis - % of enrolled adults aged 30 years and older with a history of periodontitis who received an oral prophylaxis OR scaling/root planning OR periodontal maintenance visit at least 2 times within the reporting year • Topical Fluoride for Adults at Elevated Caries Risk - % of enrolled adults aged 18 years and older who are at “elevated” risk (i.e., “moderate” or “high”) who received at least 2 topical fluoride applications within the reporting year. • Adults with Diabetes – Oral Evaluation - % of enrolled adults with diabetes who received a comprehensive or periodic oral evaluation or a comprehensive periodontal evaluation within the reporting year • Ambulatory Care Sensitive Emergency Department Visits for Non-Traumatic Dental Conditions in Adults - # of emergency department (ED) visits for ambulatory care sensitive dental conditions per 100,000 member months for enrolled adults • Follow-up after Emergency Department Visits for Non-Traumatic Dental Conditions in Adults - % of ambulatory care sensitive dental condition emergency department visits among adults aged 18 years and older in the reporting period for which the member visited a dentist within (a) 7 days and (b) 30 days of the ED visit

Open Discussion and Feedback

QUESTIONS

- How should Covered California approach performance measure selection? How might the measure set criteria be applied or adapted to best fit dental performance measurement and oral health goals?
 - **Epidemiologically relevant:** target conditions that are key drivers of morbidity and mortality for Californians, with significant racial or ethnic disparities in outcomes
 - **Outcomes focused:** select measures with clear linkage to clinical outcomes
 - **Established:** minimize administrative burden by relying on nationally endorsed metrics that, as much as possible, are shared across multiple measure sets
 - **Actionable:** choose measures where improvement is clearly amenable to health care intervention
 - **Parsimonious:** focus on a select subset of measures to achieve impact
 - **Aligned:** strive to align measure sets and measure specifications to allow maximal synergy across health plans and providers
- Are there recommendations for specific performance measures?
- How should Covered California approach setting performance levels for selected measures?

NEXT STEPS

- Submit questions and comments to Dianne Ehrke at PMDCContractsUnit@covered.ca.gov
- The next 2024-2026 QDP Issuer Model Contract Refresh Workgroup *is currently scheduled* for August 4th from 10:00am-11:50am. Anticipated topics include an overview of proposed requirements and continued discussion of health promotion and prevention. Materials forthcoming.

Thank you