

Little Hoover Commission Testimony
 Department of Health Care Services Data
 September 24, 2015

FY 14/15 Medi-Cal Dental Program Expenditures		
State Funds	Federal Funds	Total Funds
\$395,189,120	\$706,443,410	\$1,101,632,530

FY 15/16 Medi-Cal Dental Program Expenditures		
State Funds	Federal Funds	Total Funds
\$525,796,973	\$808,175,465	\$1,333,972,438

2013 Medi-Cal Dental Enrollment			
Delivery System	Beneficiaries ages <21	Beneficiaries ages 21 +	Total
Total DMC Beneficiaries	467,305	170,861	638,166
Total FFS Beneficiaries	3,616,171	3,128,458	6,744,629
All Beneficiaries	4,083,476	3,299,319	7,382,795

2014 Medi-Cal Dental Enrollment			
Delivery System	Beneficiaries ages <21	Beneficiaries ages 21 +	Total
Total DMC Beneficiaries	485,002	394,658	879,660
Total FFS Beneficiaries	4,116,911	5,424,220	9,541,131
All Beneficiaries	4,601,913	5,818,878	10,420,791

2013 Medi-Cal Dental Utilization Rates				
Medi-Cal beneficiaries who were continuously enrolled in same plan for 11 out of 12 months, had full scope benefits and no share of cost				
Performance Measures	Plan	Beneficiaries ages <21	Beneficiaries ages 21 +	Total Utilization
Annual Dental Visits-Beneficiaries who had at least one (1) dental visit during the measurement period.	DMC	37.1%	10.6%	28.2%
	FFS	55.0%	12.1%	36.6%
	Total Utilization	53.8%	12.1%	36.2%
Preventive-Beneficiaries who received any preventive dental service during the measurement period.	DMC	29.9%	0.8%	20.1%
	FFS	45.1%	1.4%	26.4%
	Total Utilization	44.1%	1.4%	26.1%
Exams/Oral Health-Beneficiaries who received a comprehensive or periodic oral health evaluation or, for Beneficiaries under 3 years of age, who received an oral evaluation and counseling with the primary care giver during the measurement period.	DMC	29.6%	2.9%	20.6%
	FFS	43.9%	1.8%	25.9%
	Total Utilization	43.0%	1.8%	25.6%
Dental Treatments-Beneficiaries who received any dental treatment service during the measurement period.	DMC	18.5%	8.5%	15.1%
	FFS	25.9%	8.8%	18.6%
	Total Utilization	25.4%	8.8%	18.4%

2014 Medi-Cal Dental Utilization Rates				
Medi-Cal beneficiaries who were continuously enrolled in same plan for 11 out of 12 months, had full scope benefits and no share of cost				
Performance Measures	Plan	Beneficiaries ages <21	Beneficiaries ages 21 +	Total Utilization
Annual Dental Visits-Beneficiaries who had at least one (1) dental visit during the measurement period.	DMC	37.8%	22.7%	33.7%
	FFS	52.6%	25.0%	38.9%
	Total Utilization	51.4%	24.8%	38.6%
Preventive-Beneficiaries who received any preventive dental service during the measurement period.	DMC	30.8%	7.3%	24.1%
	FFS	42.8%	10.7%	26.8%
	Total Utilization	41.8%	10.5%	26.7%
Exams/Oral Health-Beneficiaries who received a comprehensive or periodic oral health evaluation or, for Beneficiaries under 3 years of age, who received an oral evaluation and counseling with the primary care giver during the measurement period.	DMC	31.4%	16.2%	27.2%
	FFS	41.9%	15.9%	29.0%
	Total Utilization	41.0%	15.8%	28.8%
Dental Treatments-Beneficiaries who received any dental treatment service during the measurement period.	DMC	17.8%	13.4%	17.1%
	FFS	23.4%	13.7%	18.6%
	Total Utilization	22.9%	13.7%	18.5%

Medi-Cal Dental Program Participating Providers FY 13/14		
Participating Rendering Providers	Participating billing providers	Number of Safety Net Clinics Billing Dental Encounters
8,361	5,769	432

In the table above, “participating” is defined as submitting a claim, or appearing as a rendering provider on a claim.

A **rendering provider** is defined as a dentist who is responsible for the provision of services to the patient. A renderer works at a biller’s practice and can be a biller.

A **billing provider** is defined as a business entity enrolled with the program who submits claims to the Medi-Cal Dental Program within the 12 month period. There is a system purge at the beginning of each month to deactivate providers who fail to submit claims within a 12 month period. All billers have a rendering provider ID as well and can provide services in their own practice.