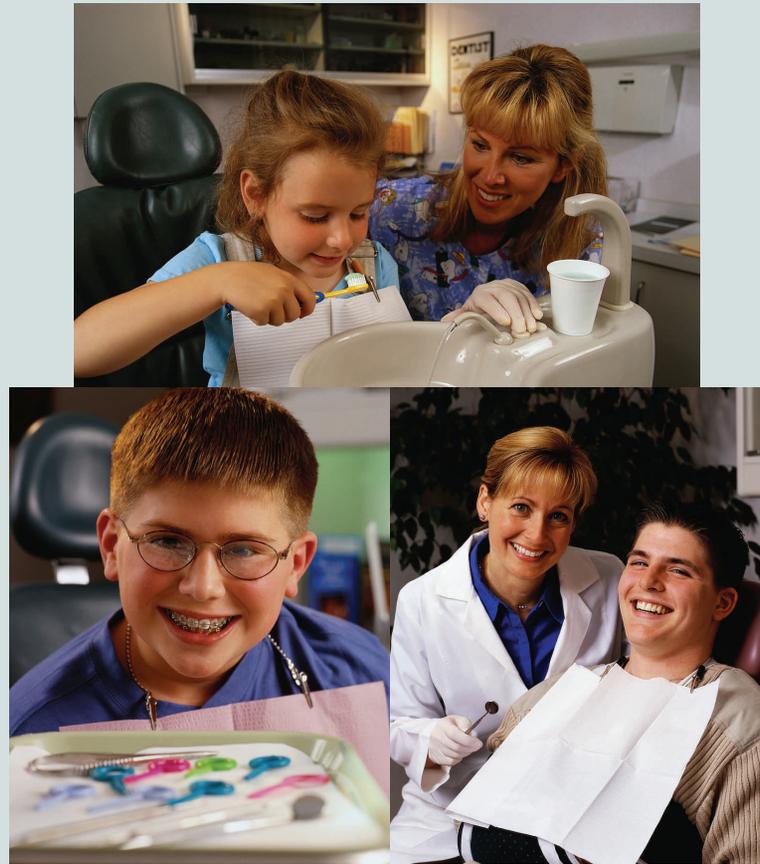


Healthy Families Program 2007 Dental Quality Report

Agenda Item 7.i
6/17/09 Meeting



California Managed Risk Medical Insurance Board
Benefits and Quality Monitoring Division

June 2009



California Managed Risk Medical Insurance Board

Healthy Families Program (HFP)

MRMIB provides and promotes access to affordable coverage for comprehensive, high quality, cost effective health care services to improve the health of Californians.

Acknowledgements

Prepared by Mary Watanabe, Health Program Specialist and Cristal Schoenfelder, Research Program Specialist II

Assisted by Shelley Rouillard, Deputy Director, Benefits and Quality Monitoring Division and Muhammad Nawaz, Ph.D, Research Manager II

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Executive Summary

Introduction

The 2007 Dental Quality Report for the Healthy Families Program (HFP) presents information on the quality of care provided by the 6 participating dental plans. The report includes findings for one quality measure, *Annual Dental Visit*, from the Health Care Effectiveness Data and Information Set (HEDIS®)¹ and the results of the 2007 Dental Consumer Assessment of Healthcare Providers and Systems (D-CAHPS®)² survey.

The Managed Risk Medical Insurance Board (MRMIB) monitors the quality of dental services provided to HFP members by collecting data from the dental plans related to access, preventive services and treatment. In addition, MRMIB collects information pertaining to member satisfaction from consumer surveys when funding is available. Subscribers receive the results in enrollment materials, including the program handbook, and can use the information to compare dental plans. The results are also published on the MRMIB and HFP websites.

Revision of Dental Quality Measures

In 2007, MRMIB convened a Dental Advisory Committee to look at the value of the existing dental quality measures and to make recommendations on which dental measures should be reported in 2008. The Committee was comprised of dentists with extensive experience in dental quality measurement, including currently practicing dentists, the dental directors of each HFP dental plan, and MRMIB staff. During its review of the existing measures, the Committee concluded that the existing dental quality measures did not convey meaningful information. The Committee proposed several new measures which were adopted by the Board.

For the 2007 measurement year, each dental plan submitted data to MRMIB for 5 quality measures, including one HEDIS measure, *Annual Dental Visit*. In light of the Committee's conclusions about the questionable value of the measures reported in 2007, this report includes data only for the one HEDIS measure, *Annual Dental Visit*.

Dental Quality Measures for 2008

Beginning in June 2009, the dental plans will report data for the seven new measures listed below along with *Annual Dental Visit*. These measures will provide detailed information about the number of HFP children who are receiving preventive dental services as well as diagnostic and treatment services. These results will also provide information on services received by all HFP children, not just children over a certain age. MRMIB anticipates reporting the results of the new measures in the Fall of 2009.

Table 1. Dental Quality Measures for the 2008 Measurement Year

Measure	Definition
Overall Utilization of Dental Services	The percentage of members continuously enrolled in the same plan for 1, 2, and 3 years who received any dental service, including preventive services, over those periods.
Preventive Dental Services	The percentage of members enrolled for at least 11 of the past 12 months who received any preventive dental service in the past year.
Use of Dental Treatment Services	The percentage of members enrolled for at least 11 of the past 12 months who received any dental treatment, other than diagnostic or preventive services, in the past year.
Examinations/Oral Health Evaluations	The percentage of members enrolled for at least 11 of the past 12 months who received a comprehensive or periodic oral evaluation or, for members under three years of age, those who received an oral evaluation and counseling with the primary caregiver in the past year.
Treatment/Prevention of Caries	The percentage of members who received a treatment for caries or a caries-preventive procedure.
Filling to Preventive Service Ratio	The percentage of members enrolled for at least 11 of the past 12 months, with 1 or more fillings in the past year and who received a topical fluoride or sealant application.
Continuity of Care	The percentage of members continuously enrolled in the same plan for 2 years with no gap in coverage who received a comprehensive oral evaluation or a prophylaxis in the year prior to the measurement year and who also received a comprehensive or periodic oral evaluation or a prophylaxis in the measurement year.

1 HEDIS® is a registered trademark of the National Committee for Quality Assurance

2 D-CAHPS® is a registered trademark of the Agency for Healthcare Research and Quality

New Federal Requirements for Dental Services and Reporting

The Children's Health Insurance Program Reauthorization Act of 2009 (CHIPRA) requires all states to provide dental coverage to children enrolled in the program. The Healthy Families Program has been providing comprehensive dental coverage since its inception. However, CHIPRA establishes specific levels of services that "prevent disease and promote oral health, restore oral structures to health and function, and treat emergency conditions." CHIPRA also requires detailed reporting on dental care that includes data on the number of enrolled children who receive any, preventative, or restorative dental care, including those who receive a protective sealant on at least one permanent molar tooth.

CHIPRA also directs the Government Accountability Office (GAO) to conduct a study on access to dental services in CHIP and Medicaid and make recommendations to address any barriers to access to oral health care. The dental quality measures reported by the dental plans may change in the coming years as a result of the CHIPRA reporting requirements. Uniform reporting requirements should also allow for comparisons to national benchmarks.

Dental Plan Models

The dental plans participating in HFP can be grouped into two models, "open" network and "primary care" model. The "open" network plans, Delta Dental and Premier Access Dental, serve approximately 52% of HFP members. The "primary care" network plans, Access Dental, Health Net Dental, SafeGuard Dental and Western Dental, serve approximately 48% of HFP members.

The "open" network plans allow members to select any dentist from the dental plan's network. Member do not have to select a primary care dentist and can choose to see a different dentist each time they need care. They also do not need a referral to see a dental specialist. Dental providers are paid on a fee-for-service basis when services are provided.

The "primary care" model plans require members to select a primary care dentist who coordinates the member's dental care. Members are required to get prior authorization from their primary care dentist to see a specialist for non-emergency dental services. The primary care dentists receive a capitation payment from the plan for each assigned member.

Throughout this report, there are significant differences in performance and satisfaction between the different plan models. Members who are in one of the "open" network plans received an *Annual Dental Visit* at a much higher rate compared to the members in the "primary care" plans. The "open" network plans also received consistently higher ratings of satisfaction on the D-CAHPS survey. These differences have been consistent throughout the program's history and are reflected in the variation in scores by region. For example, children in Los Angeles had the lowest rate of Annual Dental Visit. However, members in Los Angeles can only choose between the "primary care" plans since none of the "open" network plans are offered in Los Angeles County. HFP enrollment by plan is presented in Appendix A and the counties they serve is in Appendix B.

Key Findings from the *Annual Dental Visit* Measure

MRMIB has collected data on *Annual Dental Visit* since 1999. Overall, the results show only slight changes in the number of children who received a dental visit each year. Scores have ranged from 56% in 1999 to a high of 62% in 2006. In 2007, 59% of HFP children had a visit with a dentist. However, 72% of families who participated in the D-CAHPS survey indicated that they had taken their child to the dentist in the last 12 months.

While comparison data to national benchmarks is limited, the results indicate that a larger percentage of HFP children received a dental visit than children in most Medicaid plans. There is no comparison to national commercial dental plans. As previously mentioned, this could change under CHIPRA.

Analysis of the results by demographic variables revealed several significant differences:

- Asian language speakers had a dental visit at the highest rate.
- African American children were the least likely to have had a dental visit with a rate of only 50%.
- Children in Northern California received a dental visit at a significantly higher rate than children in Southern California (70% and less than 60% respectively). In Los Angeles, only 42% of children had a dental visit.
- Children ages 5 to 6 years old had the highest rate, likely due to the school requirement that children have a dental visit prior to the end of the first year of school.

Executive Summary

Key Findings From the D-CAHPS Survey

This is the fourth year the dental consumer satisfaction survey has been administered to members of HFP. The results have remained stable across all measures, except for the *Customer Service* composite rating. In 2007, MRMIB used a new version of the survey, which focused on specific functions of the dental plan rather than on the dental provider. As such, several of the composite measures from the previous version of the survey were eliminated. Also, the response scale for the *Customer Service* composite rating was changed as a result of difficulties in translation and understanding for low-literacy respondents. These changes resulted in a significant increase (11%) in the program average for the *Customer Service* rating in 2007.

There is still no comparison data for the D-CAHPS survey results. The HFP is the only program in the country using the survey to measure satisfaction with dental services.

Responses indicate that at least 7 out of 10 members were satisfied with the dental care their child received from both the dentist and dental specialists. The same percentage of members were able to communicate with their child's dentist and were treated well by their child's dentist.

Responses show that 1 out of 3 members were not satisfied with their child's dental plan and had a problem getting care quickly.

Analysis of the results by demographic variables revealed several significant differences:

- As in previous years, Asian language respondents consistently reported lower ratings than other ethnic groups.
- Respondents with children in the oldest age group, ages 13 to 19 years, reported the lowest rates on most measures.
- Hispanic and White respondents gave the highest ratings across most of the global and composite ratings.
- HFP members whose child had been enrolled in the program for the longest period of time (more than 30 months) reported the highest levels of satisfaction across most categories.

High Performing Plans

The two dental plans with an "open" network, Delta Dental and Premier Access, had the highest rates on all measures and had rates that were statisti-

cally significantly higher than the program average in 6 of the 7 categories.

Low Performing Plans

The dental plans that require a primary care dentist, had consistently lower rates in all categories compared to the high performing plans.

Health Net Dental had 6 out of 7 ratings that were statistically significantly lower than the program average.

Three of the dental plans had 4 out of 7 ratings that were statistically significantly lower than the program average:

- Access Dental
- SafeGuard Dental
- Western Dental

A summary of the plans that had rates that were statistically significantly higher or lower than the program average is in Appendix G.

Other Notable Findings

In addition to the results that have been summarized into four global ratings and three composite ratings, there were several notable findings from the single item questions related to the type of dental care received by HFP members in the last 12 months.

- The majority (90%) of survey respondents said their child had one dental office or clinic where they go for dental care and 82% have a regular dentist they see for checkups and cleanings.
- Seven out of ten children saw their dentist in the last 12 months.
- Nearly 8 out of 10 children saw their dentist for regular or routine dental care.
- Almost half (47%) saw their dentist for a filling or treatment for a cavity.
- Seventeen percent (17%) saw a dentist for mouth pain or another dental problem that needed care right away.
- Seventeen percent (17%) of survey respondents took their child to see a dental specialist.
- Only 3% of children went to an emergency room for dental care.
- Less than one-quarter (23%) of parents or caretakers needed an interpreter to speak with their child's dentist.

Executive Summary

Conclusion

The results of the dental quality measure and D-CAHPS survey indicate that there are opportunities for improving the quality of dental care provided to children in HFP. While the results have remained stable, member satisfaction with dental plans and dental care continues to be well below satisfaction with health plans and health care.

There continues to be considerable differences among the dental plan models with the “open” network plans consistently out performing plans using the “primary care” model. This is an area for future research to determine the cause of the significant variations in performance and to identify ways to improve the quality of care and satisfaction with the low performing plans.

Each year the dental plans respond to a series of questions on the Dental Plan Fact Sheet related to how they educate their members and provide dental services. A review of the fact sheet responses shows that all dental plans send out dental health information at the time of enrollment and annually, but there is limited follow up with members who are not receiving dental services on an annual basis. Only Access and Premier Dental follow-up with members who have not visited a dentist within 90 days of enrollment. This is an area for future improvement to determine what best practices could be implemented to encourage annual dental visits.

The next dental quality report, which will include 7 new dental quality measures, should provide more relevant and comprehensive information about the types of dental services being provided to children in HFP as well as the quality of those services. At this time, MRMIB does not know if funding will be available for a future D-CAHPS survey.

HEDIS Data Collection and Reporting Methodology

Each dental plan is responsible for following NCQA's guidelines for collecting data for the *Annual Dental Visit* measure. NCQA gives specific guidelines for data collection, including eligible population, age group and continuous enrollment requirements.

In 2006, NCQA changed the minimum age limit for children included in this measure from 4 years old to 2 years old. This is the second year MRMIB has reported an annual dental visit rate that includes 2 year olds and it appears that including younger children has not significantly affected the overall rate.

Administrative and Hybrid Data Collection Methods

HEDIS data is collected through either administrative or hybrid data collection methods.

The administrative method requires plans to identify all eligible members and then search their administrative databases (e.g., enrollment, claims and encounter data systems) for evidence that a service was provided.

The hybrid method requires plans to select a random sample of eligible members and then search administrative databases and review medical records for evidence that services were provided.

HEDIS scores based on the hybrid method generally are higher than those based on the administrative method, but it is more costly and labor intensive to gather data through the hybrid method.

For the *Annual Dental Visit* measure, all plans used the administrative method except SafeGuard Dental.

HFP Weighted Average

The HFP overall results are presented using a weighted average. The weighted average accounts for the large variation in plan enrollment and data collection methods. The use of a weighted average provides the most accurate estimate of the number of children that had a dental visit in 2007. The weighted average was calculated using the rate and eligible population provided by each dental plan.

Trends

Analysis of the HFP weighted average for the *Annual Dental Visit* measure for the last 3 years is included in the analysis. Figure 8 shows the comparison of individual plan performance for the last 3 years.

Benchmarks

This report also provides comparison of the HFP weighted average to the 2007 National Medicaid HMO average. There is no state-level comparison data available and the *Annual Dental Visit* measure is no longer used for the commercial population.

Demographic Analysis

Overall results were compared across several demographic variables, including spoken language, ethnicity, region, age group and gender. The rates presented in these charts reflect the percentage of each subgroup that received an annual dental visit. While some of the sample sizes were smaller than others, all are included in the demographic analysis because it provides valuable information on opportunities for improving quality and access to care for certain populations.

The number of eligible members by demographic variable is in Appendix C.

D-CAHPS Survey Methodology

D-CAHPS 4.0 Survey Methodology

MRMIB conducted the D-CAHPS survey through an independent survey vendor, DataStat, Inc. The survey contained 51 questions. Responses to the questions have been summarized into four global ratings and three composite ratings.

The D-CAHPS global ratings include ratings of:

- Dental Plan
- Dental Care
- Personal Dentist
- Dental Specialist

The D-CAHPS composite ratings are:

- Getting Dental Care Quickly
- How Well Dentists Communicate
- Customer Service

The surveys were administered in five languages - English, Spanish, Chinese, Korean and Vietnamese - over an 8-week period from September to November 2007. DataStat used a five-wave protocol that consisted of a pre-notification mailing, initial survey mailing, a reminder postcard, second survey mailing and a second reminder postcard to all non-respondents. Telephone follow-up was conducted for Spanish and English speaking non-respondents.

A random sample of 900 families from each dental plan was selected for the D-CAHPS survey. To be eligible, children had to be between 3 and 18 years of age as of July 31, 2007 and had to be continuously enrolled in HFP for at least 12 months as of May 31, 2007. The sample size was determined by the minimum number of returned surveys needed for the analysis and the expected response rates. All dental plans had sufficient enrollment to provide the target sample.

Complete surveys were returned by 2,557 families for a response rate of 49.3%. The number of families selected to participate in the D-CAHPS survey and the distribution by health plan are presented in Appendix D. Demographic information about the children in the sample and the survey respondents is presented in Appendix E.

Plan Performance and Trend Analysis

Figure 1. Individual Plan Rates for Annual Dental Visit

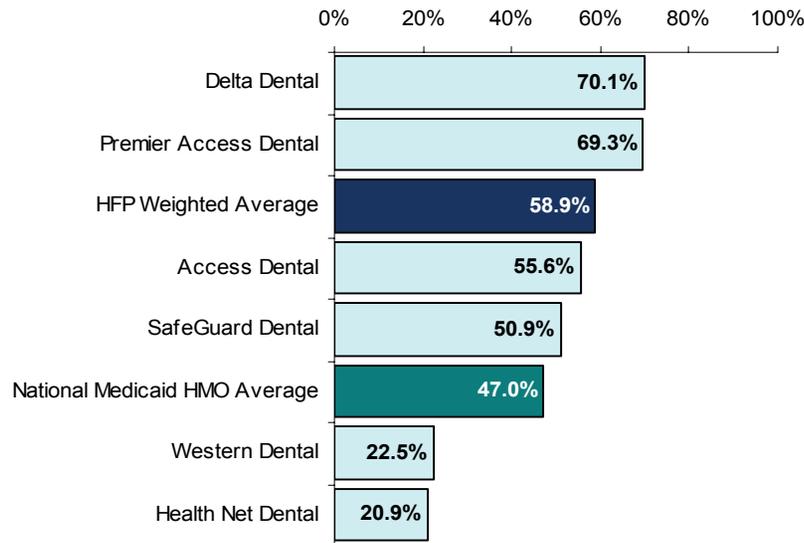
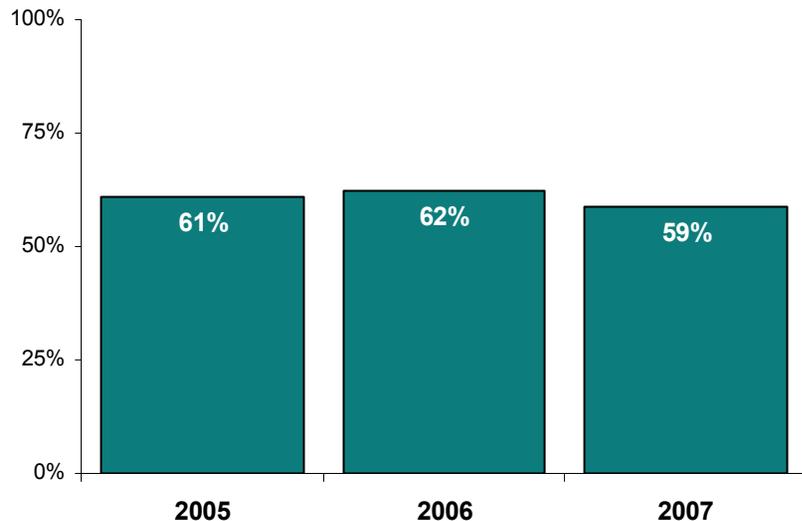


Figure 2. 3 Year Trend for Annual Dental Visit



Measure Definition

The *Annual Dental Visit* measure estimates the percentage of children ages 2 to 18 years of age who had at least one dental visit during the measurement year.

Why Is This Important?

Tooth decay and the presence of dental caries is the single most common, yet preventable, chronic disease of childhood. The average child has one cavity in permanent teeth by age nine and eight cavities by age seventeen. The American Academy of Pediatric Dentistry (AAPD), the American Dental Association (ADA) and the American Academy of Pediatrics (AAP) recommend the first dental visit occur by age one followed by an annual dental visit. Regular dental visits provide access to cleaning, early diagnosis and treatment and education on preventing dental problems.³

Overall Results

Fifty-nine percent (59%) of children between the ages of 2 and 18 enrolled in HFP had at least one dental visit. Individual health plan rates ranged from 70% to 21%. The “open” network plans, Delta Dental and Premier Access Dental, reported significantly higher rates compared to the plans that require a primary care dentist.

The *Annual Dental Visit* rate declined slightly from 2005 and 2006. Individual plan rates have steadily increased over the last 3 years with the exception of SafeGuard Dental whose score declined in 2007. Also, this is the first year that Health Net Dental has reported on this measure. This is the second year that Western Dental has reported this measure and its rate increased by 4% in 2007. However, Western Dental’s rate remains well below the program average.

The HFP weighted average exceeds the most recent data reported by NCQA for national Medicaid HMO plans which indicates that less than half (42.5%) of children ages 4 to 21 received an annual dental visit in 2006. The average rate for children ages 4 to 18 was 47%. Commercial plans no longer report this measure to NCQA and Medicaid HMO plans did not report on this measure in 2007, therefore, there is no comparison data that includes children under age 4.

3 NCQA’s HEDIS 2009, Volume 1: Narrative

Figure 3. Annual Dental Visit by Spoken Language

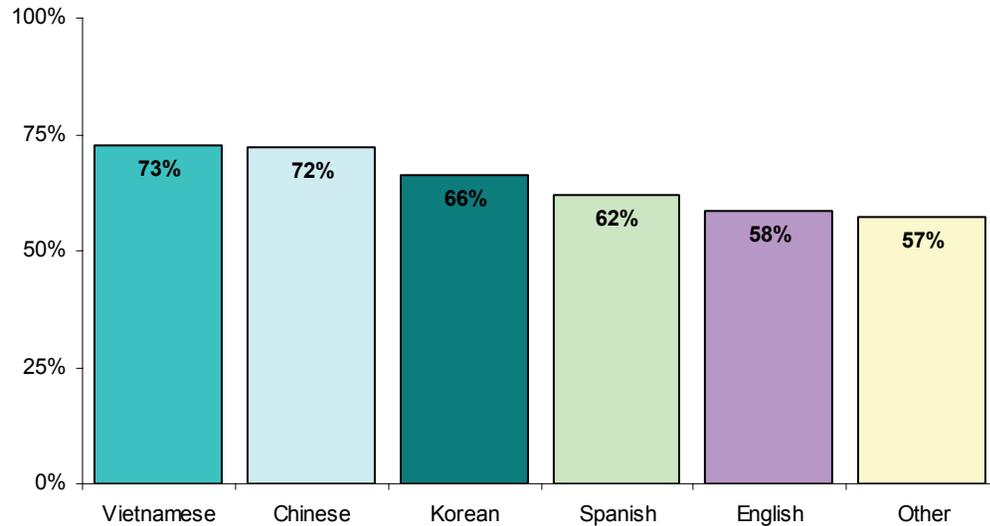
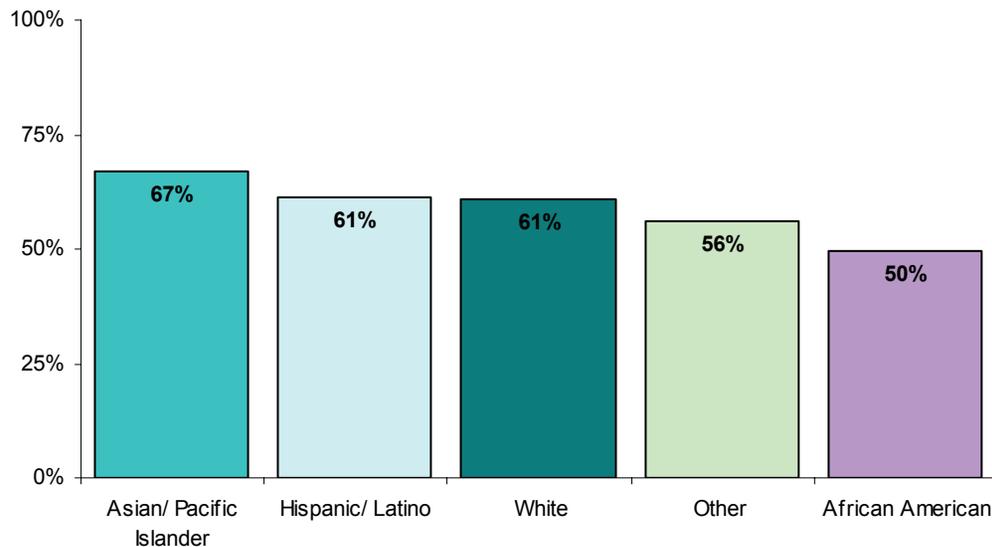


Figure 4. Annual Dental Visit by Ethnicity



Key Findings About Demographics

- There were significant differences among the 6 language groups. Vietnamese and Chinese speakers had a dental visit at a significantly higher rate ($p < .01$) than the other language groups.
- The rates for the 5 ethnic groups also varied significantly from each other. Asian/Pacific Islanders had a significantly higher rate ($p < .01$) than all other ethnic groups.
- Only half of the African American children had a dental visit compared to two-thirds of Asian/Pacific Islander children.

Figure 5. Annual Dental Visit by Region

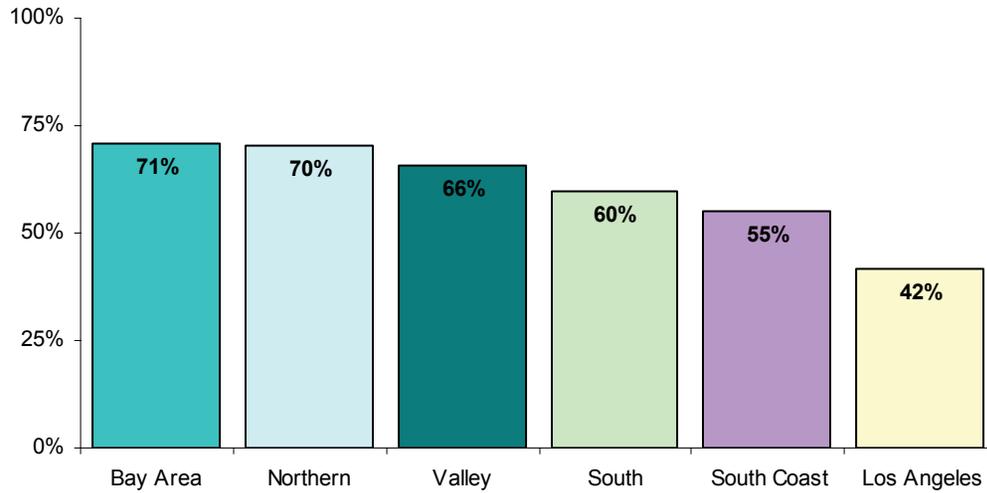


Figure 6. Annual Dental Visit by Age

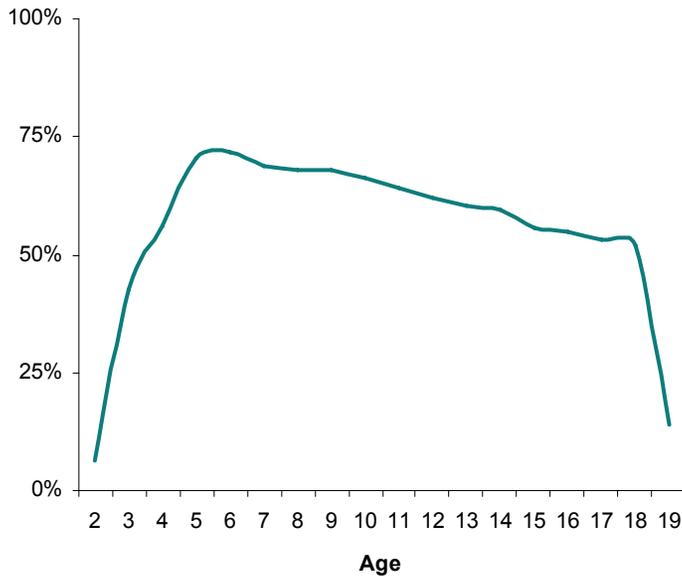
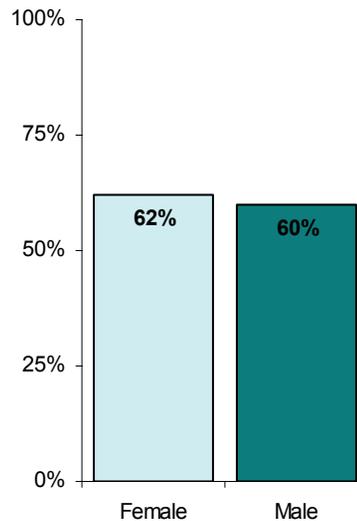


Figure 7. Annual Dental Visit by Gender

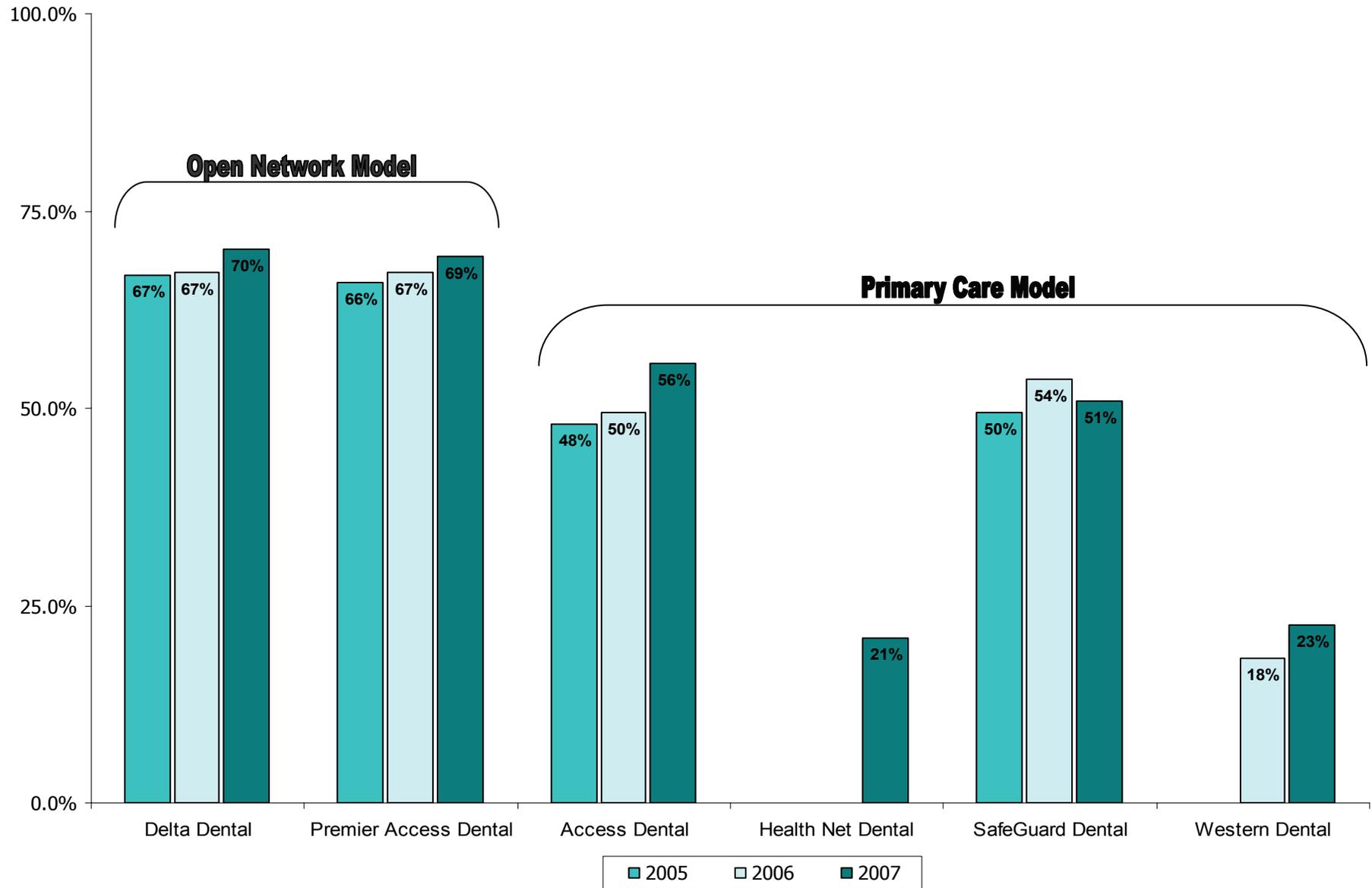


Key Findings About Demographics

- There were significant differences in the rate of dental visits across regions. Children in the Southern California regions, particularly Los Angeles, were less likely to have had a dental visit compared to the Bay Area and Northern regions.
- Only 4 out of 10 children in Los Angeles had a dental visit in 2007. A possible explanation for such a low rate is that the plans with the highest rate, Delta Dental and Premier Access, were not offered to HFP members in Los Angeles.
- More than 7 out of 10 children ages 5 and 6 had a dental visit, likely due to the requirement that children receive a dental check-up during their first year of school enrollment.
- The youngest children, ages 2 and 3, were the least likely to have had a dental visit with only 6% of 2 year olds and 43% of 3 years olds having a dental visit.
- There was no significant difference by gender.

HEDIS: Annual Dental Visit

Figure 8. 3 Year Trend for Individual Plan Performance on *Annual Dental Visit* Measure



Note: Health Net Dental was not participating in HFP prior to 2006, therefore, no data is available for 2005 and 2006. Western Dental became a participating dental plan in 2005, therefore no data is available for 2005.

D-CAHPS: Rating of Dental Plan

Overall Rating of Dental Plan

Respondents were asked to rate their child's dental plan on a scale of 0 to 10, with 0 equaling the "worst dental plan possible" and 10 equaling the "best dental plan possible". The scores below indicate the percentage of respondents who gave their child's dental plan a rating of 8, 9 or 10. The 2007 HFP Average is the average rating of all respondents.

Figure 9. Individual Plan Results for Dental Plan Rating

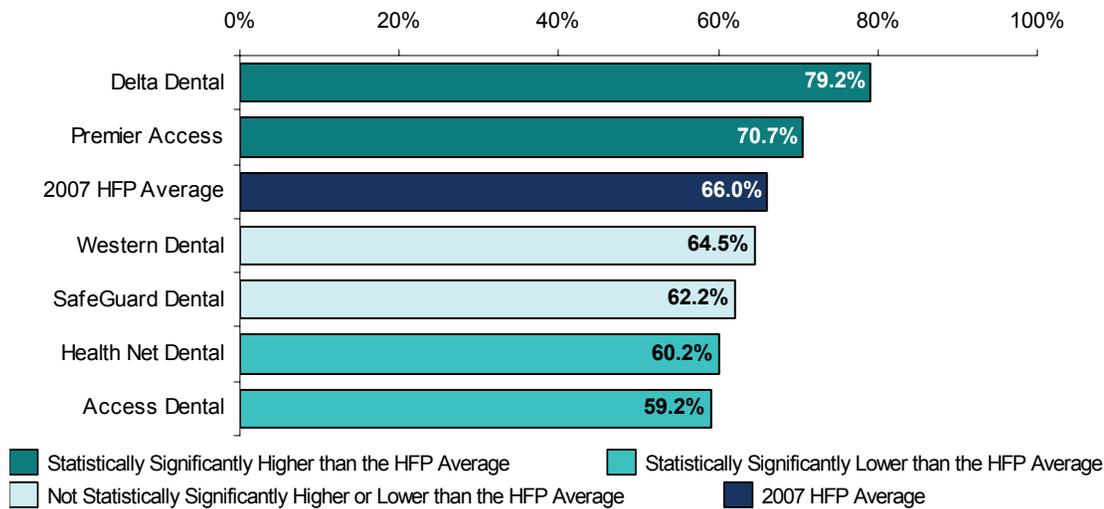
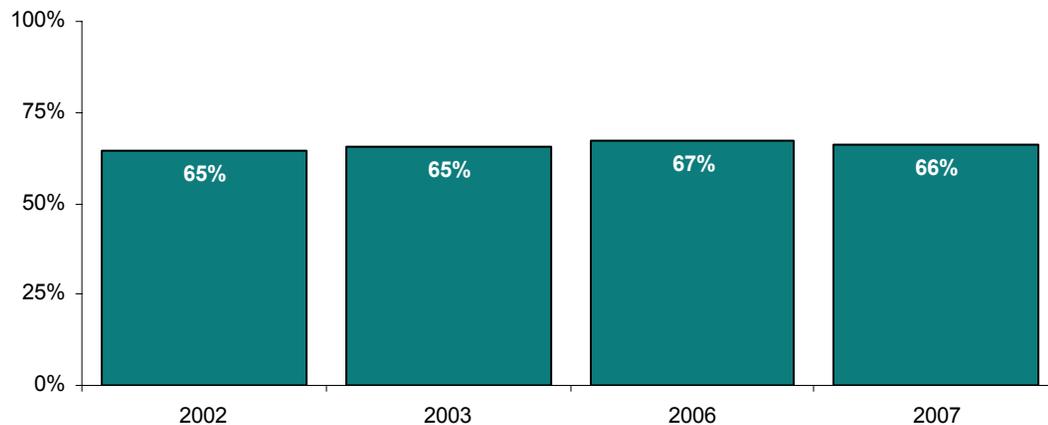


Figure 10. HFP 4 Year Trend for Dental Plan Rating



Dental Plan Comparison

Two dental plans received ratings that were statistically significantly higher ($p < .05$) than the program average:

- Delta Dental
- Premier Access

Two dental plans received ratings that were statistically significantly lower than ($p < .05$) the program average:

- Health Net Dental
- Access Dental

Western Dental showed an improvement of 5% from 2006 to 2007.

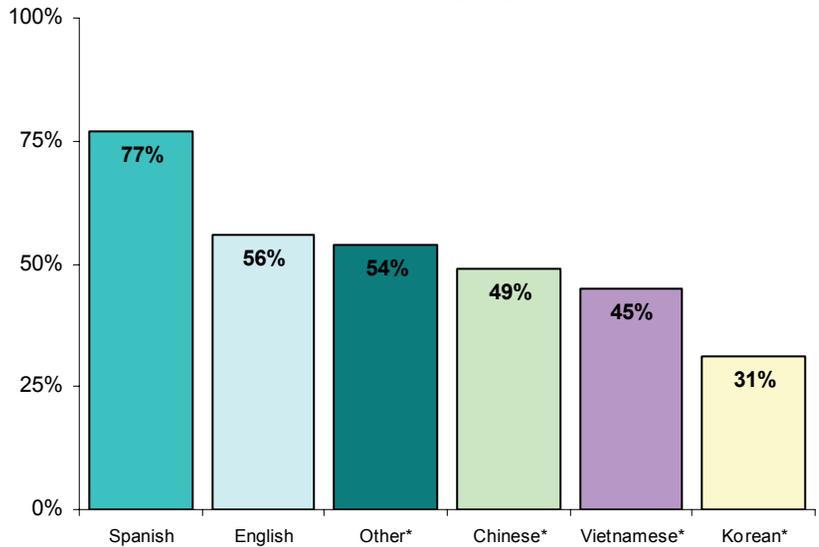
Access Dental's rate declined by 6% from 2006 to 2007.

Overall Results

- Two-thirds of survey respondents gave their child's dental plan a high rating.
- The overall rating of dental plan has remained consistent since the survey was first administered in 2002.

D-CAHPS: Rating of Dental Plan

Figure 11. Dental Plan Rating by Member Language



* Score based on less than 75 observations and should be viewed with caution

Figure 12. Dental Plan Rating by Age Group

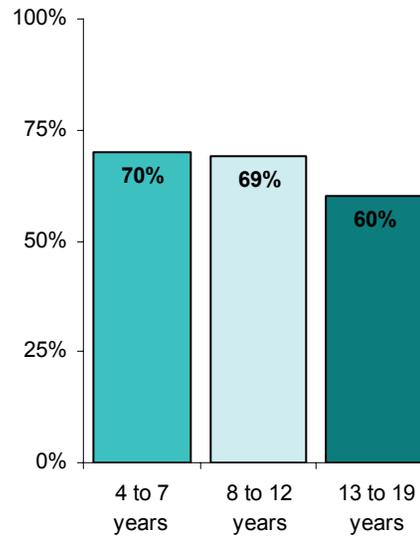
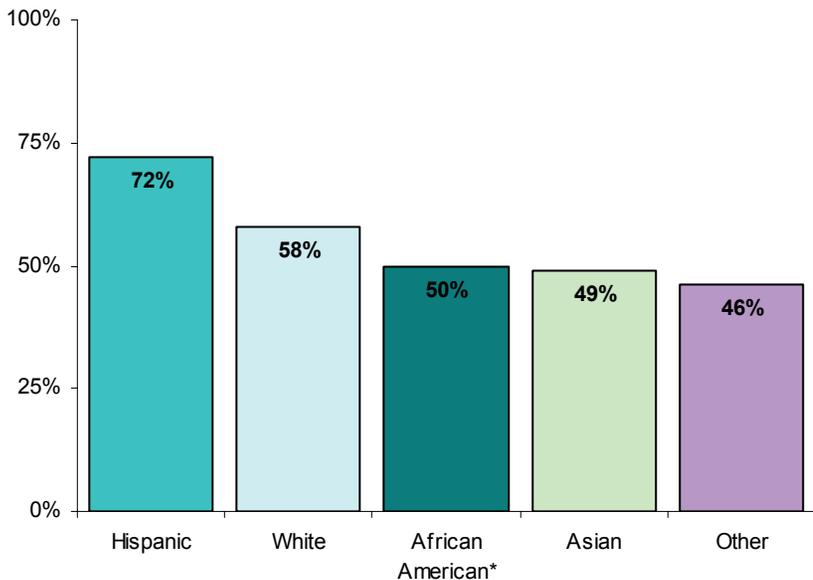
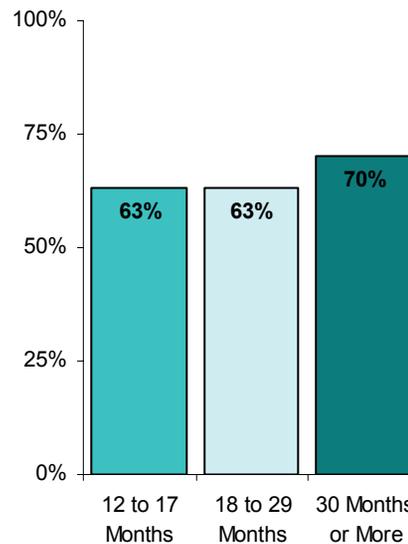


Figure 13. Dental Plan Rating by Member Ethnicity



* Score based on less than 75 observations and should be viewed with caution

Figure 14. Dental Plan Rating by Time Enrolled



Key Findings About Demographics

- Asian language respondents reported significantly lower levels of satisfaction with their child’s dental plan compared to Spanish and English language respondents.
- Respondents with children in the oldest age group, ages 13 to 19 years old, were the least satisfied with their child’s dental plan.
- Seven out of ten Hispanic respondents gave their child’s dental plan a high rating compared to less than 5 out of 10 African American, Asian and “Other” respondents.
- Respondents whose child had been enrolled in the program for the longest period of time (more than 30 months) reported the highest level of satisfaction with their child’s dental plan.

D-CAHPS: Rating of Dental Care

Overall Rating of Dental Care

Respondents were asked to rate their child's dental care on a scale of 0 to 10, with 0 equaling the "worst dental care possible" and 10 equaling the "best dental care possible". The scores below indicate the percentage of respondents who gave their child's dental care a rating of 8, 9 or 10. The 2007 HFP Average is the average rating of all respondents.

Figure 15. Individual Plan Results for Dental Care Rating

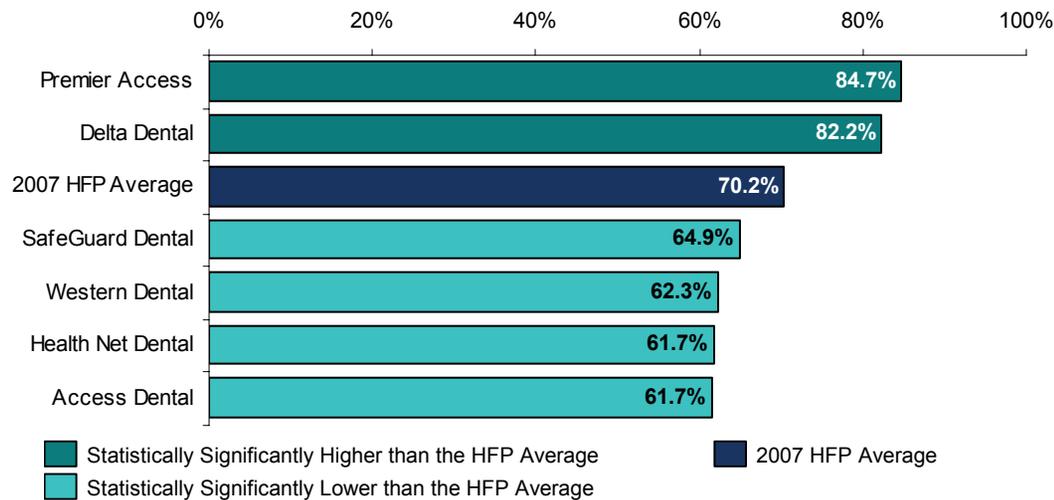
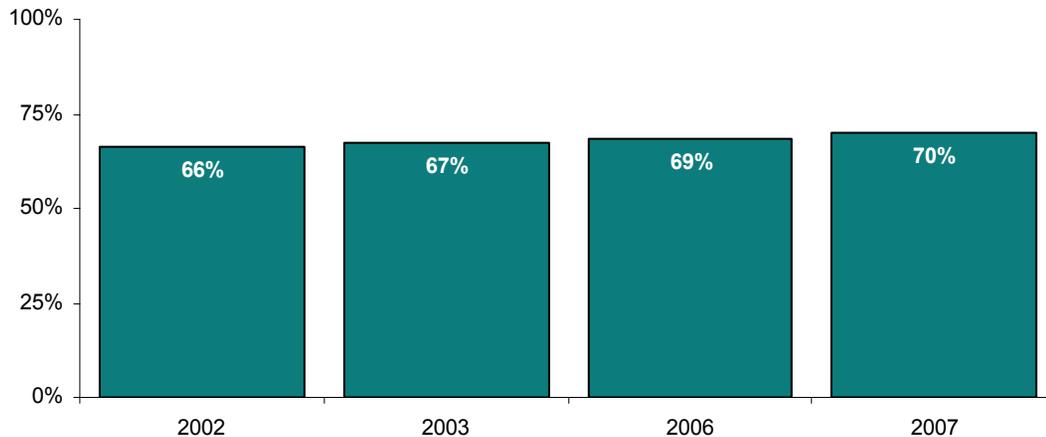


Figure 16. HFP 4 Year Trend for Dental Care Rating



Dental Plan Comparison

Two dental plans received ratings that were statistically significantly higher ($p < .05$) than the program average:

- Premier Access
- Delta Dental

Four dental plans received ratings that were statistically significantly lower than ($p < .05$) the program average:

- SafeGuard Dental
- Western Dental
- Health Net Dental
- Access Dental

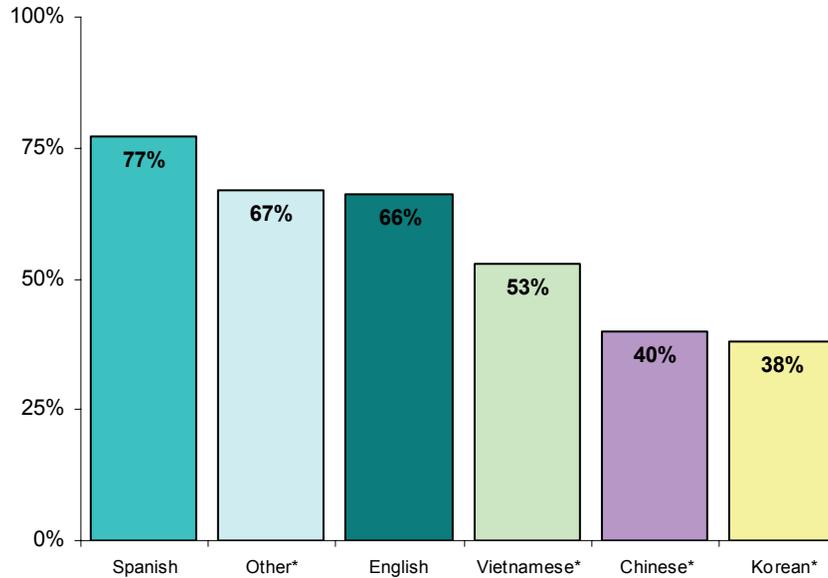
Premier Access showed an improvement of 5% from 2006 to 2007.

Overall Results

- Seventy percent (70%) of survey respondents gave their child's dental care a high rating.
- The overall rating of dental care has increased slightly since the survey was first administered in 2002.

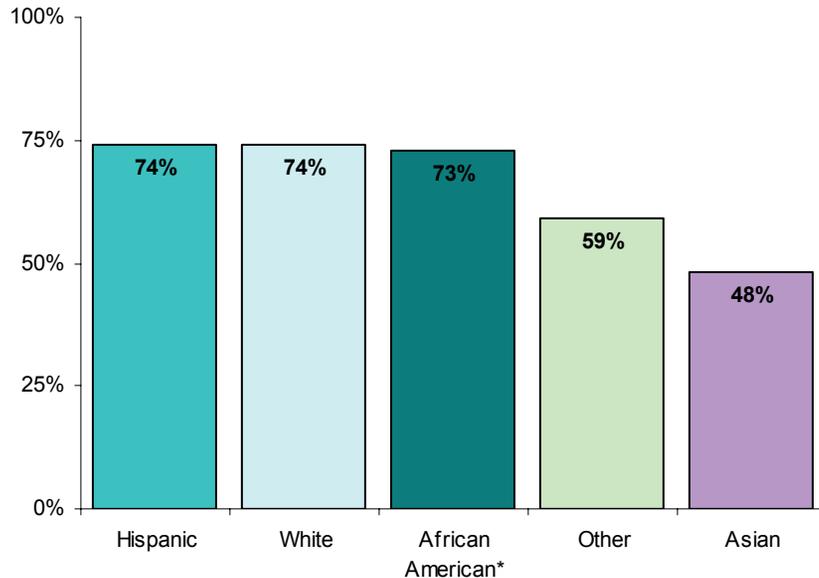
D-CAHPS: Rating of Dental Care

Figure 17. Dental Care Rating by Member Language



* Score based on less than 75 observations and should be viewed with caution

Figure 19. Dental Care Rating by Member Ethnicity



* Score based on less than 75 observations and should be viewed with caution

Figure 18. Dental Care Rating by Age Group

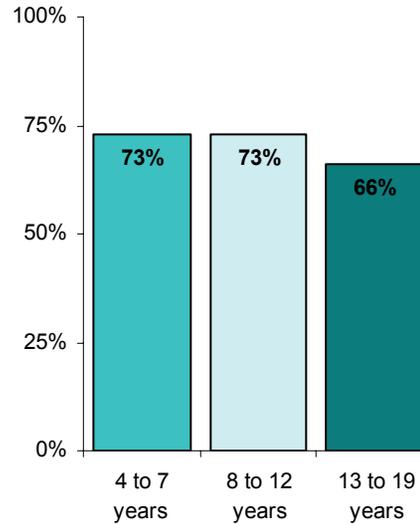
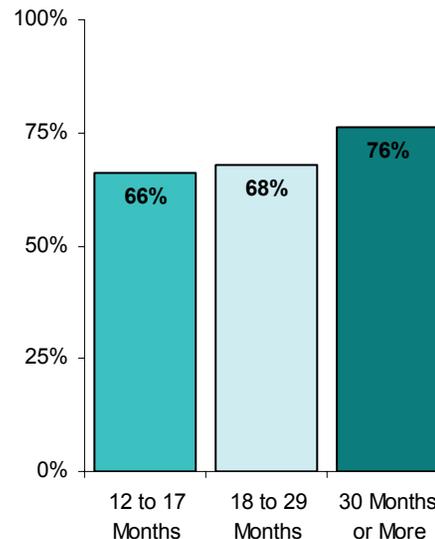


Figure 20. Dental Care Rating by Time Enrolled



Key Findings About Demographics

- Spanish language respondents reported significantly higher levels of satisfaction with their child's dental care compared to respondents who spoke other languages.
- Only 4 out of 10 Chinese and Korean language respondents gave their child's dental care a high rating.
- Respondents with children in the oldest age group, ages 13 to 19 years old, were the least satisfied with their child's dental care.
- Asian respondents reported significantly lower levels of satisfaction with their child's dental care compared to other ethnic groups.
- Respondents whose child had been enrolled in the program for the longest period of time (more than 30 months) reported the highest level of satisfaction with their child's dental care.

D-CAHPS: Rating of Personal Dentist

Overall Rating of Personal Dentist

Respondents were asked to rate their child's personal dentist on a scale of 0 to 10, with 0 equaling the "worst dentist possible" and 10 equaling the "best dentist possible". The scores below indicate the percentage of respondents who gave their child's dentist a rating of 8, 9 or 10. The 2007 HFP Average is the average rating of all respondents.

Figure 21. Individual Plan Results for Personal Dentist Rating

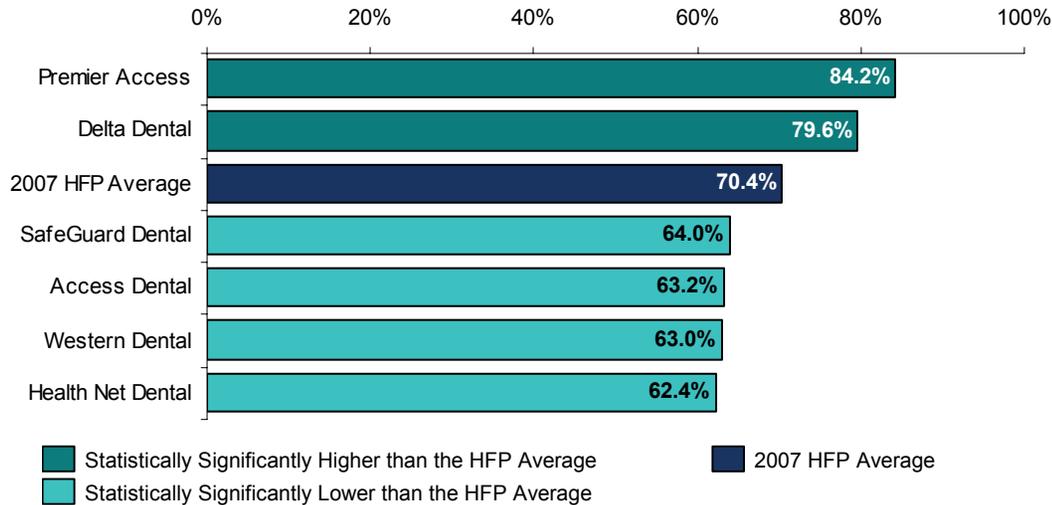
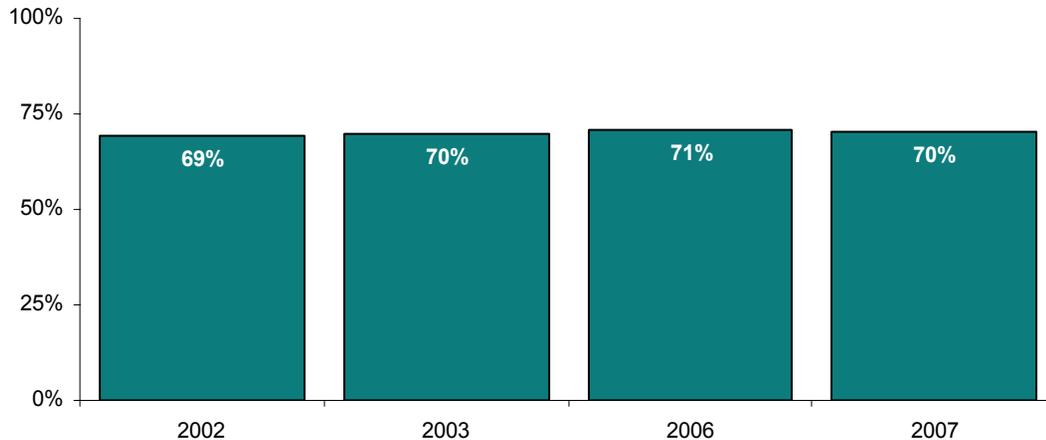


Figure 22. HFP 4 Year Trend for Personal Dentist Rating



Dental Plan Comparison

Two dental plans received ratings that were statistically significantly higher ($p < .05$) than the program average:

- Premier Access
- Delta Dental

Four dental plans received ratings that were statistically significantly lower than ($p < .05$) the program average:

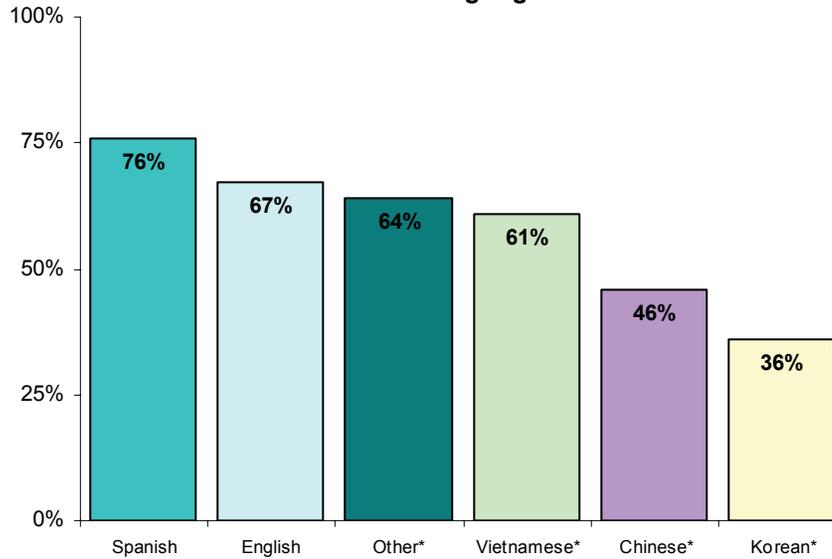
- SafeGuard Dental
- Access Dental
- Western Dental
- Health Net Dental

Overall Results

- Seventy percent (70%) of survey respondents gave their child's dentist a high rating.
- The overall rating of personal dentist has remained consistent since the survey was first administered in 2002.

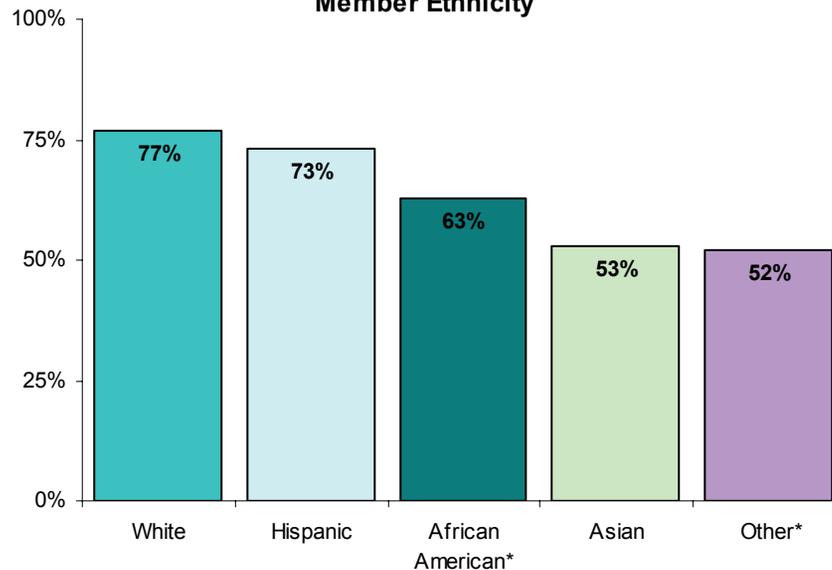
D-CAHPS: Rating of Personal Dentist

Figure 23. Personal Dentist Rating by Member Language



* Score based on less than 75 observations and should be viewed with caution

Figure 25. Personal Dentist Rating by Member Ethnicity



* Score based on less than 75 observations and should be viewed with caution

Figure 24. Personal Dentist Rating by Age Group

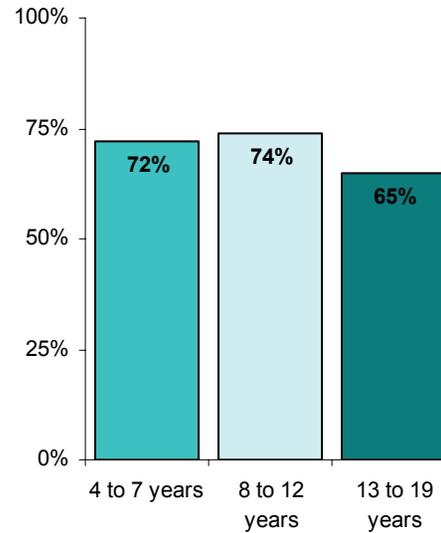
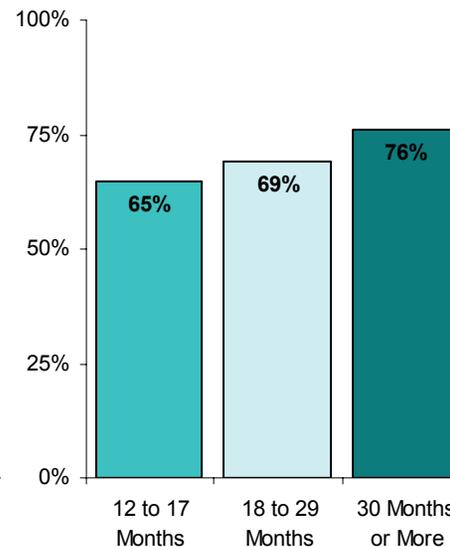


Figure 26. Personal Dentist Rating by Time Enrolled



Key Findings About Demographics

- Spanish language respondents reported significantly higher levels of satisfaction with their child’s dentist compared to all other language respondents.
- Less than half of Chinese and about one-third of Korean language respondents gave their child’s dentist a high rating.
- Respondents with children in the oldest age group, ages 13 to 19 years old, were the least satisfied with their child’s dentist.
- Asian and “Other” ethnicity respondents reported significantly lower levels of satisfaction with their child’s dentist compared to other ethnicities.
- Respondents whose child had been enrolled in the program for the longest period of time (more than 30 months) reported the highest level of satisfaction with their child’s dentist.

D-CAHPS: Rating of Dental Specialist

Overall Rating of Dental Specialist

Respondents were asked to rate their child’s dental specialist on a scale of 0 to 10, with 0 equaling the “worst dental specialist possible” and 10 equaling the “best dental specialist possible”. The scores below indicate the percentage of respondents who gave their child’s dental specialist a rating of 8, 9 or 10. The 2007 HFP Average is the average rating of all respondents.

Figure 27. Individual Plan Results for Dental Specialist Rating

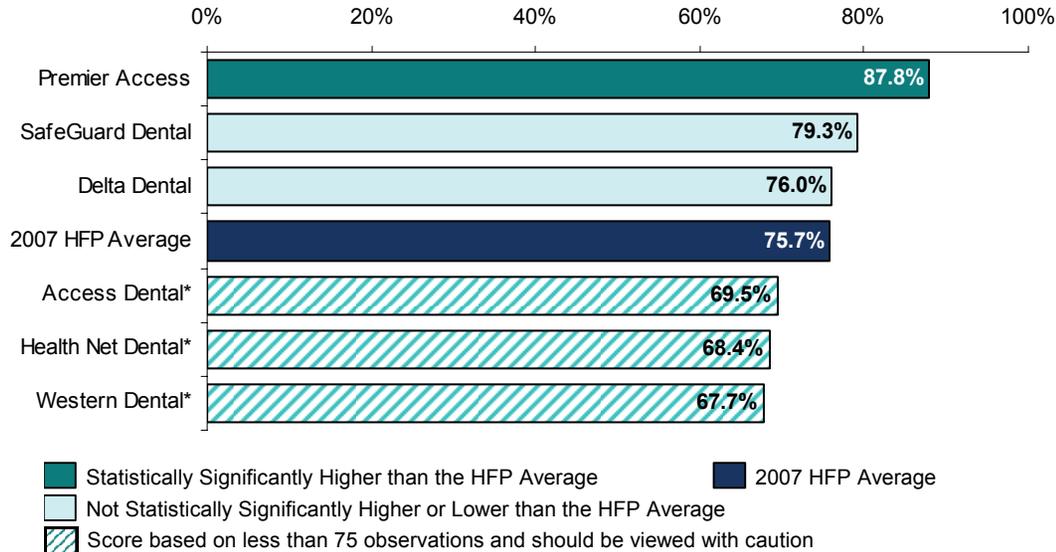
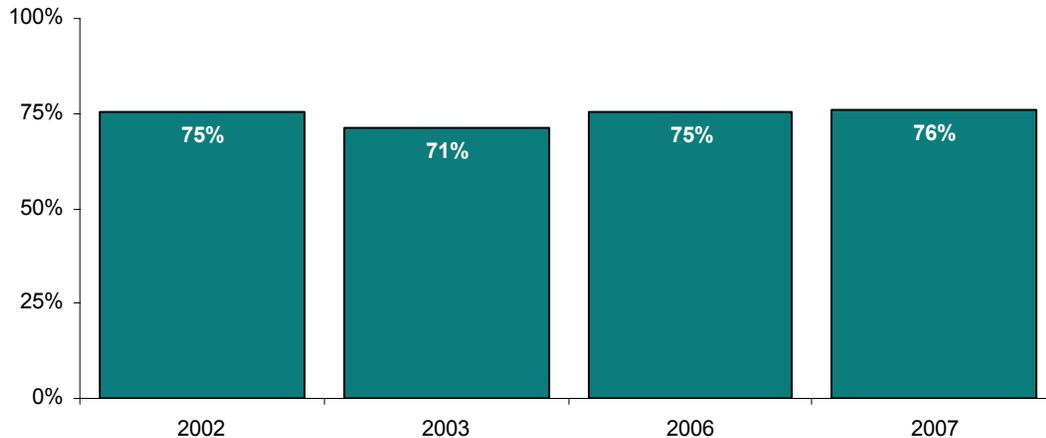


Figure 28. HFP 4 Year Trend for Dental Specialist Rating



Dental Plan Comparison

Only 32% of survey respondents (809) indicated that they or their child’s dentist thought their child needed to see a dental specialist. Of those, 69% tried to make an appointment with a specialist and only 52% indicated their child actually saw a dental specialist. One possible explanation for why almost half of children who needed to see a specialist didn’t is that nearly one-third of survey respondents indicated that they had a problem getting an appointment with a dental specialist as soon as they wanted. This may indicate a problem with access and availability of dental specialists.

Due to the low number of children who saw a dental specialist, results should be viewed with caution.

Premier Access received a rating that was statistically significantly higher ($p < .05$) than the program average.

The following dental plans had less than 75 responses for this rating and their scores should be viewed with caution:

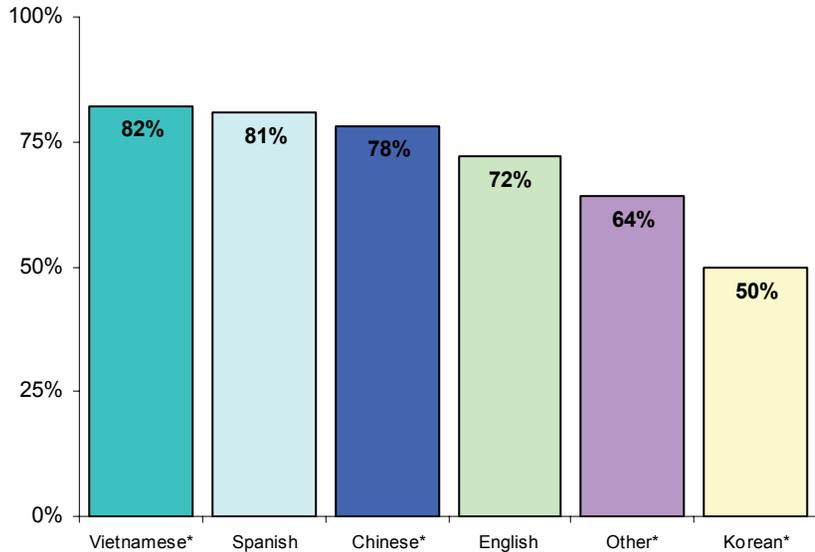
- Access Dental
- Health Net Dental
- Western Dental

Overall Results

- Seventy-six percent (76%) of survey respondents gave their child’s dental specialist a high rating.
- The overall rating of dental specialist has remained consistent since the survey was first administered in 2002.

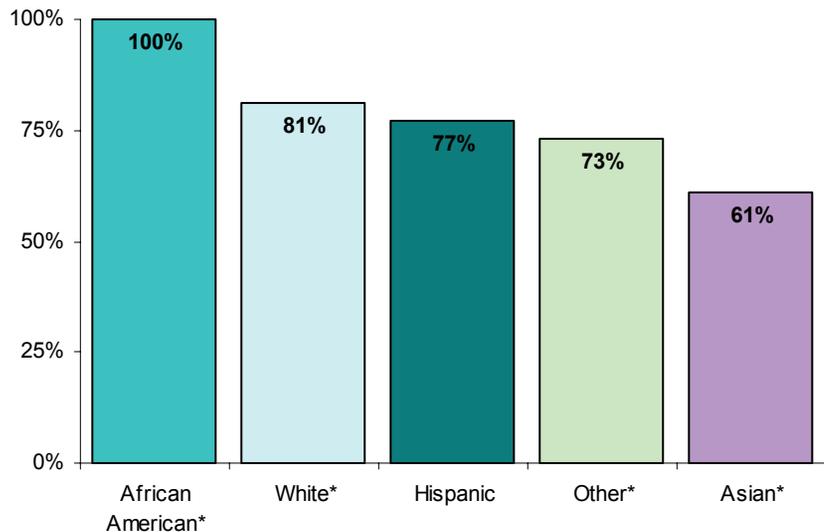
D-CAHPS: Rating of Dental Specialist

Figure 29. Dental Specialist Rating by Member Language



* Score based on less than 75 observations and should be viewed with caution

Figure 31. Dental Specialist Rating by Member Ethnicity



* Score based on less than 75 observations and should be viewed with caution

Figure 30. Dental Specialist Rating by Age Group

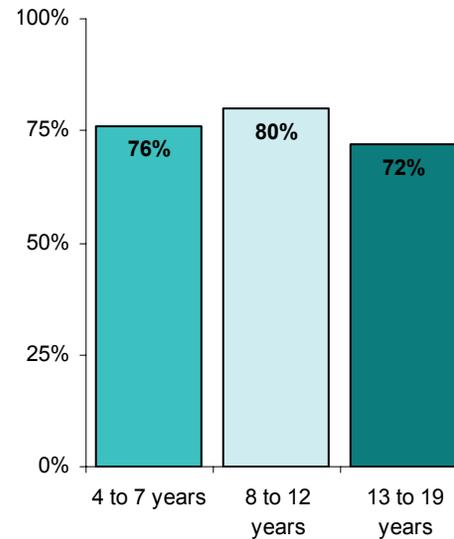
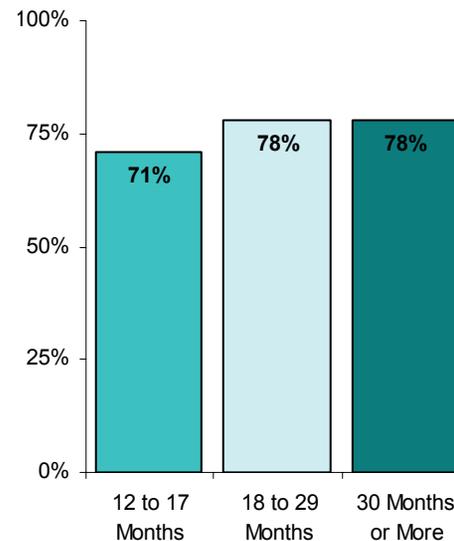


Figure 32. Dental Specialist Rating by Time Enrolled



Key Findings About Demographics

- 8 out of 10 Vietnamese and Spanish language respondents were satisfied with their child's dental specialist compared to only 5 out of 10 Korean language respondents.
- Respondents with children in the middle age group, ages 8 to 12 years old, reported slightly higher levels of satisfaction with their child's dental specialist.
- Asian respondents were the least satisfied with their child's dental specialist.
- Respondents whose child had been enrolled in the program for the shortest period of time (less than 17 months) reported the lowest level of satisfaction with their child's dental specialist.

D-CAHPS: Getting Dental Care Quickly

Getting Dental Care Quickly

The *Getting Dental Care Quickly* composite measures the experiences of members when attempting to get care from dentists. The scores below indicate the percentage of respondents who answered “usually” or “always” to questions related to how often they got the care their child needed as soon as they wanted. The 2007 HFP Average is the average rating of all respondents.

Figure 33. Individual Plan Results for Rating of Getting Dental Care Quickly

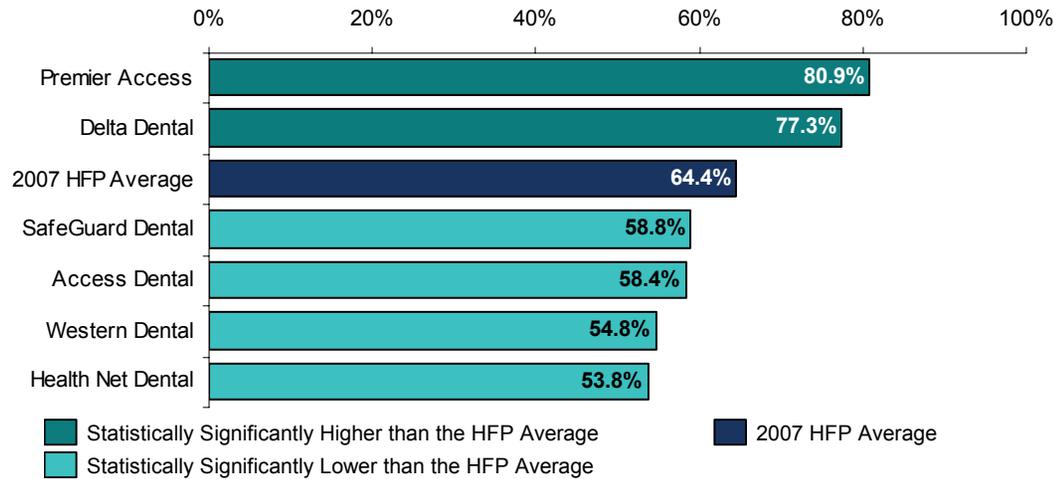
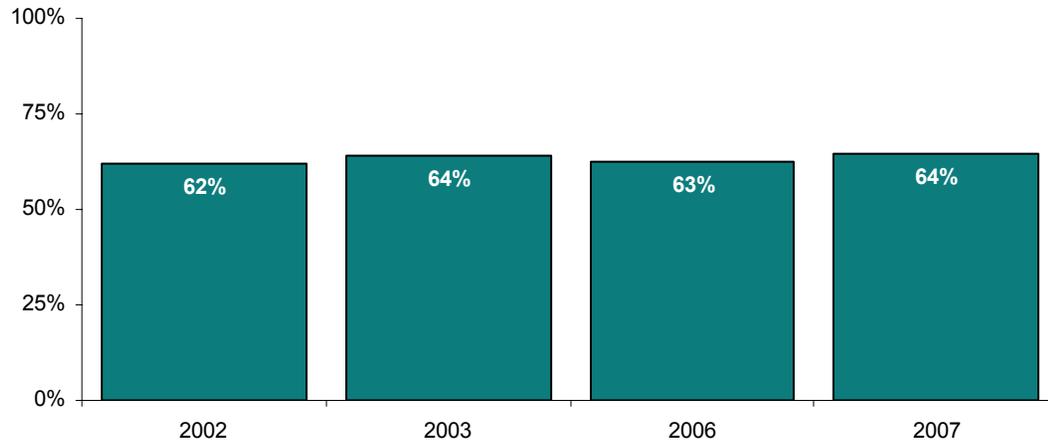


Figure 34. HFP 4 Year Trend for Getting Dental Care Quickly Rating



Dental Plan Comparison

Two dental plans received ratings that were statistically significantly higher ($p < .05$) than the program average:

- Premier Access
- Delta Dental

Four dental plans received ratings that were statistically significantly lower than ($p < .05$) the program average:

- SafeGuard Dental
- Access Dental
- Western Dental
- Health Net Dental

Overall Results

- Sixty-four percent (64%) of survey respondents reported that they did not have a problem getting the care their child needed as soon as they wanted.
- The *Getting Dental Care Quickly* rating has remained consistent since the survey was first administered in 2002.

Figure 35. Getting Dental Care Quickly by Member Language

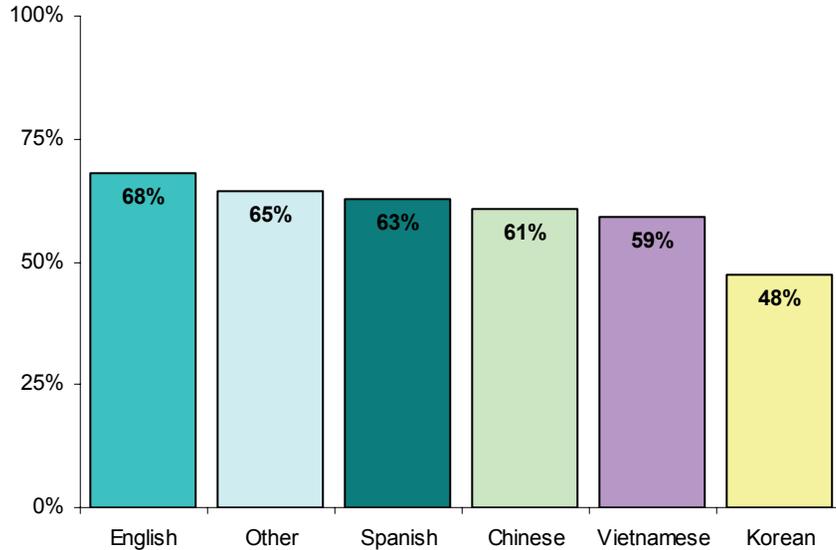


Figure 36. Getting Dental Care Quickly by Age Group

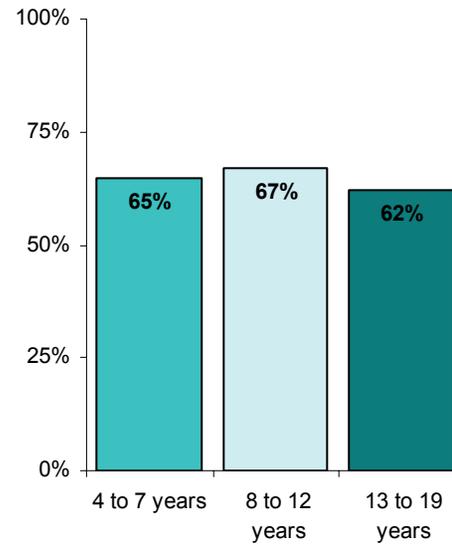


Figure 37. Getting Dental Care Quickly by Member Ethnicity

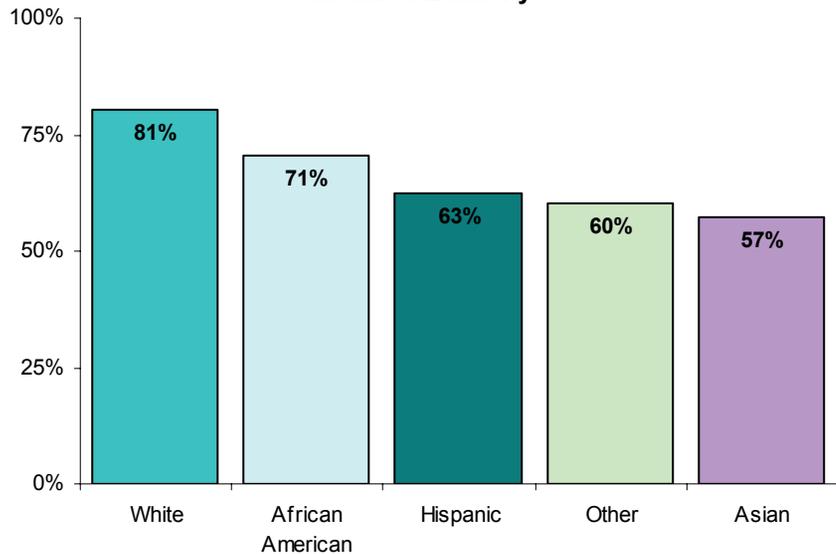
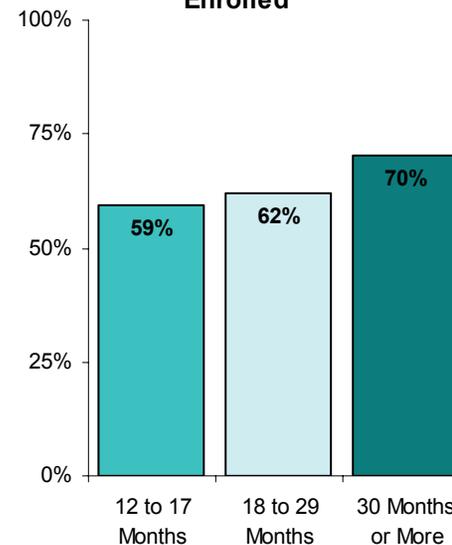


Figure 38. Getting Dental Care Quickly by Time Enrolled



Key Findings About Demographics

- English language respondents reported fewer problems getting care for their child as soon as they wanted compared to all other language respondents.
- Korean language respondents reported the most problems getting care quickly for their child.
- Respondents with younger children (under 12 years of age) reported slightly fewer problems getting care quickly compared to older children.
- White respondents reported significantly fewer problems getting care for their child compared to Hispanic, “Other” and Asian respondents who reported the most problems.
- Respondents whose child had been enrolled in the program for the longest period of time (more than 30 months) reported the fewest problems getting the care their child needed as soon as they wanted.

D-CAHPS: How Well Dentists Communicate

How Well Dentists Communicate

The *How Well Dentists Communicate* composite measures the experiences of members when communicating with their child's dentist. The scores below indicate the percentage of respondents who answered "usually" or "always" to nine questions related to how well they understood their child's dentist and how well the dentist treated them. The 2007 HFP Average is the average rating of all respondents.

Figure 39. Individual Plan Results for Rating of *How Well Dentists Communicate*

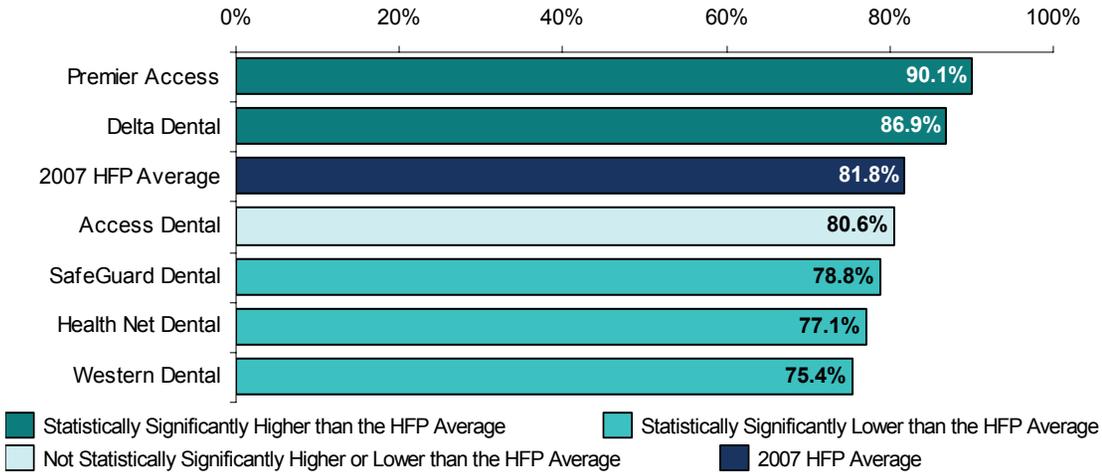
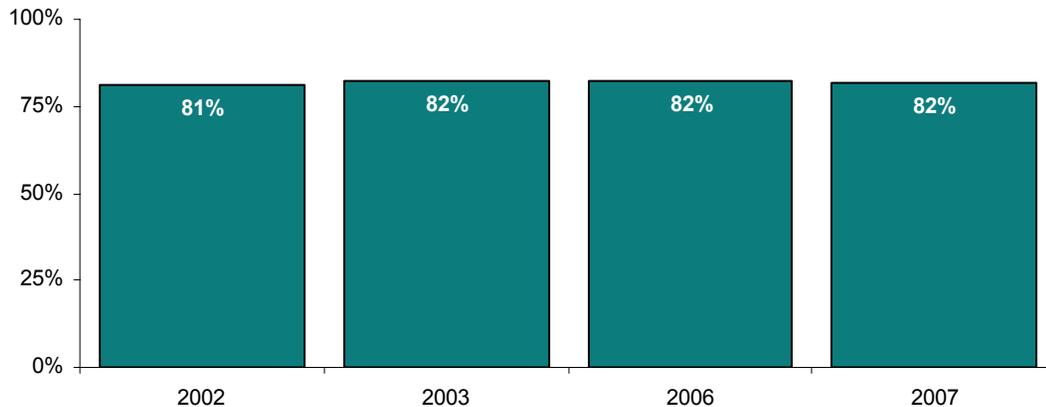


Figure 40. HFP 4 Year Trend for Rating of *How Well Dentists Communicate*



Dental Plan Comparison

Two dental plans received ratings that were statistically significantly higher ($p < .05$) than the program average:

- Premier Access
- Delta Dental

Three dental plans received ratings that were statistically significantly lower than ($p < .05$) the program average:

- SafeGuard Dental
- Health Net Dental
- Western Dental

Overall Results

- Eighty-two percent (82%) of survey respondents reported they were able to understand their child's dentist and the dentist treated them well.
- The rating for *How Well Dentists Communicate* has remained consistent since the survey was first administered in 2002.
- Twenty-three percent (23%) of survey respondents indicated that they needed an interpreter to speak to their child's dentist and 76% got an interpreter when they needed one. However, only 10% indicated that they had a hard time understanding their child's dentist because the parents and dentist spoke different languages.
- Seventy-three percent (73%) felt their child's dentist listened carefully to what they were saying and 78% said the dentist explained things in an understandable way.

D-CAHPS: How Well Dentists Communicate

Figure 41. How Well Dentists Communicate by Member Language

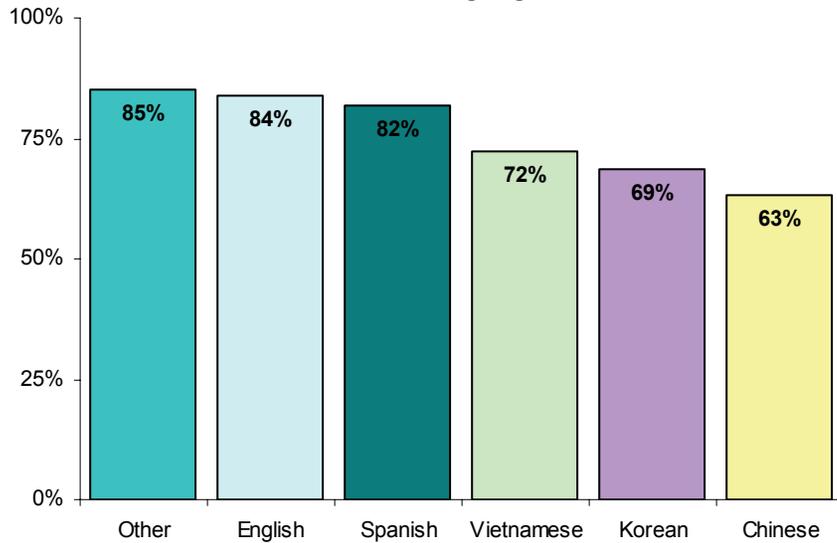


Figure 42. How Well Dentists Communicate by Age Group

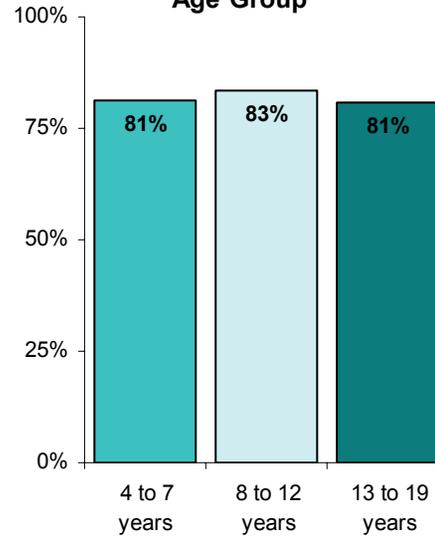


Figure 43. How Well Dentists Communicate by Member Ethnicity

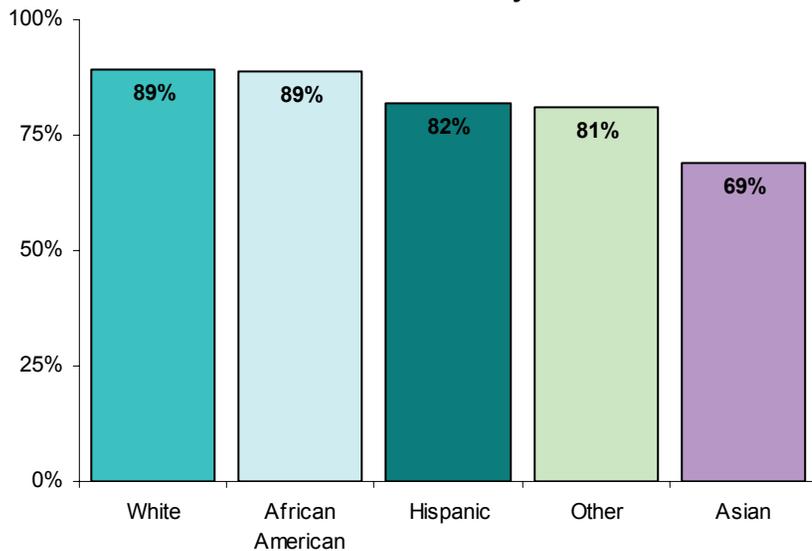
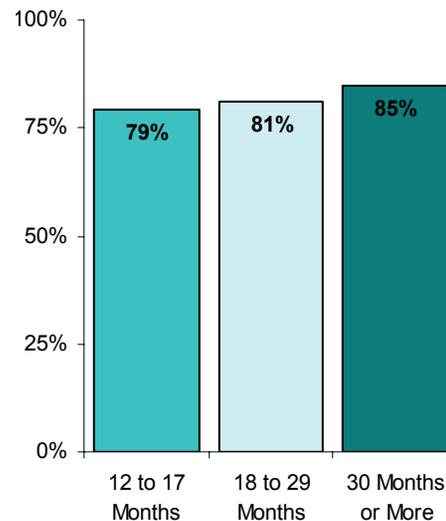


Figure 44. How Well Dentists Communicate by Time Enrolled



Key Findings About Demographics

- Asian language respondents reported the most problems communicating with their child's dentist.
- There was no significant difference in experience based on the child's age.
- Nearly 9 out of 10 White and African American respondents were able to communicate with their child's dentist compared to 7 out of 10 Asian respondents.
- Respondents whose child had been enrolled in the program for the longest period of time (more than 30 months) reported a slightly lower rate of problems communicating with their child's dentist.

Customer Service

The *Customer Service* composite measures the experiences of members with the written materials and customer service they received from their child's dental plan. The scores below indicate the percentage of respondents who answered "usually" or "always" to questions related to the helpfulness of customer service staff and respondents' ability to understand the written materials from the dental plan. The 2007 HFP Average is the average rating of all respondents.

Figure 45. Individual Plan Results for Rating of Customer Service

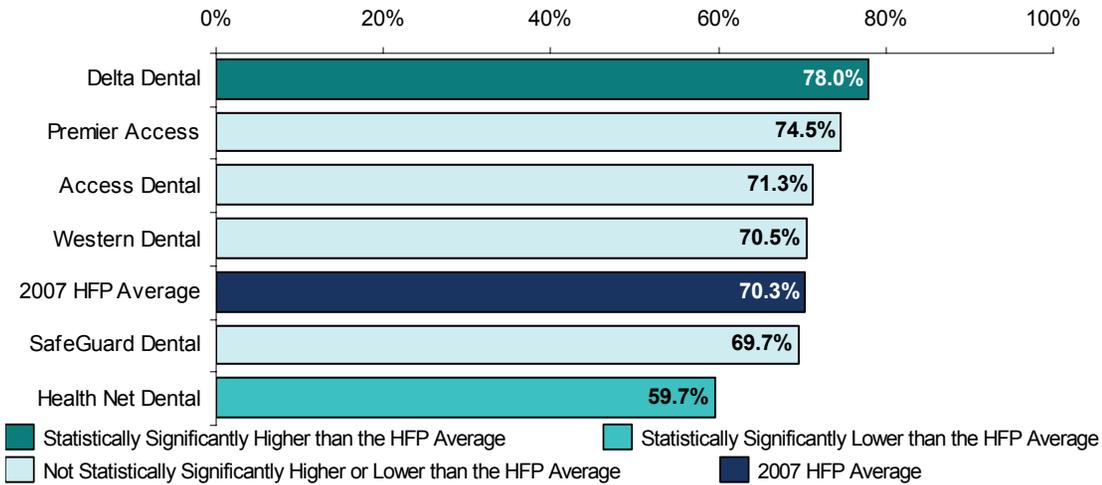
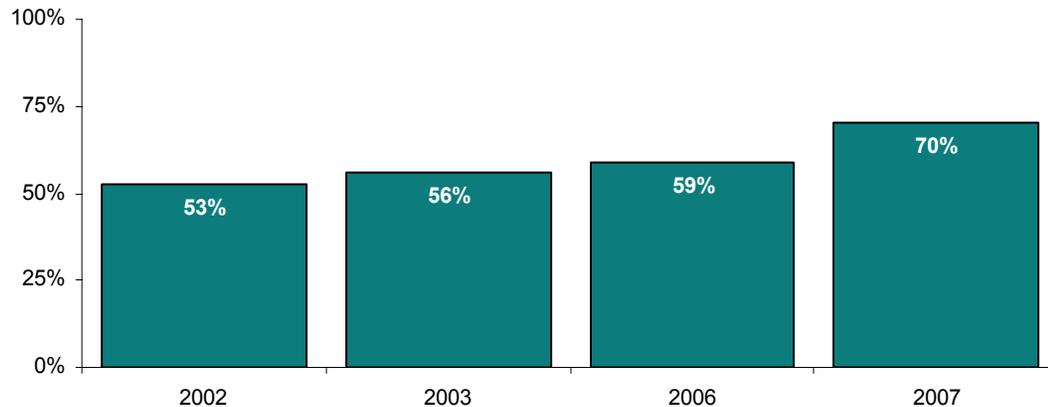


Figure 46. HFP 4 Year Trend for Rating of Dental Plan Customer Service



Dental Plan Comparison

Delta Dental received a rating that was statistically significantly higher ($p < .05$) than the program average:

Health Net Dental received a rating that was statistically significantly lower than ($p < .05$) the program average.

Overall Results

- Seventy percent (70%) of survey respondents reported that the customer service staff at their child's dental plan was helpful, a significant improvement from prior years.
- In 2007, the rating categories for the customer service rating were changed. This resulted in an 11% increase in the program score in 2007 compared to 2006 and individual plan scores increased by 8% to 15%.

Figure 47. Rating of Customer Service by Member Language

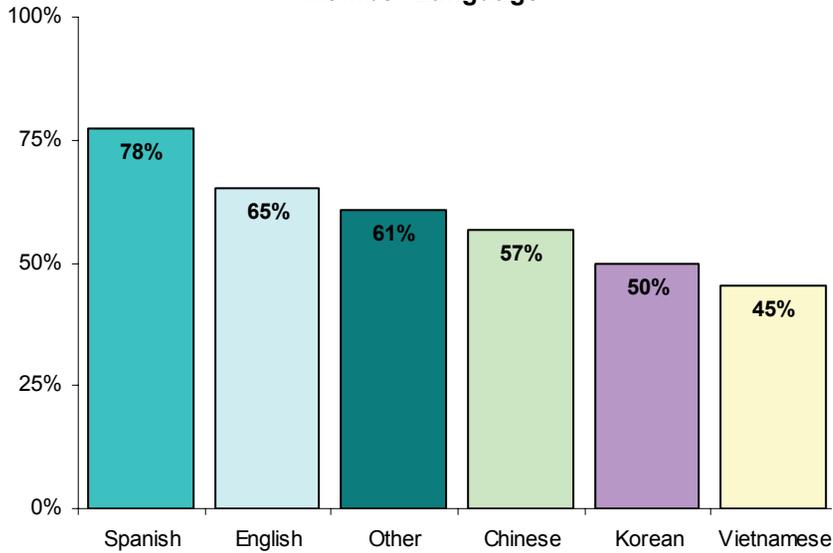


Figure 48. Rating of Customer Service by Age Group

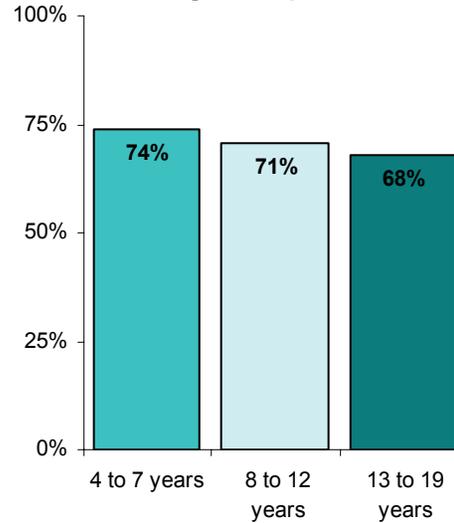


Figure 49. Rating of Customer Service by Member Ethnicity

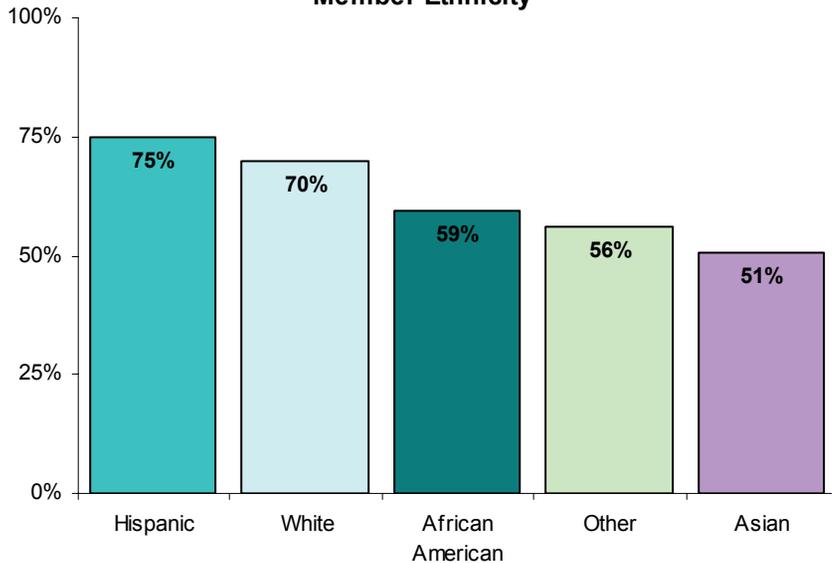
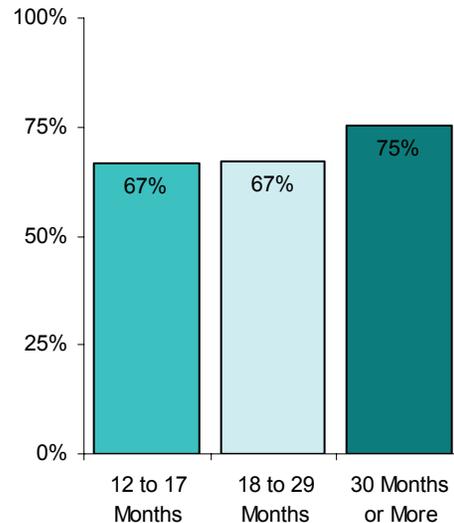


Figure 50. Rating of Customer Service by Time Enrolled



Key Findings About Demographics

- Spanish language respondents reported significantly higher rates of satisfaction with customer services at their child's dental plan.
- Asian language respondents found customer services at their child's dental plan to be the least helpful.
- As children got older, satisfaction with the dental plan's customer service decreased slightly.
- While more than 7 out of 10 Hispanic and White respondents were satisfied with the plan's customer service, only 5 out of 10 Asian respondents were satisfied.
- Respondents whose child had been enrolled in the program for the longest period of time (more than 30 months) reported the highest level of satisfaction with plans' customer service.

Appendix A. Dental Plan Enrollment

Table 2. HFP Enrollment by Dental Plan for December 2007

Dental Plan	HFP Enrollment for December 2007	Percentage of Total Enrollment
Access Dental	129,725	15.0%
Delta Dental	423,662	48.9%
Health Net Dental	61,883	7.1%
Premier Access Dental	25,468	2.9%
SafeGuard Dental	143,693	16.6%
Western Dental	81,636	9.4%

Appendix B. Dental Plan Coverage Areas

Table 3. Dental Plan Coverage Areas for the 2007/08 Benefit Year

County	Access Dental	Delta Dental	Health Net	Premier Access	Safe-Guard	Western Dental
Alameda	X	X			X	X
Alpine		X		X		
Amador		X		X		
Butte	X	X		X		P
Calaveras		X		X		
Colusa		X		X		
Contra Costa	X	X			X	X
Del Norte		X		X		
El Dorado		X		X		
Fresno	X	X	X		P	X
Glenn		X		X		
Humboldt		X		X		
Imperial		X	X	X		X
Inyo		X		X		
Kern	X	X	X		P	X
Kings		X		X		X
Lake		X		X		
Lassen		X		X		
Los Angeles	X	CP	X*		X*	X*
Madera		X		X		X
Marin		X		X		P
Mariposa		X		X		
Mendocino		X		X		
Merced	X	X				X
Modoc		X		X		
Mono		X		X		
Monterey	X	X		X		P
Napa		X		X		
Nevada		X		X		

County	Access Dental	Delta Dental	Health Net	Premier Access	Safe-Guard	Western Dental
Orange	X	CP	X		X	X
Placer		X		X		
Plumas		X		X		
Riverside	X	X	P		P	X
Sacramento	X	X	X		X	P
San Benito		X		X		P
San Bernardino	X	X	P		P	X
San Diego	X	X	X		P	P
San Francisco	X	X			X	X
San Joaquin	X	X	X			X
San Luis Obispo		X		X		P
San Mateo	X	X			X	X
Santa Barbara		CP		X	P	X
Santa Clara	X	X			P	X
Santa Cruz		X		X		X
Shasta	X	X		X		X
Sierra		X		X		
Siskiyou		X		X		
Solano	X	X				X
Sonoma		X		X		P
Stanislaus	X	X	X			X
Sutter	X	X		X		X
Tehama		X		X		
Trinity		X		X		
Tulare		X	X	X		X
Tuolumne		X		X		
Ventura	X	X	X		X	X
Yolo		X		X		
Yuba	X	X		X		

X = Full County Coverage
P = Partial County Coverage

X* = Full County Coverage except Catalina Island
CP = Capped by Plan

Appendix C. Annual Dental Visit Demographic Profile

Table 4. Number and Percentage of Eligible Members Who Received an Annual Dental Visit by Demographic Variable

Annual Dental Visit	Number of Members Who Received an Annual Dental Visit	Number of Members in Measure	Percentage Who Received an Annual Dental Visit	Annual Dental Visit	Number of Members Who Received an Annual Dental Visit	Number of Members in Measure	Percentage Who Received an Annual Dental Visit
Spoken Language				Region			
Spanish	113,582	183,869	61.8%	Northern	36,533	52,069	70.2%
English	93,294	159,603	58.5%	Valley	61,294	93,097	65.8%
Chinese	10,041	13,905	72.2%	Bay Area	36,457	51,473	70.8%
Other	7,429	12,986	57.2%	South Coast	20,684	37,612	55.0%
Vietnamese	5,824	8,010	72.7%	Los Angeles	24,523	58,894	41.6%
Korean	2,352	3,559	66.1%	South	52,937	88,623	59.7%
Ethnicity				Age Group			
Hispanic/Latino	137,332	224,109	61.3%	2 to 5 years	33,215	60,929	54.5%
Other	32,498	57,931	56.1%	6 to 12 years	119,050	178,141	66.8%
Asian/Pacific Islander	30,016	44,772	67.0%	13 to 19 years	80,257	142,862	56.2%
White	28,746	47,195	60.9%				
African American	3,930	7,925	49.6%				
Gender							
Male	117,578	196,626	59.8%				
Female	114,944	185,306	62.0%				

Appendix D. D-CAHPS Survey Distribution by Language

Table 5. D-CAHPS Survey Distribution by Dental Plan and Survey Language

Dental Plan	Overall Response Rate	Total Sample Size	English	Spanish	Chinese	Korean	Vietnamese
Access Dental	48.6%	900	350	484	23	22	21
Delta Dental	50.7%	900	407	414	41	14	24
Health Net Dental	49.7%	900	346	522	10	7	15
Premier Access	49.9%	900	543	357	0	0	0
SafeGuard Dental	48.1%	900	385	439	37	25	14
Western Dental	48.5%	900	356	524	6	2	12
Total Surveys Mailed		5,400	2,387	2,740	117	70	86
Total Surveys Completed		2,557	1,072	1,336	59	37	53
Response Rate		49.3%	44.9%	48.8%	50.4%	52.9%	61.6%

Appendix E. D-CAHPS Sample Profile

Table 6. Respondent Demographic Characteristics

Age (years)	HFP Overall	Asian Surveys	English Survey	Spanish Survey
18 to 24	0.9%	0.0%	1.4%	0.7%
25 to 34	25.0%	8.9%	28.3%	24.2%
35 to 44	52.5%	51.1%	46.2%	57.7%
45 to 54	19.4%	33.7%	21.7%	16.0%
55 to 64	2.0%	6.3%	2.1%	1.4%
65 to 74	0.1%	0.0%	0.2%	0.0%
75 or older	0.1%	0.0%	0.1%	0.1%

Gender	HFP Overall	Asian Surveys	English Survey	Spanish Survey
Male	14.9%	30.9%	13.7%	14.2%
Female	85.1%	69.1%	86.3%	85.8%

Highest Grade or Level of School Completed	HFP Overall	Asian Surveys	English Survey	Spanish Survey
8th grade or less	18.0%	5.5%	2.3%	32.1%
Some high school, but did not graduate	14.1%	9.1%	5.3%	21.9%
High school graduate or GED	30.4%	28.9%	28.8%	31.8%
Some college or 2-year college	25.9%	27.9%	43.9%	10.9%
4-year college graduate	8.3%	23.0%	13.8%	2.2%
More than 4-year college degree	3.4%	5.6%	5.9%	1.1%

Note: "Asian Surveys" include surveys that were completed in Chinese, Korean and Vietnamese. Also, while the majority of survey respondents were the parent of the child, the respondent could also be a grandparent, aunt or uncle, sibling or legal guardian.

Appendix E. D-CAHPS Sample Profile

Table 7. Child Demographic Characteristics

Age (years)	HFP Overall	Asian Surveys	English Survey	Spanish Survey
4-7 years	23.5%	25.7%	24.0%	22.9%
8-12 years	40.0%	33.8%	39.2%	41.4%
13-19 years	36.4%	40.4%	36.8%	35.7%

Gender	HFP Overall	Asian Surveys	English Survey	Spanish Survey
Male	53.6%	57.4%	53.8%	53.0%
Female	46.4%	42.6%	46.2%	47.0%

Ethnicity	HFP Overall	Asian Surveys	English Survey	Spanish Survey
Hispanic	70.4%	0.7%	43.5%	99.4%
White	44.7%	0.0%	51.6%	44.2%
African American	2.6%	0.0%	5.9%	0.4%
Asian	12.0%	100.0%	14.8%	0.2%
American Indian or Alaska Native	1.6%	0.0%	2.4%	1.1%
Native Hawaiian or Other Pacific Islander	0.6%	0.0%	1.4%	0.1%
Other	12.7%	0.0%	12.4%	14.3%

Health Status	HFP Overall	Asian Surveys	English Survey	Spanish Survey
Excellent	20.5%	7.5%	23.6%	19.4%
Very Good	28.4%	19.1%	33.1%	25.7%
Good	32.0%	37.2%	30.7%	32.4%
Fair	15.8%	31.2%	9.3%	19.4%
Poor	3.2%	4.9%	3.2%	3.1%

Note: "Asian Surveys" include surveys that were completed in Chinese, Korean and Vietnamese. Also, totals for Ethnicity do not total 100% because respondents were able to select more than one ethnicity.

Appendix F. Type of Dental Care Received

Table 8. Type of Dental Care Received in the Last 12 Months

Type of Dental Care Received in the Last 12 Months	HFP Overall
Child has a regular dentist he/she sees for checkups and cleanings	81.5%
Child saw regular dentist for any reason in the last 12 months	72.3%
Child saw a dental specialist	16.5%
Child saw a dentist for regular or routine dental care	79.0%
Child saw a dentist for a filling or treatment of other cavity	46.8%
Child saw a dentist for mouth pain or a dental problem that needed care right away	17.2%
Child went to the emergency room for dental care at least once	2.9%
Parent/Caretaker needed an interpreter to speak with child's dentist or other dental provider	22.8%
Child needed an interpreter to help speak with dentist or other dental provider	3.4%

Appendix G. Dental Plan Performance on D-CAHPS Survey Ratings

Table 9. Dental Plans That Were Statistically Significantly Above or Below the Program Average for D-CAHPS Ratings

Plan Name	Total ▲	Total ▼	Rating of Dental Plan	Rating of Dental Care	Rating of Personal Dentist	Rating of Dental Specialist	Getting Dental Care Quickly	How Well Dentists Communicate	Customer Service
Access Dental		4	▼	▼	▼		▼		
Delta Dental	6		▲	▲	▲		▲	▲	▲
Health Net Dental		6	▼	▼	▼		▼	▼	▼
Premier Access	6		▲	▲	▲	▲	▲	▲	
SafeGuard Dental		4		▼	▼		▼	▼	
Western Dental		4		▼	▼		▼	▼	

Appendix H. Map of California Regions

California Regions

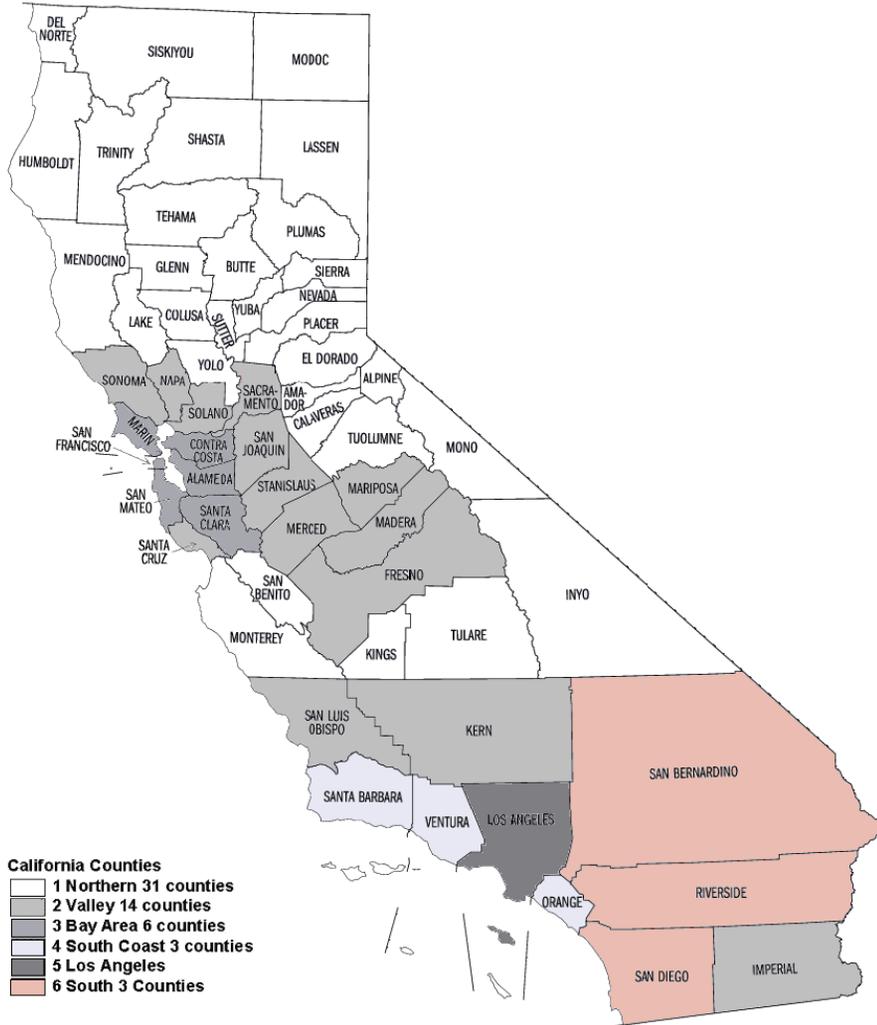


Table 10. Listed below are the counties within each of the 6 regions with HFP enrollment as of December 2007 and the percentage of the total HFP enrollment within each region.

Region	Counties	Total Enrollment for 2007	Percentage of Total Enrollment
Northern	Alpine, Amador, Butte, Calaveras, Colusa, Del Norte, El Dorado, Glenn, Humboldt, Inyo, Kings, Lake, Lassen, Mendocino, Modoc, Mono, Monterey, Nevada, Placer, Plumas, San Benito, Shasta, Sierra, Siskiyou, Sutter, Tehama, Trinity, Tulare, Tuolumne, Yolo, Yuba	80,419	9.3%
Valley	Fresno, Imperial, Kern, Madera, Mariposa, Merced, Napa, Sacramento, San Joaquin, San Luis Obispo, Santa Cruz, Solano, Sonoma, Stanislaus	153,947	17.8%
Bay Area	Alameda, Contra Costa, Marin, San Francisco, San Mateo, Santa Clara	82,130	9.5%
South Coast	Orange, Santa Barbara, Ventura	110,407	12.7%
Los Angeles	Los Angeles	226,178	26.1%
South	Riverside, San Bernardino, San Diego	212,950	24.6%