Healthy Families Program
2011 Dental Quality Report

California Managed Risk Medical Insurance Board

Benefits and Quality Monitoring Division

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Managed Risk Medical Insurance Board

Healthy Families Program

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

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Table of Contents

Executive Summary…… 1

Background…… 3

Annual Dental Visit…… 5

Examinations and Oral Health Evaluations……8

Preventive Dental Services……9

Oral Health Examinations and Preventive Dental Services ……10

Continuity of Care……11

Filling to Preventive Services Ratio……12

Utilization of Dental Treatment Services……13

Consumer Survey of Families…… ……14

- Access to Regular Dentist ……15
- Rating of Child's Regular Dentist ……16
- Rating of Child's Dental Plan ……17
- Overall Condition of Child's Teeth and Gums ……18
- Reason for Not Visiting the Dentist ……19
- Correlation Between Quality Measurement and Family Satisfaction Survey ……20

Oral Health Initiatives……21

Appendix A: Data Analysis for Dental Measures……22

Appendix B: Data Analysis for D-CAHPS……23

Appendix C: HFP Dental Measures: Dental Plan Trends……24

Healthy Families Program Dental Services and Reporting

The 2011 Dental Quality Report for the Healthy Families Program (HFP) provides information on the oral health services provided during 2011 to children by six participating dental plans.

The Managed Risk Medical Insurance Board (MRMIB) monitors the quality of dental services provided to HFP children using measures related to utilization, preventive services and treatment. MRMIB also sponsors the Dental Consumer Assessment of Healthcare Providers and Systems (D-CAHPS) survey to measure satisfaction of HFP families with the dental plans and their dentists. To our knowledge, the HFP is the only program in the country using this survey.

The performance measures by category are as follows:

Utilization of Dental Services

- Annual Dental Visit (Healthcare Effectiveness Data and Information Set (HEDIS) measure)
- Overall Utilization of Dental Services

Examinations

- Examinations and Oral Health Evaluations
- Continuity of Care

Prevention and Treatment

- Preventive Dental Services
- Treatment and Prevention of Caries
- Filling to Preventive Services Ratio
- Use of Dental Treatment Services

Dental care for children in HFP is provided by dental managed care plans. MRMIB contracts with two different types of dental plans, Dental Exclusive Provider Organizations (Open Network plans) and Dental Health Maintenance Organizations (Primary Care plans). In 2011, Primary Care plans served about 66 percent of HFP children, an increase of 12 percent from 2010. In the past several years, budget challenges and program changes have limited the choice of plans in each county. New members are required to enroll in a dental Primary Care plan for the first two years and many members do not have the option of selecting a dental Open Network plan in their county. In addition, Delta Dental, the largest Open Network plan has been closed to new enrollment in a number of counties, including Los Angeles, for the past several years. As a result of these changes, enrollment in dental Open Network Plans has been steadily declining as illustrated in Chart 1 on page 4. This is significant because historically the Primary Care plans have not performed at as high a level as Open Network plans, and as a result, 2011 is the first year that overall rates for HFP measures have declined, despite the fact that most plans actually improved their individual performance.

Summary of Overall Results

In 2011, HFP individual plan performance continued to improve in nearly every measure – a testament to improvement efforts made by all our dental plans. These increases are likely due not only to improvement in accessibility and quality of services, but to improvements in reporting as well. Primary care plans improved significantly for utilization and preventive services, and for continuity of care, which measures the percentage of children receiving a preventive care visit two years in a row. In particular, Health Net Dental and Western Dental have shown dramatic improvement in many of the measures since 2008.

Key Findings:

- Ninety percent of continuously enrolled children who visited a dentist for any reason also received a preventive dental service such as an examination, a cleaning and/or a fluoride treatment.
- While there are significant differences between Open Network plans and Primary Care plans, the differences are more significant for measures related to preventive care. The differences are not as great for measures related to treatment. Due to the fact that families are unable to enroll in Open Network plans for the first two years, this could indicate that once they establish a dental home and receive treatment, the families are more likely to seek ongoing preventive care.
- MRMIB has given significant focus over the last several years to increasing utilization of preventive care services for children under the age of seven. While there has been improvement in the rates

of young children receiving dental services, there is still a need for improvement for children ages two to three years old.

- Hispanic/Latino children in all dental plans visited the dentist at significantly higher rates than other ethnic groups.
- American Indian/Alaskan Native children received dental services at the lowest rate.
- The 2011 consumer survey revealed that for those that did not visit the dentist, the most common reason cited was the belief that their child did not need dental care in the last 12 months.
- Families gave their child's dentist, the dental staff and access to dental care a higher rating in the 2011/12 survey compared to the 2010/11 survey.
- Although Open Network plans generally received higher ratings on the Consumer Satisfaction survey, the Primary Care plans also received high ratings.

Conclusion

MRMIB has placed significant effort and focus on measuring and improving the quality of oral health care provided to Healthy Families members by its contracting plans over the past several years. MRMIB is pleased to report that all dental plans continue to show improvement in nearly every measure of utilization and preventive care. However, Open Network plans continue to perform at a higher level than Primary Care plans, and the shift of enrollment from these plans to Primary Care plans has caused the overall HFP rates of care to show a decrease for the first time. Families continue to report a high degree of satisfaction with both their plans and dental providers. However, utilization data and survey results indicate that additional education is warranted to reinforce the message that children should be seen annually for preventive care, particularly children under the age of four.

Background

Importance of Oral Health

Dental caries, also known as tooth decay or cavities, and the consequences of caries are among the most prevalent health problems facing infants, children, and adolescents in America today[1]. Untreated tooth decay can lead to pain, trouble sleeping, missed days of school, poor self-esteem and costly dental treatment later on. The Centers for Disease Control and Prevention (CDC) reports that tooth decay affects one-fourth of U.S. children aged 2-5 and half of those aged 12-15. This report also reveals that about two-thirds of children from low-income families have decay.[2]

Monitoring Dental Quality in HFP

HFP has been providing comprehensive dental coverage and evaluating dental plan performance since 1998. MRMIB monitors the quality of services provided to children in the program by annually collecting and reporting data on dental performance measures from the dental plans. The HFP is one of the few programs in the country that measures dental quality and MRMIB has been at the forefront of developing quality measures. MRMIB revised its HFP dental measures in 2007 and a description of the measures is provided in Appendix A. Throughout this report, data are presented for four calendar years from 2008 through 2011 except for demographic analysis. This report highlights six of the eight measures that are primarily used by the HFP for monitoring utilization and quality of dental services. Results for all eight measures by plan over the last four years are provided in Appendix C.

In addition to collecting data on the quality of dental services, MRMIB has also administered the D-CAHPS survey to assess members' satisfaction with the dental care that they received. Families receive the results in enrollment materials, including the program handbook, and can use the information to compare dental plans. Reports are also available to the public on the MRMIB website.

[1] Guidelines on Periodicity of Examination, Preventive Dental Services, Anticipatory Guidance/Counseling, and Oral Treatment for Infants, Children, and Adolescents, American Academy of Pediatric Dentistry, revised 2009.

[2] Centers for Disease Control and Prevention (CDC) Oral Health: Preventing Cavities, Gum Disease, Tooth Loss, and Oral Cancers, At a Glance 2010. Available On-line at: http://www.cdc.gov/chronicdisease/resources/publications/AAG/doh.htm

Dental Plan Models

Dental care for children in HFP is provided by dental managed care plans in all 58 counties. The dental plans participating in HFP can be grouped into two service models - Open Network and Primary Care. HFP's Open Network plans, Delta Dental and Premier Access Dental, allow parents to select any dentist from the plan's network, and dental providers are paid on a fee-for-service basis by the dental plan. HFP's Primary Care plans, Access Dental, Health Net Dental, SafeGuard Dental and Western Dental, require families to select a primary care dentist within their plan who coordinates the child's dental care. Prior authorization is required from a primary care dentist to see a specialist for non-emergency dental services. The majority of primary care dentists receive a monthly payment from the dental plan for each assigned subscriber, regardless of the number of services the child receives.

Similar to dental plan models for public employees of California, MRMIB requires two years of enrollment in an HFP Primary Care dental plan for a child to qualify for enrollment in an Open Network plan. It is important to remember when reading this report that in some counties members have a choice of only one dental plan type. For example, in Los Angeles, Open Network plans have been closed to new enrollment and in some of the Northern region counties; there are no Primary Care plans available. As a result of these program changes, there has been a significant shift of enrollment in the last several years from Open Network plans to Primary Care plans. This is illustrated on the next page in Chart 1 which shows the enrollment trends by plan over the past several years.

There is a significant difference in utilization between the plan models. Children who are in Open Network plans receive services at a much higher rate than children in the Primary Care plans. These differences have been consistent throughout the program's history.

This is of significance to HFP's dental performance measures because Delta Dental is HFP's highest performer at least 25 percent above the Primary Care plan average. Though improvements were observed both in Open Network and Primary Care plans for dental measures in 2011 over 2010, HFP weighted averages declined slightly for most dental measures in 2011 compared to 2010 due to reduced enrollment in Open Network plans.

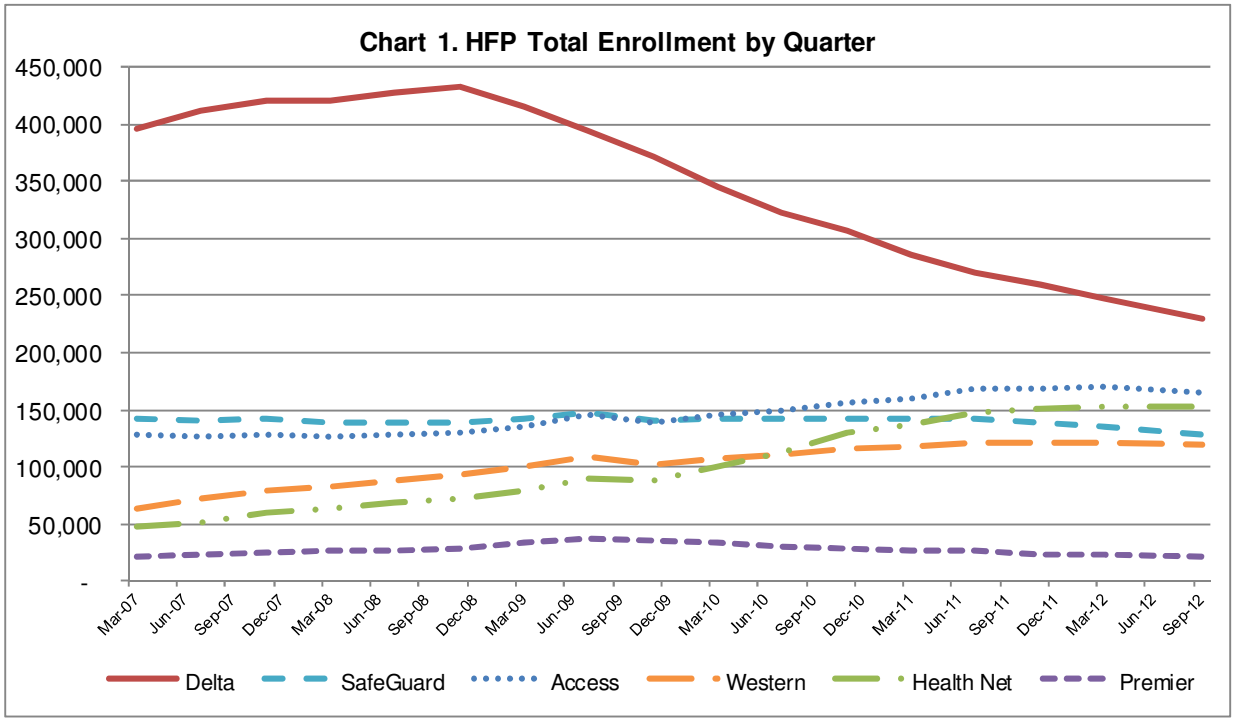
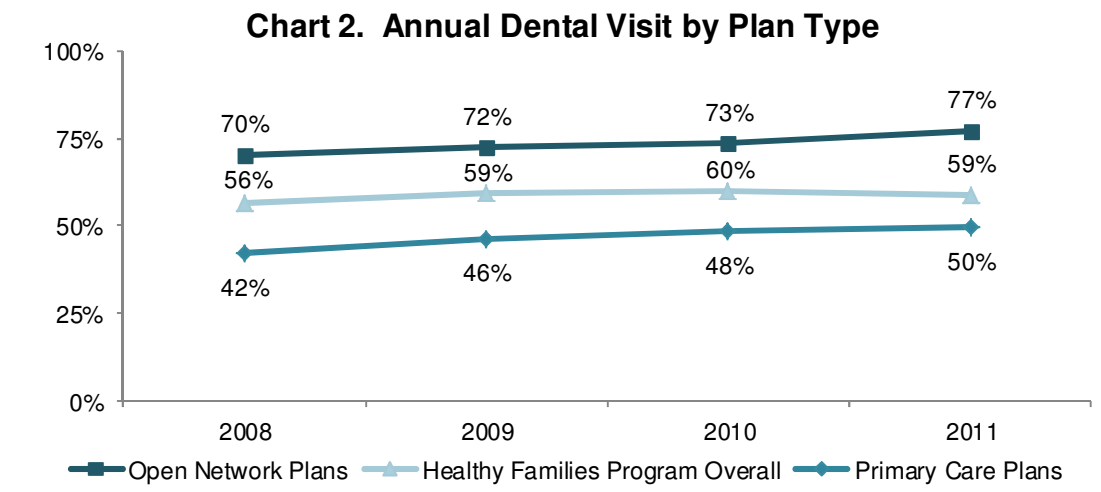


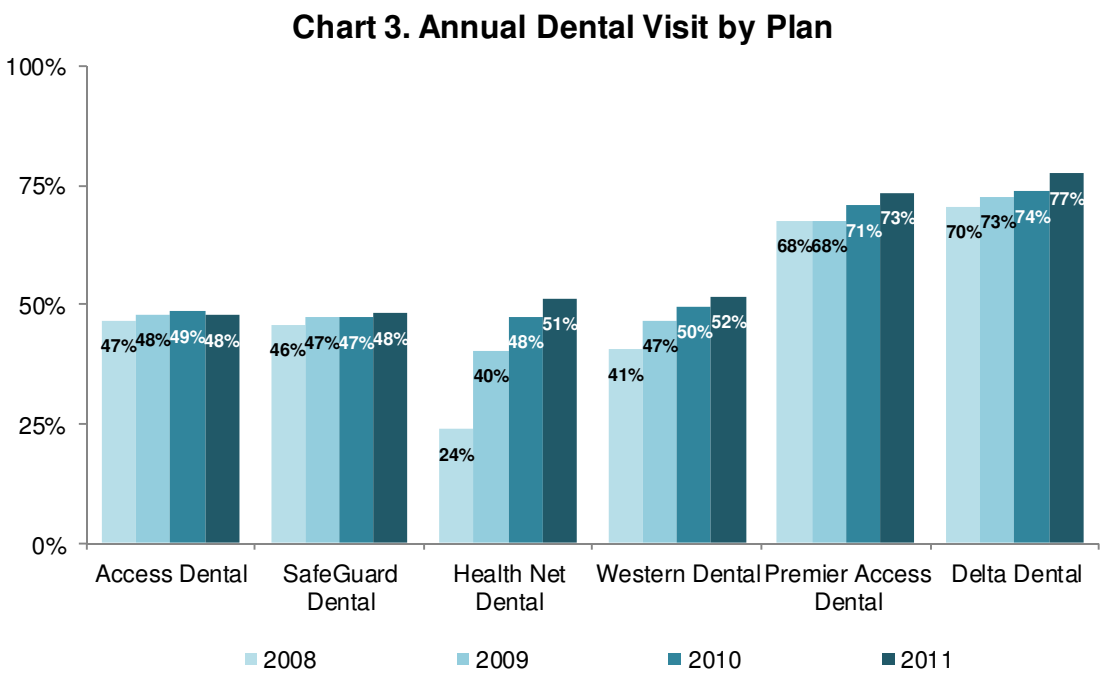
Table 1. HFP Children Continuously Enrolled in a Dental Plan

	2008	2009	2010	2011
All HFP Dental Plans	**601,885**	**599,370**	**578,233**	**512,884**
Primary Care Plans	**293,937**	**301,547**	**306,780**	**338,276**
Access Dental	89,515	88,230	99,722	100,732
Health Net Dental	43,632	42,272	65,621	91,126
SafeGuard Dental	110,152	114,066	74,244	81,233
Western Dental	50,638	56,979	67,193	65,185
Open Network Plans	**307,948**	**297,823**	**271,453**	**174,608**
Delta Dental	289,465	276,782	247,519	155,710
Premier Access Dental	18,483	21,041	23,934	18,898

MRMIB HFP dental measures only include children who were continuously enrolled in the program. For the one HEDIS measure, Annual Dental Visit, this means the child had no more than one gap in enrollment of up to 45 days. For all other measures, the child must be enrolled for at least 11 of the 12 months in the year to be included. The number of children that were continuously enrolled for the last three years since the new dental measures were introduced is shown in Table 1.

In 2011, there was an 11 percent decrease in the number of children who were continuously enrolled. This is likely due to the combination of the significant shift of enrollment from Open Network plans to Primary Care plans and the loss of overall enrollment in the program.





Measure Definition

Annual Dental Visit measures a visit to the dentist for any reason, for children 2 years of age (by December 31, 2011) and older, who were continuously enrolled with no more than a 45 day break in enrollment and is a measure of utilization of dental care.

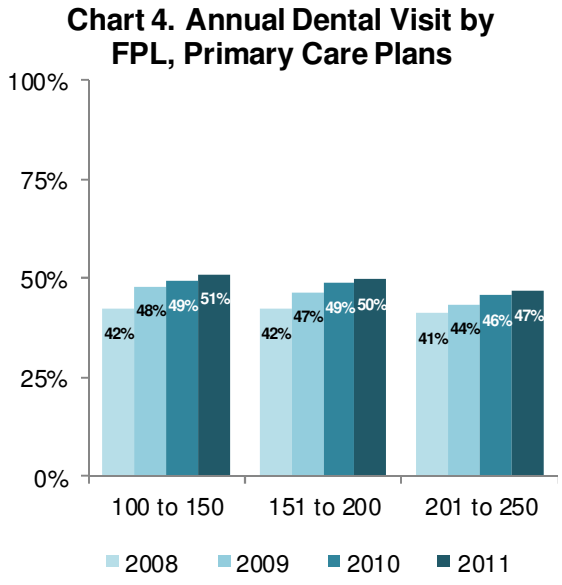
Why Is This Important?

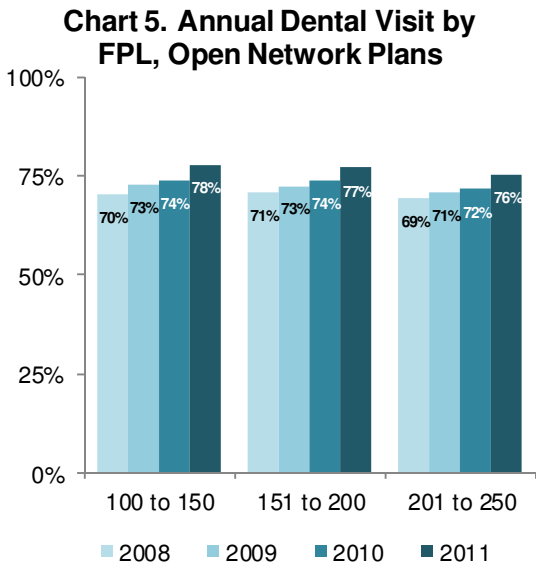
The American Academy of Pediatric Dentistry (AAPD) recommends that children receive their first dental examination when their first tooth comes in, usually between 6 and 12 months of age. The AAPD recommends a dental check-up at least twice a year for most children or more often depending on a child's risk status.

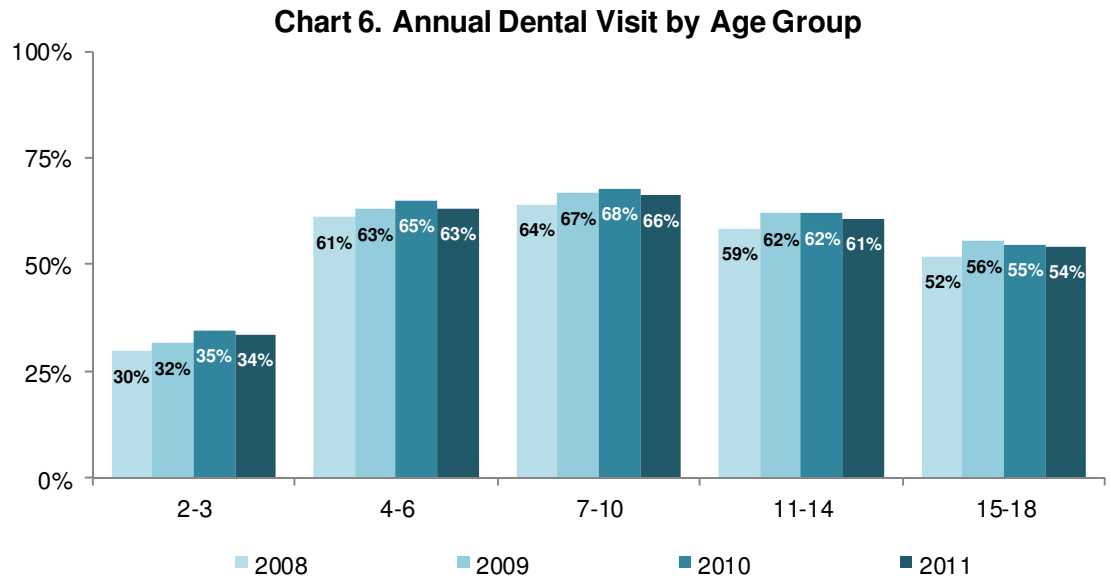
The early dental visits are critical to establishing a dental home and providing education and guidance on good oral health. Regular dental visits lead to early detection of dental disease, preventing more extensive care in the future.

Overall Results

- In 2011, 59 percent of continuously enrolled HFP children visited the dentist.
- More than 77 percent of the nearly 156,000 children enrolled in Delta Dental saw their dentist.
- For Primary Care plans, 50 percent visited the dentist, an increase of 2 percent over last year.
- After taking enrollment differences between years into account, the improvement from 2010 to 2011 represents about 4,500 more children that visited a Primary Care plan dentist in 2011 than in 2010.
- Since 2008, Western Dental and Health Net Dental have made significant improvements in their rate, with HealthNet Dental more than doubling the rate of children receiving a dental visit each year.



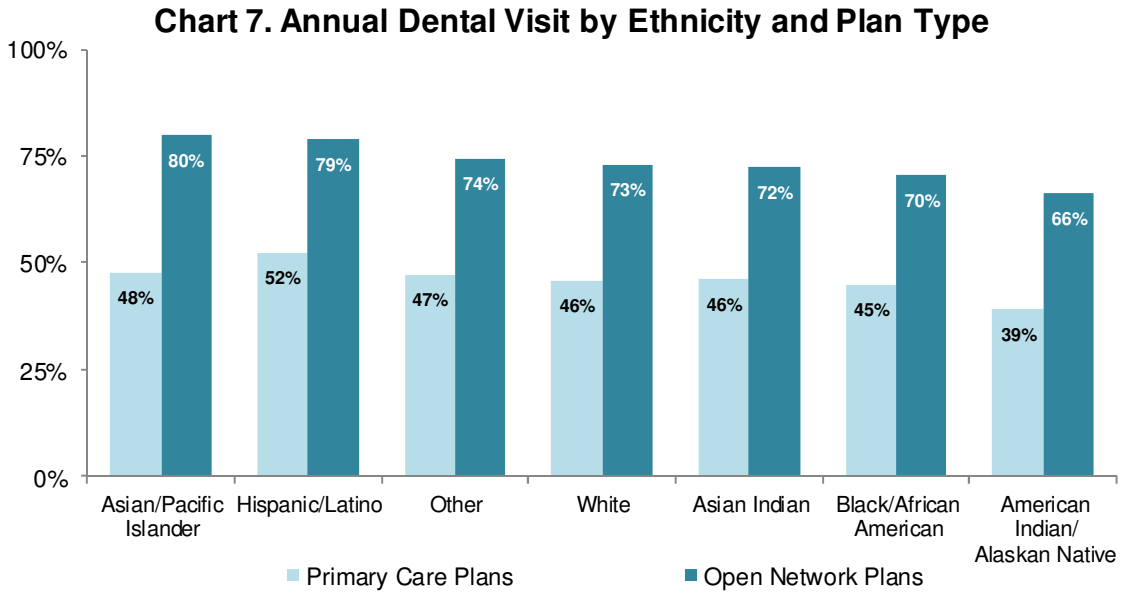


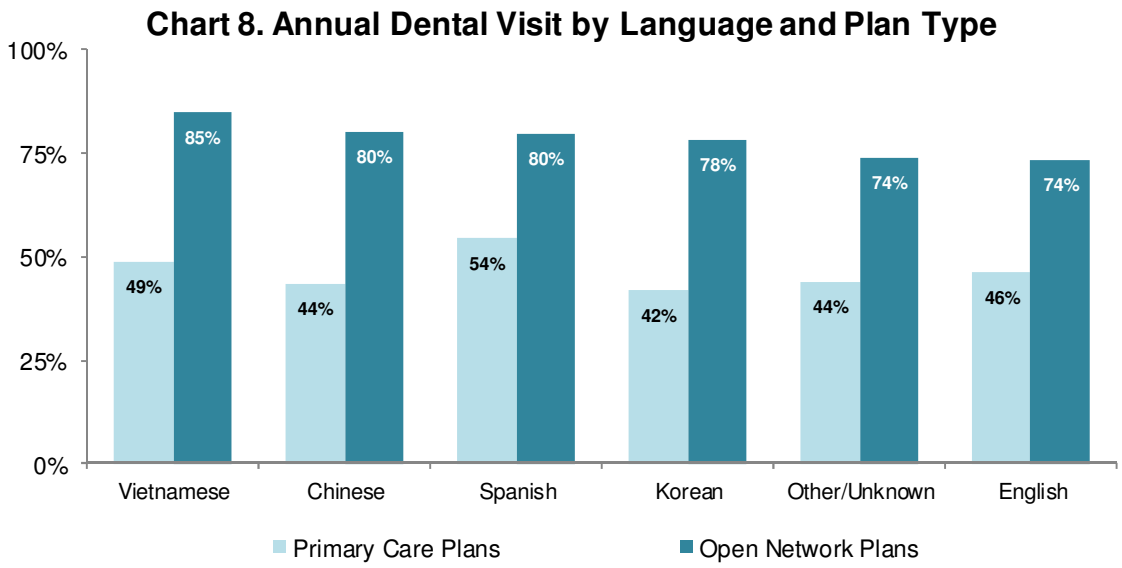


Key Findings on Demographics

Since 90 percent of all children visiting the dentist received preventive care, demographic analysis is presented in this dental report for *Annual Dental Visit* only.

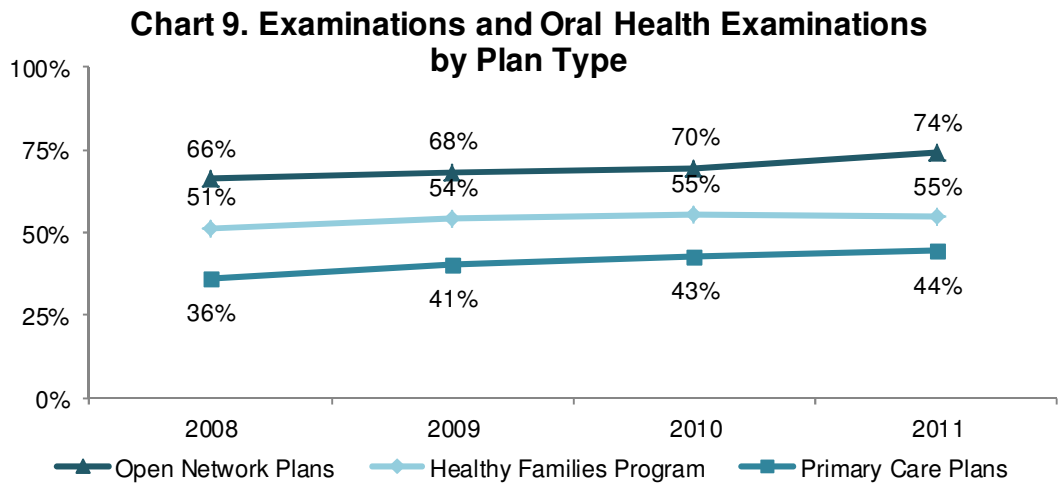
- MRMIB staff uses enrollment data to ensure that income is not a barrier to services. As shown in Chart 4 and 5, income per se does not appear to be a barrier. This is not surprising since there are no co-payments for dental exams, cleanings, fluoride, sealants, x-rays, or fillings. Interestingly, visits to the dentist tend to decrease slightly as income increases.
- The youngest children, ages two to three years old, received a dental visit at about half the rate of older children.
- Over the last several years, MRMIB has placed significant focus to increase the utilization of preventive care in children under the age of seven. While the rate for 2-3 year olds has shown some improvement, there is still a need for more education on the importance of early dental visits.

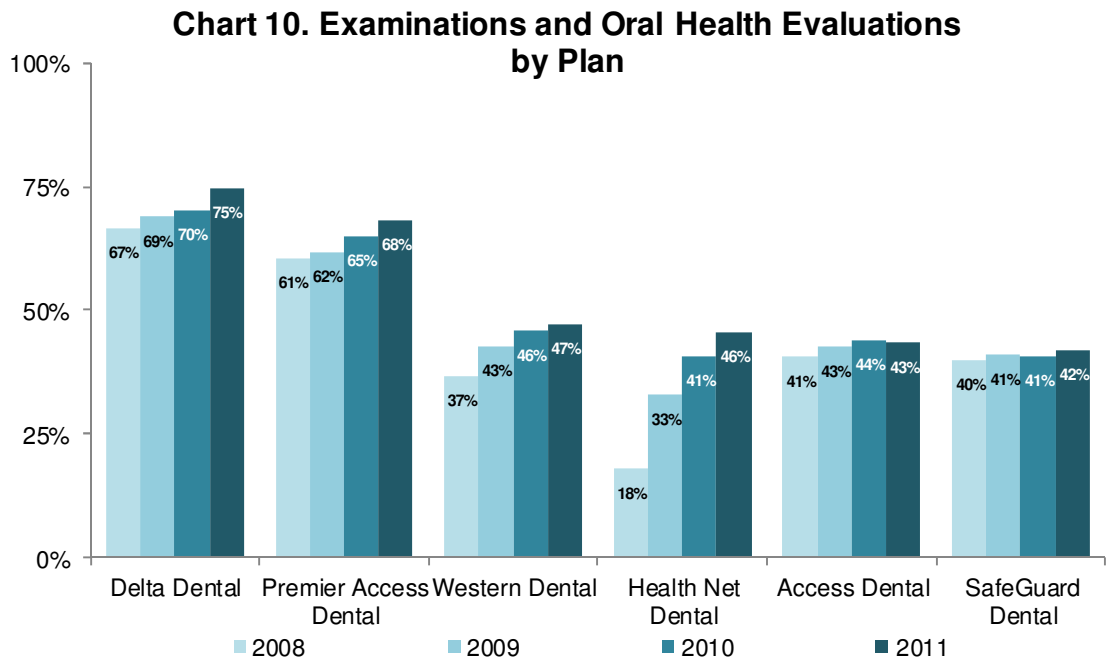




Key Findings on Demographics (continued)

- Chart 7 shows the *Annual Dental Visit* percentages by dental plans for ethnicity and highlights the differences in visits to the dentist among the different ethnic groups.
- Generally, Hispanic/Latino children in all dental plans visited the dentist at significantly higher rates than other groups. On the other hand, American Indian/Alaskan native children were seen at the lowest rate by all dental plans.
- The comparison of different linguistic groups in Chart 8 did not show any specific trend between dental plan types.
- Vietnamese and Chinese speaking parents took their children to the dentist at the highest rate in the Open Network plans. However, Chinese and Korean speakers had the lowest rate of *Annual Dental Visits* in the Primary Care plans.
- There is wide variation in how well plans are serving different ethnic groups. This information is helpful as HFP and the dental plans strive to provide culturally competent care and address the barriers faced by California's diverse population.





Measure Definition

The *Examinations and Oral Health Evaluations* measure estimates the percentage of children who:

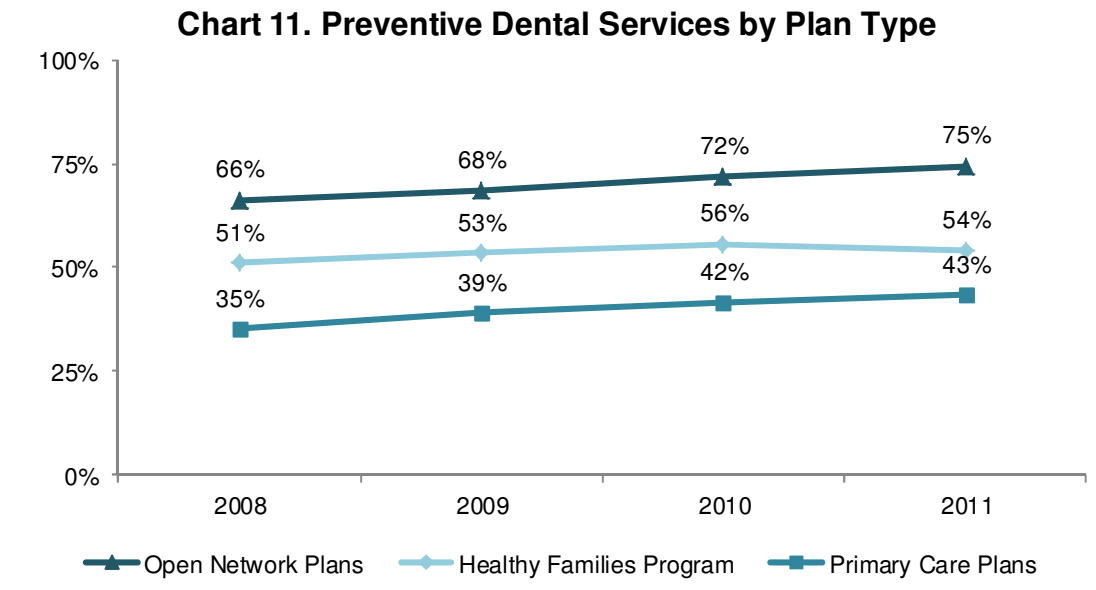
- received a comprehensive or periodic oral health evaluation or,
- for members under 3 years of age, those who received an oral evaluation and counseling with the primary care giver in the measurement year.

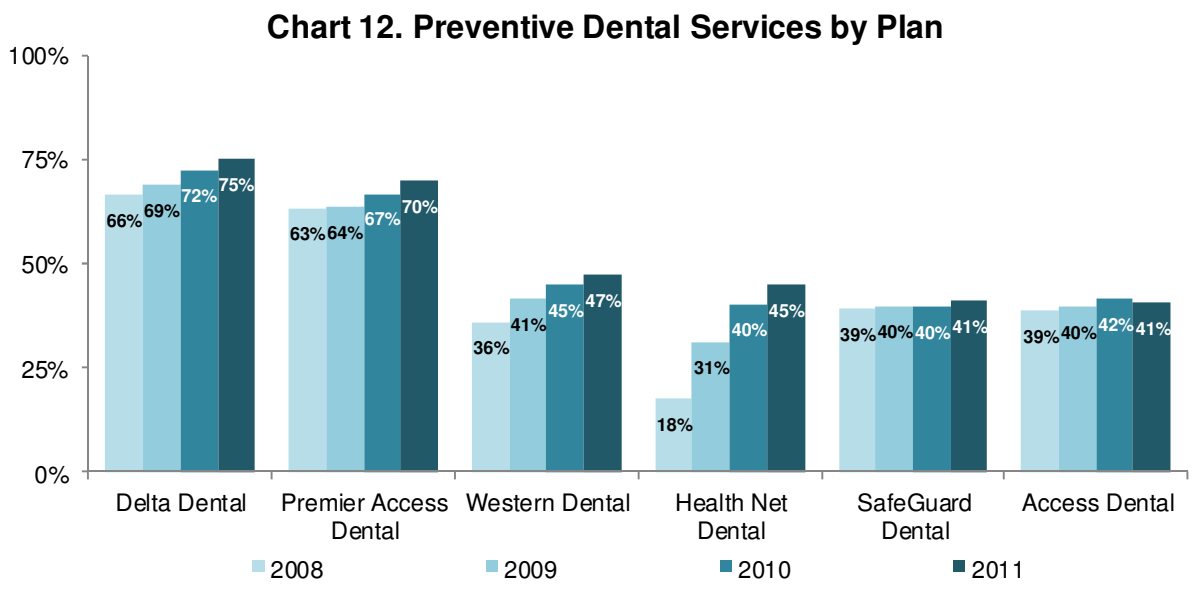
Why Is This Important?

Oral health examinations provide benefits at all ages. In infants and very young children, ongoing establishment of oral flora (germs that cause tooth decay), susceptibility of newly emerging teeth, and the development of good dietary habits mean that this is a critical time to develop good oral hygiene. Caregivers and children benefit from anticipatory guidance and counseling tailored to their particular needs, delivered from a skilled practitioner. Oral health exams are also important for older children/adolescents, who are at a heightened risk of caries due to intake of cariogenic foods and waning attention to oral hygiene.

Overall Results

- All plans showed improvement from 2008 to 2011 with the greatest increase by Health Net Dental followed by Western Dental (Chart 10).
- Health Net Dental and Western Dental have shown significant improvement since 2008 and are now the top two Primary Care plans.
- However, as a result of a shift in enrollment, the overall rate remains flat since 2010 (Chart 9).





Measure Definition

The *Preventive Dental Services* measure estimates the percentage of children that received any preventive dental service in the measurement year.

Why Is This Important?

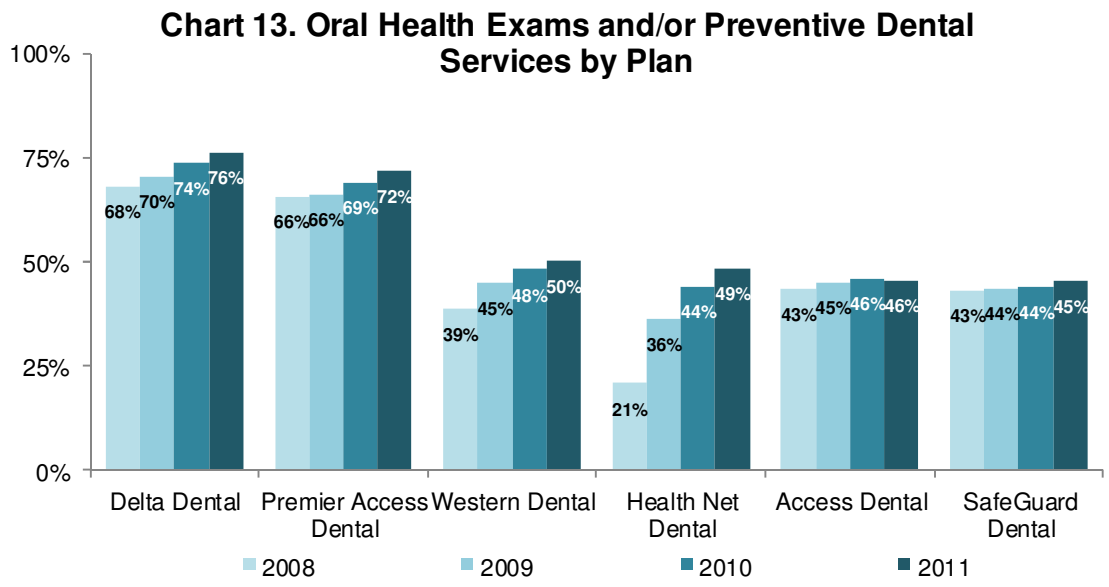
Preventive Dental Services include teeth cleaning, topical fluoride application, nutritional counseling and oral hygiene instruction. Early prevention is key to long term oral health and in reducing the need for extensive and costly dental services in the future.

Overall Results

- With one exception, every dental plan showed significant improvement since the new measures were introduced.
- Delta Dental leads performance, with over 75 percent of continuously enrolled children receiving exams and/or preventive dental services in 2011 (Chart 12).
- Among Primary Care plans, Western Dental provided an exam or preventive service at the highest rate followed by Health Net Dental.

Table 2. Exams and Other Preventive Services Provided to Children Visiting the Dentist

	2008	2009	2010	2011
Continuously Enrolled Children	601,885	599,370	578,233	512,876
Children Visiting the Dentist	339,924	355,267	347,327	302,155
Children Receiving Exams and/or Other Preventive Services	318,866	335,381	335,710	271,307
% Receiving Preventive Services	93.8%	94.4%	96.7%	89.7%



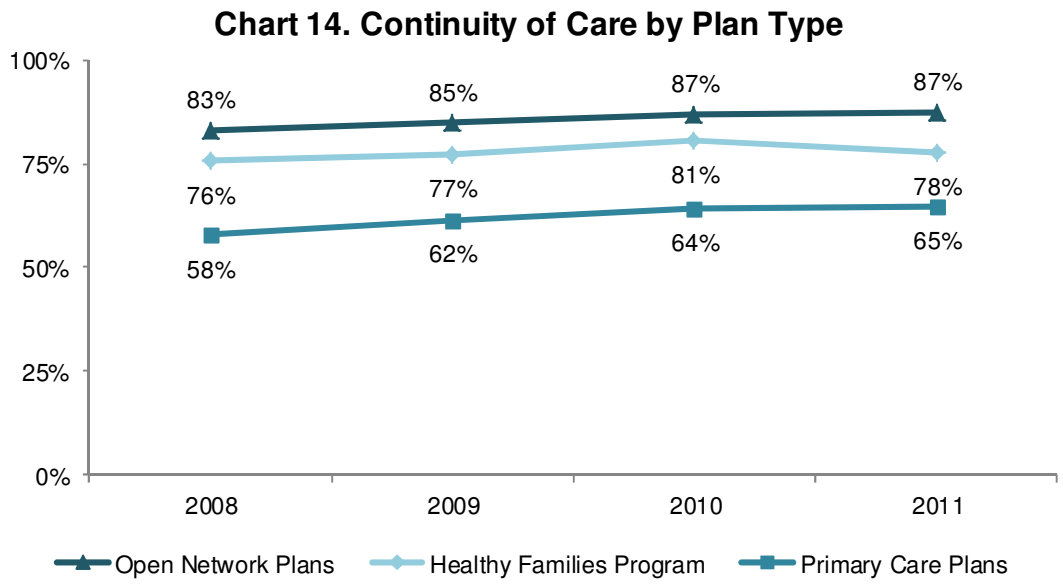
The charts on this page show the number of unique children who received either or both an Examination and Oral Health Evaluation or a Preventive Dental Service.

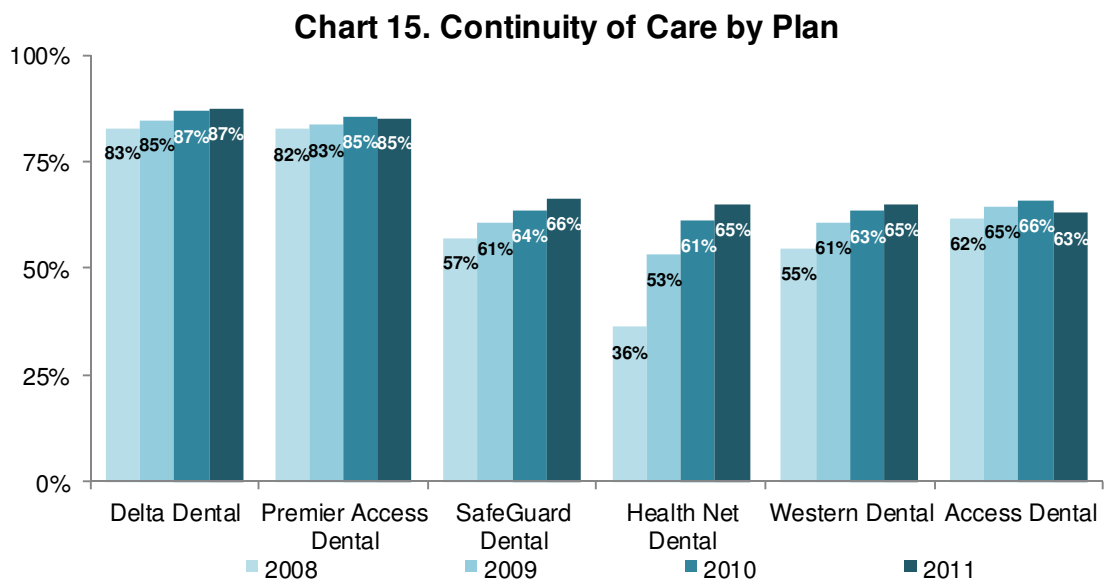
Why Is This Important?

HFP's goal is that every child who visits the dentist receives preventive care, regardless of what brought them in for the initial visit.

Overall Results

- In 2011, nearly 90 percent of children who visited the dentist for any reason also received preventive care such as an exam or prophylaxis (Table 2).
- The seven percent drop in preventive services in 2011 from 2010 is due to the shift of enrollment from Open Network plans to Primary Care plans. This also accounted for the 11 percent decrease in the number of children who were continuously enrolled in the program.
- Health Net Dental more than doubled the rate of children receiving an oral health exam or preventive service over the last four years.





Measure Definition

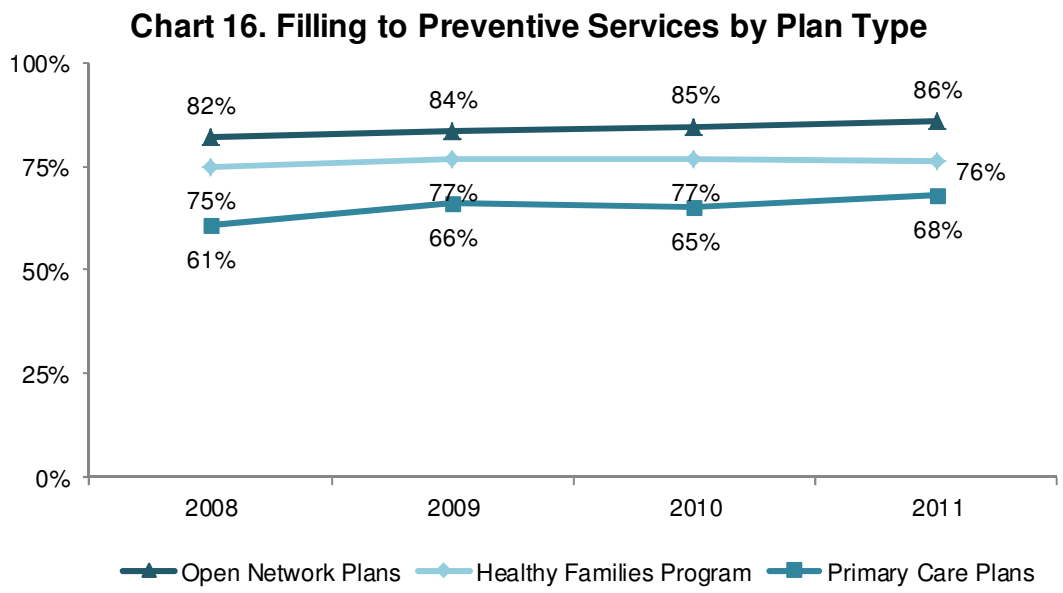
The *Continuity of Care* measure estimates the percentage of children who were enrolled in the same plan for two years with no gap in coverage and received a comprehensive oral evaluation or a prophylaxis in the year prior to the measurement year and in the measurement year.

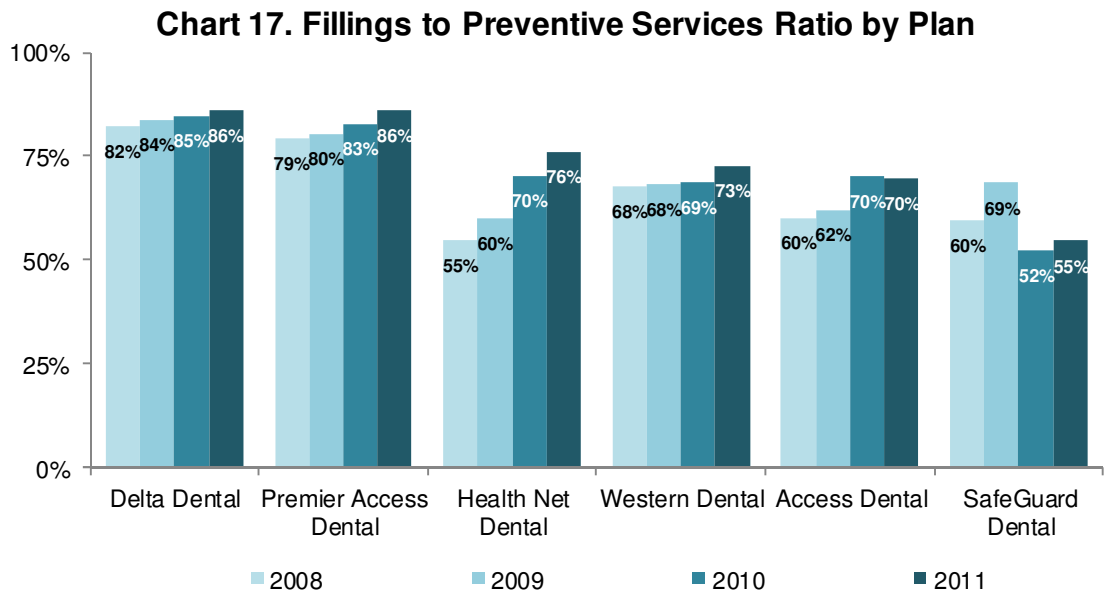
Why Is This Important?

This measure looks at whether continuous enrollment in a dental plan leads to regular dental visits. It also looks specifically at the children who receive an exam or teeth cleaning to see if they are more likely to go back to the dentist on an annual basis.

Overall Results

- The HFP average fluctuated from 76 to 81 percent over the last four years. The overall averages improved slightly for Primary Care plans and Open Network plans from 2010. However, the HFP average decreased by three percent due to the continued shift of enrollment from Open Network to Primary Care plans.
- About 78 percent of children enrolled for two years who had an exam and/or cleaning in 2010 also had an exam and/or cleaning in 2011.
- Among Primary Care plans, SafeGuard had a higher rate of children that returned to the dentist for preventive care in consecutive years.





Measure Definition

The *Filling to Preventive Services Ratio* measure estimates the percentage of children who had one or more fillings in the past year and who received a topical fluoride or sealant application in the measurement year - preventive services recommended for children at high risk of caries[3].

Why Is This Important?

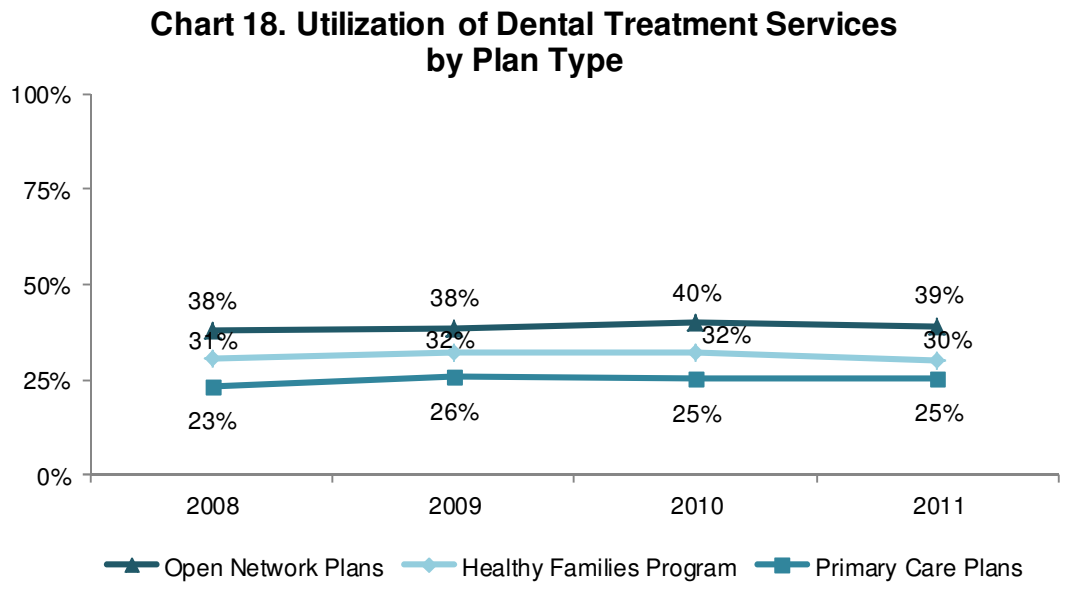
Topical fluoride and dental sealants are safe and effective methods of reducing the risk of caries, particularly in those children at a high risk for caries. Yet, according to the CDC, "only about one-third of children aged 6-19 years have sealants. Although children from lower income families are almost twice as likely to have decay as those from higher income families, they are only half as likely to have sealants."[4]

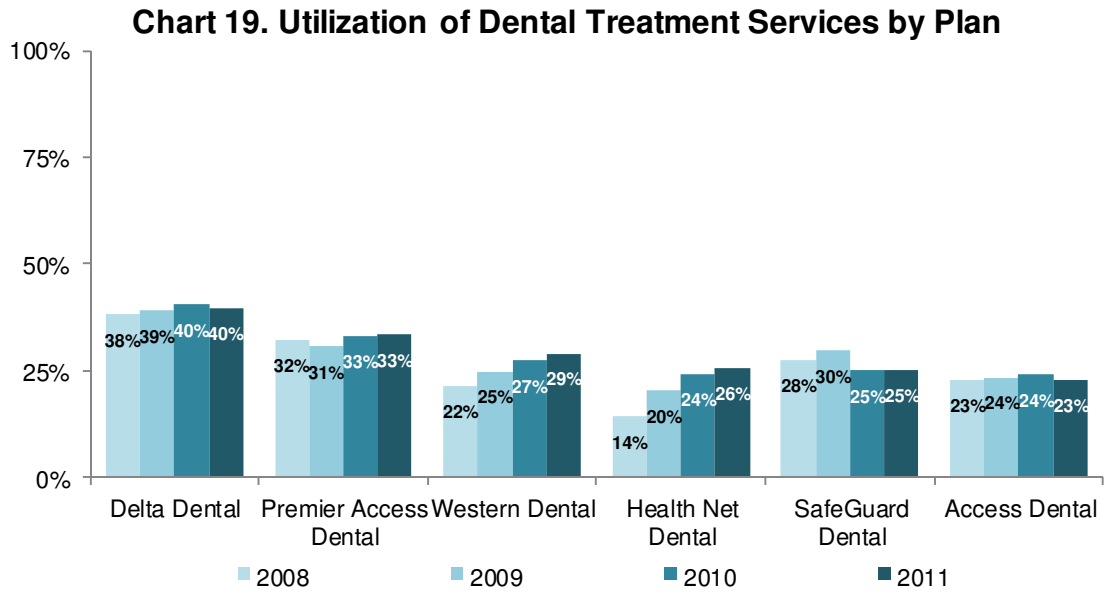
Overall Results

- For Primary Care plans, about 68 percent of children with fillings receive fluoride or sealants compared to 86 percent in Open Network plans.
- The Primary Care plans improved about 3 percent in 2011 over 2010.
- The denominator for this measure provides us with the number of children with fillings. This population was examined for its relationship with *Annual Dental Visits*, and there was no correlation between the need for a filling and visits to the dentist for any demographic category.

[3] Guidelines on Periodicity of Examination, Preventive Dental Services, Anticipatory Guidance/Counseling, and Oral Treatment for Infants, Children, and Adolescents, American Academy of Pediatric Dentistry, revised 2009.

[4] CDC. Oral Health: Preventing Cavities, Gum Disease, and Tooth Loss, March 2009, Available On-line at: http://www.cdc.gov/nccdphp/publications/aag/doh.htm





Measure Definition

The *Utilization of Dental Treatment Services* measure estimates the percentage of children who received any dental treatment service, other than diagnostic or preventive services, in the measurement year.

Why Is This Important?

Dental treatment services include fillings, crowns, root canals, and oral surgery. The 2006 California Smile Survey found that more than half of kindergartners and 70% of third graders had a history of tooth decay and 28% had untreated tooth decay. The problem was worse for low-income and minority children. Untreated tooth decay can lead to pain, infection, difficulty eating and sleeping, difficulties concentrating in school and serious health conditions. Early intervention and treatment is critical to preventing further tooth decay and more serious health problems.[5]

Overall Results

- The HFP average remained constant over four years from 2008 to 2011. Note that this measure does not include annual checkups and other preventive services such as fluoride treatments.
- Health Net Dental and Western Dental showed significant improvement over the last four years.

[5] "Mommy, It Hurts to Chew." The California Smile Survey: An Oral Health Assessment of California's Kindergarten and 3rd Grade Children, February 2006. Available On-line at: http://www.healthysmilesoc.org/Documents%20for%20Site/California%20Smile%20Survey.pdf

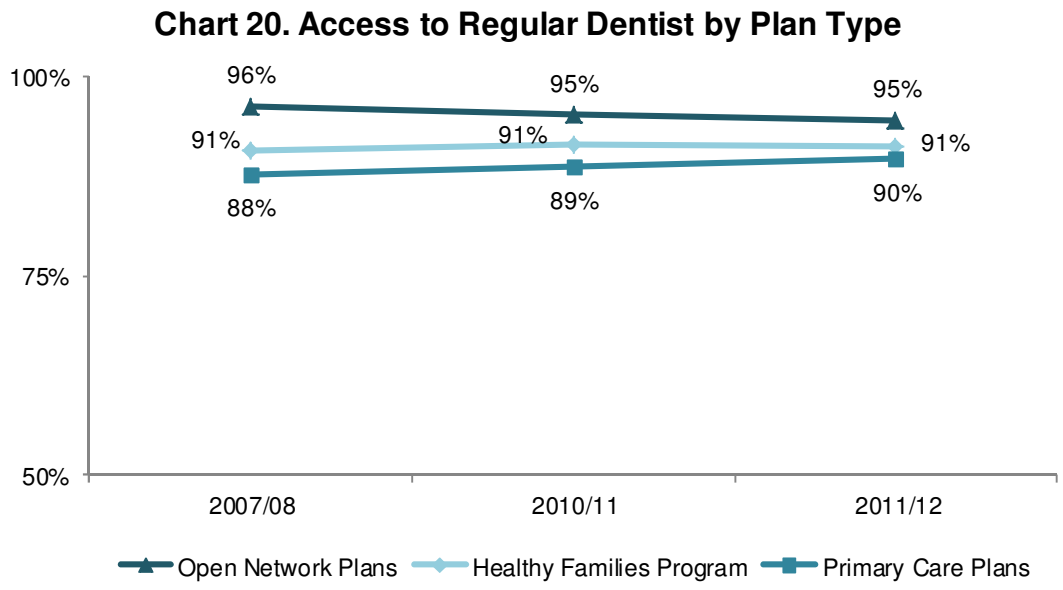
In addition to collecting data on services that each child receives, MRMIB surveys families for their opinions on their child's dental care. To our knowledge, the HFP is the only public program in the country using the D-CAHPS survey. HFP's 2011/12 survey consisted of approximately 30 questions that are used to monitor dental care provided to children. Select questions are added if MRMIB has specific concerns regarding dental services to children that only the family can answer.

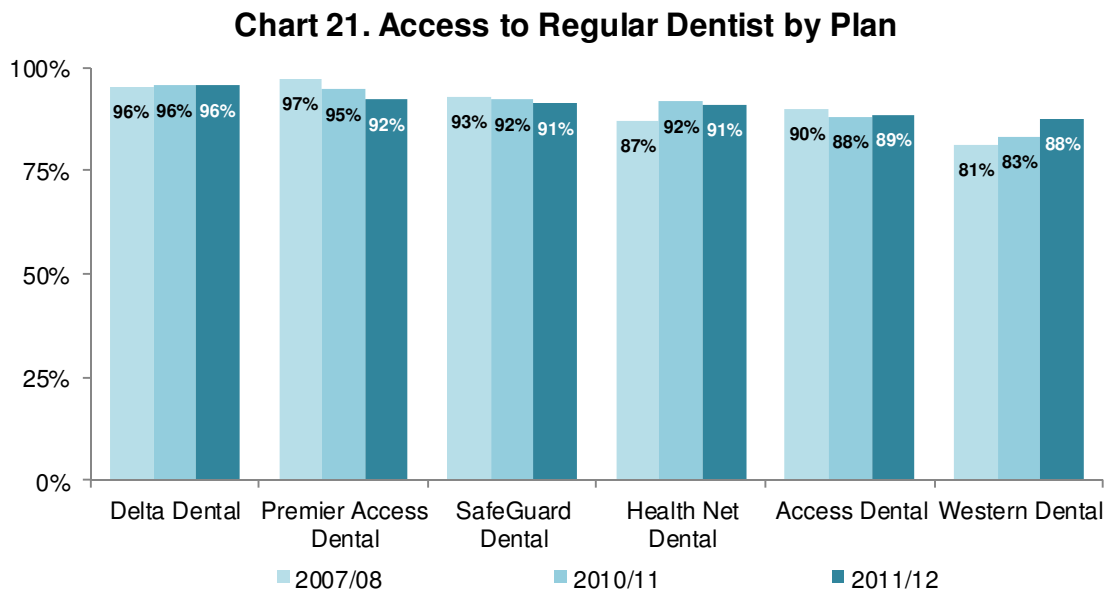
For the 2011/12 D-CAHPS survey conducted April through June 2012; the number of surveys was increased proportionately for the large plans in an attempt to obtain usable demographic information. In 2012, 3,287 families completed the survey compared to 2,052 families that completed their survey in 2011. The survey response rate for the Open Network plans was 40 percent compared to the 34 percent rates for Primary Care plans, as seen in Table 3.

Table 3. Response Rate by HFP Dental Plan

Dental Plans	Response Rate	Mailed Surveys	Usable Surveys
2012 HFP Overall	**35.9%**	**9,200**	**3,278**
Primary Care Plans	**33.7%**	**6,400**	**2,159**
Access Dental	35.2%	1,600	556
Health Net Dental	34.1%	1,600	542
Safeguard Dental	33.9%	1,600	539
Western Dental	33.0%	1,600	522
Open Network Plans	**40.0%**	**2,800**	**1,119**
Delta Dental	42.3%	1,800	757
Premier Access	36.6%	1,000	362

As shown on the following pages, parents in the Healthy Families Program were as satisfied with their child's personal dentist ***and*** with their child's dental plan in 2011/12 as in the previous survey in 2010/11. Reported overall health of teeth and gums was also unchanged.



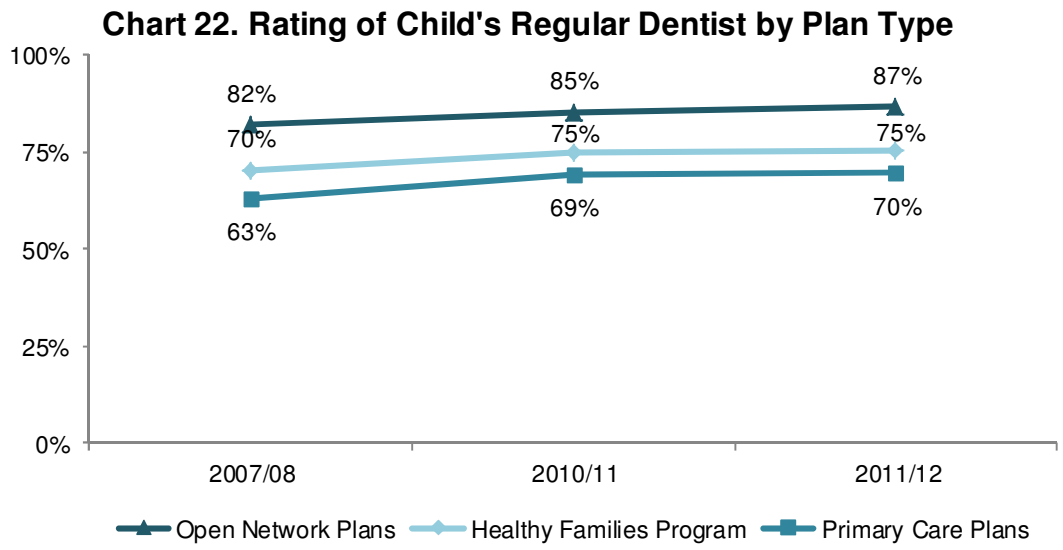


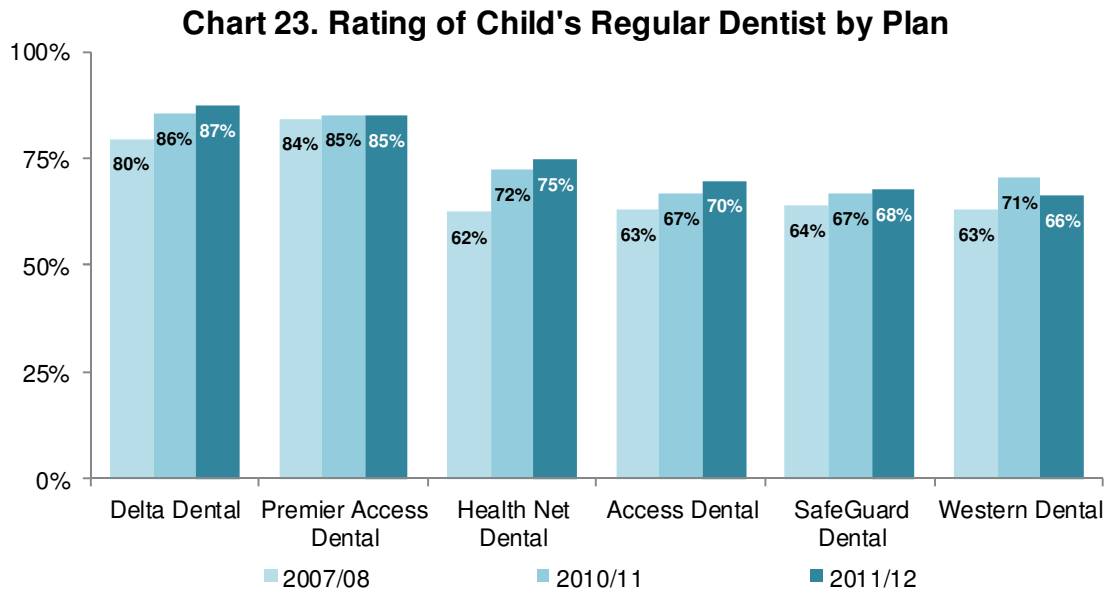
Measure Definition

The survey section *Your Child's Regular Dentist* defines a regular dentist as one "your child would go to for check-ups and cleanings, or when your child has a cavity or tooth pain."

Survey Results

- The rate at which HFP parents answered yes, their child does have a regular dentist, was 91 percent for the 2011/12 survey, similar to the results of the previous year's survey in 2010/11 (Chart 20).
- Western Dental showed the most improvement from the 2007/08 survey.



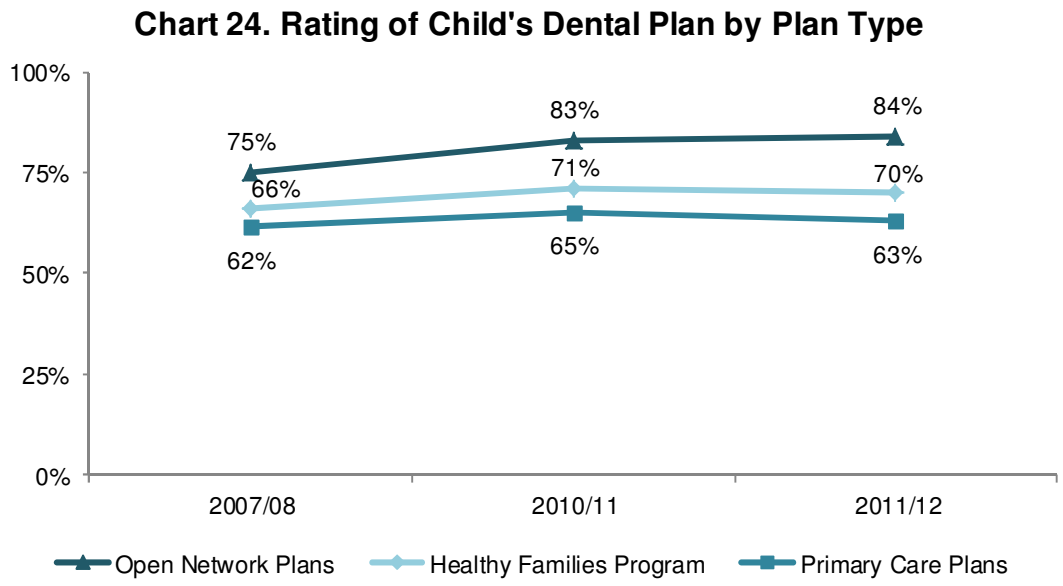


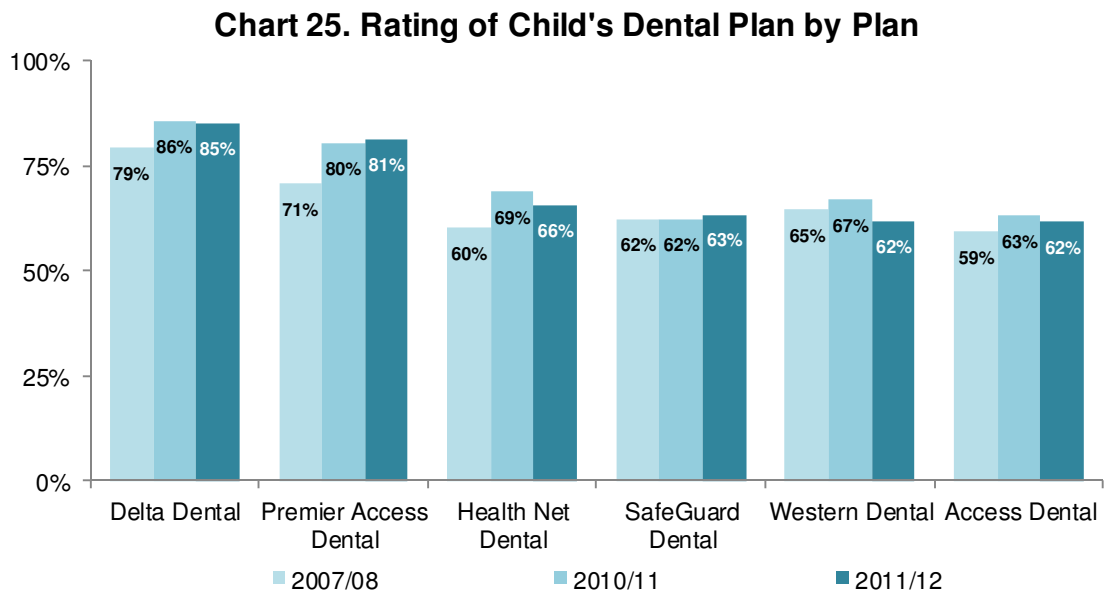
Measure Definition

Families reporting that their child had a regular dentist were asked to rate their child's dentist on a scale of 0-10, "where 0 is the worst regular dentist possible and 10 is the best regular dentist possible."

Survey Results

- Ratings of dentists in the HFP were about the same in 2011/2012 compared to 2010/2011, but remained higher than in 2007/08 (Chart 22).
- Ratings of Open Network plan dentists were significantly higher than ratings for Primary Care plan dentists, but the differences between dentists belonging to the same plan model were not significant.
- Delta Dental and all Primary Care plans except Western Dental showed improvement in dentist scores.





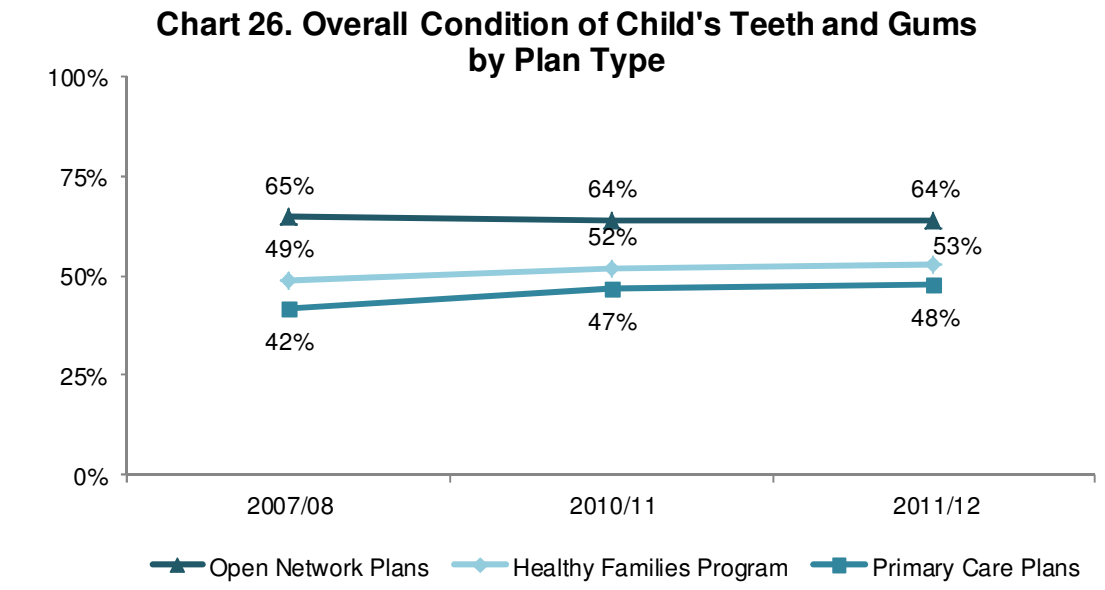
Measure Definition

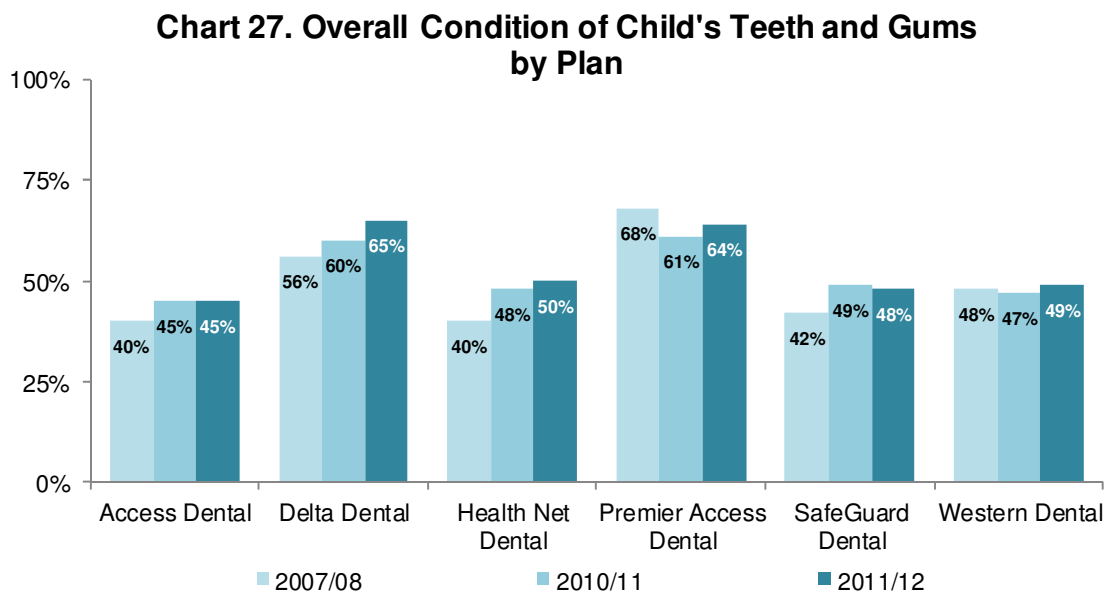
The survey section *Your Child's Dental Plan* asks the parent to rate their child's dental plan on a scale of 0-10, "where 0 is the worst dental plan possible and 10 is the best dental plan possible."

Survey Results

- Dental plan rating decreased slightly in 2011/2012 (Chart 24).
- With the exception of SafeGuard Dental and Premier Access Dental, all other dental plans decreased slightly compared to 2010/11.
- Ratings for the Open Network plans were significantly higher than ratings for Primary Care plan. There were no significant differences between plans of the same model type.
- Rating of dental plan appears to be closely related to the family's satisfaction with their child's dentist.

Overall Condition of Child's Teeth and Gums





Measure Definition

The survey section *About Your Child* begins by asking parents, "In general, how would you rate the overall condition of your child's teeth and gums?" Chart 26 and 27 show the percentage of parents who gave a response of "Excellent" or "Very Good" when asked about the condition of their child's teeth.

Survey Results

- Scores for overall condition of child's teeth and gums in 2011/2012 were not significantly different from 2010/2011 (Chart 26).
- About half of parents (53%) in the HFP rate the overall condition of their child's teeth and gums as excellent or very good.
- Parents rating remained similar in the 2011/12 survey as compared to the 2010/11 survey.
- No change is observed for this measure for Open Network plans and for Primary Care plans in the 2011/12 survey compared to the previous year survey. However, families in the Open Network plans rated the condition of their children teeth and gums significantly higher than families from the Primary Care plans (64% vs. 48%, respectively).
- Delta Dental is the only plan that showed consistent and significant improvement in this measure over the last three years.

Chart 28. Reason For Not Visiting the Dentist, Primary Care Plans

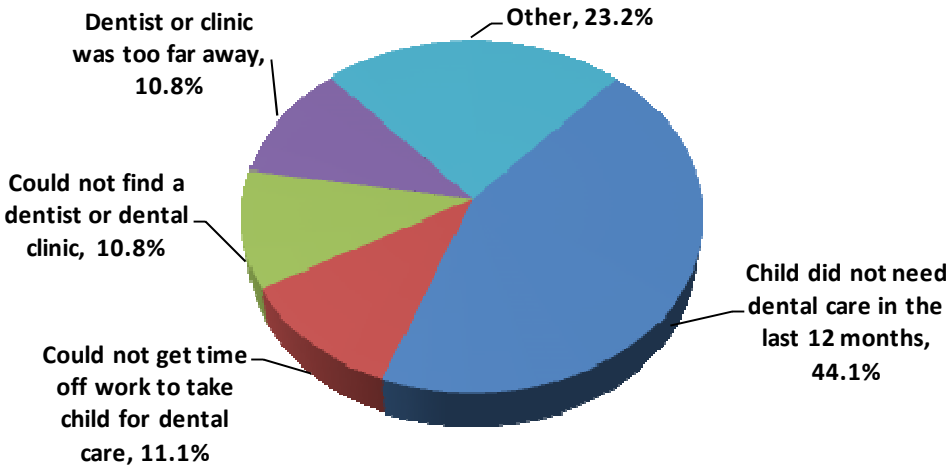
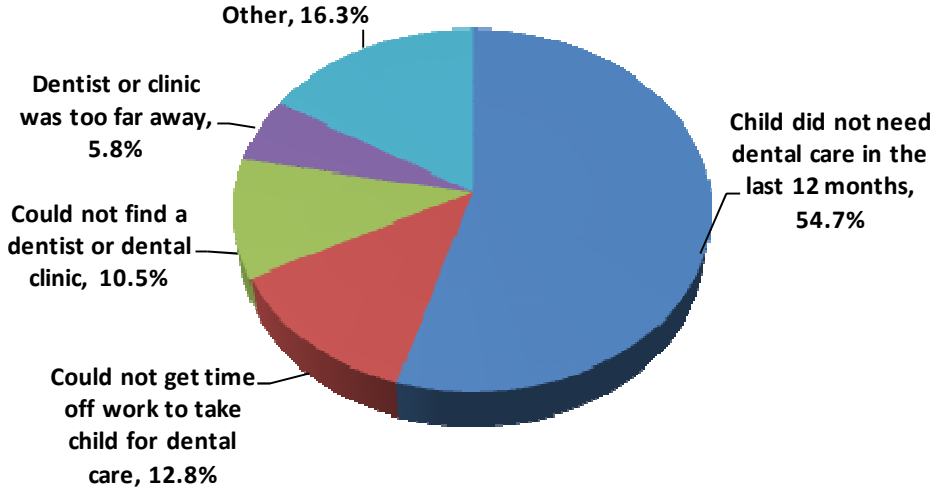


Chart 29. Reason For Not Visiting the Dentist, Open Network Plans



Survey Question

In order to understand why families did not visit the dentist and to understand where barriers may exist, a new question was added to the survey that asked why parents did not take their child to the dentist. Response options included perception of necessity, time off work, difficulty in locating a dentist, dentist too far away, or other. The results are shown in Chart 28 for Primary Care plans and in Chart 29 for Open Network plans.

Survey Results

- It is interesting to note that out of 9,200 surveys, 3,278 families completed the surveys. Of the 3,278 who completed the survey, 461 parents, or 14 percent, indicated that their children did not go the dentist's office or clinic for care in the last 12 months.
- Of those parents that did not take their child to the dentist, the most common reason cited for both Primary and Open Network plans was that their child didn't need dental care.
- This information highlights the need for continued education and outreach about the importance of annual preventive services.

Correlation between Measurement and Opinion Survey

In the D-CAHPS survey, parent's evaluation of their children's dentists and dental plans reflect the dental services their children received. MRMIB analyzed the data by regressing parent's rating about their children's dentists and plans against the *Annual Dental Visit* data collected from the dental plans. This has shown a strong correlation, above 90 percent, between utilization of services and family's rating of their child's dentist and dental plans. This means that parents who take their child to the dentist give higher ratings to both the child's dentist and dental plan.

Table 4. Correlation between Annual Dental Visit and D-CAHPS Ratings

	Annual Dental Visit	Rate Your Child's Dentist	Rate Your Child's Dental Plan
Healthy Families Program	**58.9%**	**75.4%**	**70.2%**
Primary Care Plans	**49.6%**	**69.7%**	**63.1%**
Access Dental	47.7%	69.8%	61.6%
Health Net Dental	51.2%	74.8%	65.6%
SafeGuard Dental	48.3%	67.8%	63.4%
Western Dental	51.7%	66.3%	61.8%
Open Network Plans	**77.0%**	**86.6%**	**83.9%**
Delta Dental	77.5%	87.3%	85.1%
Premier Access Dental	73.5%	85.1%	81.2%
Correlation Score		**0.94%**	**0.98%**

DentaQuest Foundation Grant

In October 2011, MRMIB received a planning grant from the DentaQuest Foundation to develop strategies to improve oral health access for children in the Healthy Families Program through medical-dental collaboration and financing and/or contracting strategies. Between November 2011 and July 2012, MRMIB, in partnership with the Center for Health Care Strategies (CHCS), created and engaged a diverse collaborative of children's oral health and primary care stakeholders to identify the strategies, partners, and resources needed to increase access to oral health care among low-income children under the age of seven, residing in eight Southern California counties. Over the course of the planning period, MRMIB and CHCS undertook the following activities:

- Convened a Planning Committee and Finance Advisory Committee of knowledgeable and experienced experts in children's oral health, who advised MRMIB on the project goals, strategies, and challenges.
- Held six focus groups over a period of three days with more than 75 children's oral health stakeholders in three regions of Southern California. Participants provided input on oral health access challenges, opportunities, and effective strategies related to families, providers, and community-based organizations.
- Developed four proposed "straw models" for improving oral health access and outcomes in the target counties.
- Identified innovative financing strategies undertaken by other states to incentivize or require dental/medical utilization and coordination.

Planning activities were to culminate in the submission of a two-year implementation plan for funding consideration by the DentaQuest Foundation. This planning process was cut short following passage of the California 2012-2013 State Budget, which called for the transition of all HFP enrolled children to the Medi-Cal Program.

However, Children Now, a statewide advocacy group, applied for and received an implementation grant to continue this project with a focus on Los Angeles County. Children Now has been an active participant in oral health improvement efforts throughout the state, including participating in both the Healthy Families – Healthy Smiles project and on the planning committee for the DentaQuest Foundation funded initiative.

The project synthesis can be found on the MRMIB website at:

http://www.mrmib.ca.gov/MRMIB/HFP/DentaQuest_Project_Synthesis_071212.pdf

Appendix A. Data Analysis for Dental Measures

MRMIB HFP Dental Measures with Relevant Current Dental Terminology (CDT) Codes

Annual Dental Visit (ADV). Measure includes all members ages 2 through 18 years as of December 31, 2011 (denominator) who had at least one dental visit in 2011 (Numerator) with no more than one gap in enrollment of up to 45 days during 2011.

Examinations/Oral Health Evaluations (OHE). Measure includes members enrolled for at least 11 of the 12 months of 2011 (denominator) who received comprehensive or periodic oral health evaluation (D0120 or D0150) in 2011 (numerator); members under the age of three not receiving service D0120 or D0150 are also included if they received an oral health evaluation and counseling with the primary care giver (D0145) in 2011.

Preventive Dental Services (PDS). Measure includes members enrolled for at least 11 of the 12 months in 2011 (denominator) who received any preventive dental service (D1000-D1999) in 2011 (numerator).

Continuity of Care (COC). Measure includes members continuously enrolled in the same plan for 2 years with no gap in coverage who received a comprehensive or periodic oral health evaluation (D0120, D0150) or a prophylaxis (D1110, D1120) in 2010 (denominator) and who received a comprehensive or periodic oral health evaluation (D0120, D0150) or a prophylaxis (D1110, D1120) in 2011(numerator).

Filling to Preventive Services Ration (FPSR). Measure includes members enrolled for at least 11 of the 12 months of 2011 who received one or more fillings (D2000-D2999) in 2011 (denominator) and who also received a topical fluoride (D1203, D1204 or D1206), a sealant application (D1351, D1352) or education to prevent caries (D1310 and D1330) in 2011 (numerator).

Use of Dental Treatment Services (UDTS). Measure includes members enrolled for at least 11 of the 12 months of 2011 (denominator) who received any dental treatment other than diagnostic or preventive services (D2000-D9999) in 2011 (numerator).

Treatment/Prevention of Caries (TPC). Measure includes members enrolled for at least 11 of the past 12 months of 2011 (denominator) who received a treatment for caries (D2000-D2999) or a caries-preventive procedure (D1203, D1204, D1206, D1310, D1330, and D1351) in 2011 (numerator).

Overall Utilization of Dental Services (OUDS). Measure includes members continuously enrolled in the same plan in 2009, 2010 and 2011 (denominator) who received any dental service (D0100-D999), including preventive services, during 2009, 2010 and 2011(numerator).

Data Collection

The information for dental measures in this report is based on administrative data that HFP received from its six dental plans for children continuously enrolled from January 1, 2011 through December 31, 2011. Plans query their administrative databases for eligible subscribers and submit data indicating children who received or did not receive the services.

Data Processing and Quality Review

MRMIB uses SAS to perform data quality checks, standardize data for reporting, produce frequencies and rates, and perform statistical analyses. Data from the plans is first checked to ensure that children have been enrolled in HFP for 11 of 12 months in 2011.

Trends and Data Comparisons

HFP's dental measures were revised in 2007, and this report includes data for the four years since the revised measures took effect. In this way, improvement over time can be evaluated. Weighted averages for each of the two plan models are given to allow dental plans to compare their performance with similarly structured plans. Analysis of variance (ANOVA) and Student Newman Keuls tests were performed using the SAS Procedure General Linear Model (GLM) to estimate significance of differences between plans.

Appendix B. Data Analysis for D-CAHPS

Data Collection

The D-CAHPS consumer survey highlights presented in the second half of this report are based on data collected by DataStat, Inc., HFP's survey vendor. A random sample of proportional children for each dental plan was drawn for children that were ages 4-18 as of December 31, 2011, and enrolled continuously during 2011. Parents were surveyed according to their preferred language in Chinese, English, Korean, Spanish or Vietnamese.

Attempts were made to survey 9,200 parent households during the period of April 2012 through June 2012 using a mail survey procedure and questionnaire. The D-CAHPS used for 2011/12 is a child adaptation of the 2009 D-CAHPS adult instrument, and is different from the survey fielded for the 2007/08 dental report. Several key items from the previous survey that were the same in the new survey are presented in this report, so that improvements could be evaluated.

Trends and Data Comparisons

For the ratings in Charts 22 through 25, the results include the percentage of respondents that gave their child's dentist or dental plan a score of 8, 9 or 10. Scores are presented for 2011/2012, 2010/11 and for 2007/08, the last time the dental survey was conducted by the Healthy Families Program.

Appendix C. HFP Dental Measures: Dental Plan Trends

MRMIB Healthy Families Program Dental Measures by Plan and by Year

	HFP ALL				Delta				Premier				Open Network Plans			
	2008	2009	2010	**2011**	2008	2009	2010	**2011**	2008	2009	2010	**2011**	2008	2009	2010	**2011**
OHE	51.44	54.19	55.35	**54.63**	66.48	68.81	70.15	**74.72**	60.53	61.61	64.80	**68.10**	66.13	68.32	69.69	**74.04**
PDS	50.96	53.36	55.60	**53.97**	66.40	68.74	72.31	**75.00**	63.20	63.50	66.70	**69.67**	66.21	68.38	71.82	**74.45**
OHEPDS	53.82	56.37	58.42	**57.07**	68.11	70.36	73.64	**76.19**	65.66	66.04	68.95	**71.73**	67.96	70.07	73.24	**75.73**
COC	75.53	77.21	80.57	**77.60**	82.89	84.79	86.76	**87.46**	82.49	83.45	85.44	**85.15**	82.87	84.72	86.68	**87.24**
FPSR	74.80	76.90	76.74	**76.00**	82.13	83.82	84.76	**85.99**	79.18	80.46	82.91	**85.94**	81.98	83.63	84.62	**85.99**
ADV	56.48	59.27	60.07	**58.91**	70.47	72.62	73.68	**77.47**	67.63	67.55	70.82	**73.45**	70.30	72.26	73.43	**77.04**
UDTS	30.60	31.97	31.93	**30.19**	38.16	38.99	40.41	**39.78**	32.26	30.62	33.04	**33.42**	37.81	38.42	39.78	**39.12**
OUDS_1	48.38	48.05	52.52	**52.07**	66.54	63.39	70.41	**70.96**	64.47	57.73	64.53	**56.18**	66.38	62.96	69.34	**69.16**
OUDS_2	54.55	56.77	69.09	**65.50**	67.68	68.75	79.27	**82.49**	67.06	68.38	68.78	**71.66**	67.64	68.73	78.53	**80.14**
OUDS_3	66.98	68.34	81.00	**79.60**	74.28	74.48	91.62	**91.38**	72.26	73.55	76.53	**77.40**	74.19	74.43	90.77	**90.37**
TPC	47.21	50.04	52.21	**50.44**	63.08	65.84	69.46	**72.08**	58.40	59.16	63.10	**66.82**	62.80	65.38	68.91	**71.54**

	Access				Safeguard				Western				Health Net				Primary Care Plans			
	2008	2009	2010	**2011**	2008	2009	2010	**2011**	2008	2009	2010	**2011**	2008	2009	2010	**2011**	2008	2009	2010	**2011**
OHE	40.45	42.54	43.97	**43.40**	39.89	40.96	40.82	**41.92**	36.66	42.65	45.83	**47.24**	17.77	32.92	40.84	**45.52**	36.18	40.60	42.86	**44.38**
PDS	38.55	39.69	41.53	**40.50**	38.95	39.89	39.51	**40.97**	35.87	41.41	44.86	**47.29**	17.59	31.23	40.30	**44.82**	35.09	38.91	41.46	**43.16**
OHEPDS	43.35	45.03	46.10	**45.54**	43.18	43.60	43.86	**45.36**	38.71	44.82	48.05	**50.13**	20.89	36.15	44.19	**48.48**	39.11	43.19	45.51	**47.22**
COC	61.67	64.59	65.83	**62.95**	57.18	60.53	63.70	**66.35**	54.75	60.73	63.44	**64.89**	36.20	53.35	61.28	**64.89**	57.70	61.52	64.10	**64.56**
FPSR	60.25	62.09	70.04	**69.61**	59.50	68.56	52.29	**54.61**	67.75	68.20	68.71	**72.78**	54.84	60.03	70.32	**76.08**	60.77	65.89	65.08	**67.83**
ADV	46.71	47.96	48.53	**47.74**	45.89	47.41	47.23	**48.26**	40.72	46.70	49.58	**51.67**	23.94	40.35	47.59	**51.20**	41.99	46.44	48.25	**49.56**
UDTS	22.93	23.50	24.13	**22.96**	27.51	29.63	25.07	**25.26**	21.50	24.91	27.32	**29.12**	14.28	20.40	24.32	**25.57**	23.11	25.77	25.10	**25.47**
OUDS_1	43.55	40.14	43.14	**42.78**	29.67	28.04	46.46	**47.84**	40.92	44.92	49.69	**51.23**	18.30	36.57	48.00	**53.75**	33.49	35.75	46.59	**49.03**
OUDS_2	44.92	45.88	47.45	**46.90**	44.95	38.43	63.93	**63.18**	57.26	61.44	64.44	**68.41**	39.29	47.14	58.69	**64.59**	45.98	46.55	57.14	**60.92**
OUDS_3	50.15	51.56	52.55	**51.22**	60.30	65.41	75.76	**75.29**	57.98	73.81	77.42	**78.56**	41.73	54.89	67.67	**72.91**	55.13	60.49	63.79	**64.63**
TPC	33.46	35.98	37.92	**36.84**	33.61	35.90	34.32	**35.44**	32.50	38.35	42.11	**44.70**	17.73	28.04	36.97	**41.35**	30.99	35.28	37.67	**39.30**