

**CALIFORNIA'S MEDI-CAL 2020  
DEMONSTRATION (11-W-00103/9)**



**Dental Transformation Initiative Final Annual Report  
Section 1115(a) Waiver  
Special Terms and Conditions 104-109**

**Reporting Period:  
Program Year 2 (01/01/2017 – 12/31/2017)**

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## INTRODUCTION

The Dental Transformation Initiative (DTI) represents a critical strategy to improve dental health for eligible Medi-Cal children by focusing on high-value care, improved access, and utilization of performance measures to drive delivery system reform. More specifically, this initiative aims to increase, for children, the use of preventive dental services, prevention and treatment of early childhood caries, and continuity of care. Given the importance of oral health to the overall health of an individual, California views improvements in dental care as critical to achieving better health outcomes overall for Medi-Cal children.

The DTI program covers four domains. The first three domains are strategically designed to cover different areas/scopes of Medi-Cal dental services: 1) preventive dental services, 2) caries risk assessment (CRA) and management, and 3) continuity of care. Domain 4 addresses the aforementioned domains through local dental pilot programs (LDPPs). Implementation details for Domains 1 through 4 are described in [Fact Sheets](#) for each domain. The key goals for all DTI domains are listed in the [Evaluation Plan](#) published on DHCS website.

The Medi-Cal 2020 Waiver (Waiver) [Special Terms and Conditions](#) (STC) require the Department of Health Care Services (DHCS) to report on data and quality measures to the Centers for Medicare and Medicaid Services (CMS) on an annual basis. A preliminary report for the Calendar Year (CY) is due to CMS for internal review no later than six months following the end of the applicable Program Year (PY). An updated report is due to CMS no later than 12 months following the end of the applicable PY, which will be published on the DHCS website upon CMS approval. The periods for each DTI PY of the Waiver are:

- PY 1: January 1, 2016, through December 31, 2016
- PY 2: January 1, 2017, through December 31, 2017
- PY 3: January 1, 2018, through December 31, 2018
- PY 4: January 1, 2019, through December 31, 2019
- PY 5: January 1, 2020, through December 31, 2020

DHCS is optimistic regarding the potential outcomes for DTI over this five-year period and works diligently to achieve these goals. This annual report contains results for these goals, to the extent available, for PY 2. The [DTI Evaluation Design](#) addresses the goals and hypotheses of the DTI Program in further detail. This evaluation design was approved by CMS on September 12, 2017 ([Approval Letter](#)).

The content of this annual report includes, but is not limited to, performance metrics, a description of DTI operations, payment summary, dental utilization analysis, effectiveness of domain activities, and program integrity.

## Key findings:

### Domain 1

- The preventive dental service utilization rate for children ages 1-20 increased by 7.48 percentage points from CY 2014 to CY 2017). (*Figure 1*)
- The number of Medi-Cal dentists providing preventive dental services to at least ten children ages 1-20 increased by 7.17 percent from CY 2014 to CY 2017. (*Figure 2*)
- DHCS provided \$46.5 million in incentive payments for PY 1 and \$52.3 million for PY 2 to date. There is one additional payment scheduled for January 2019 which will include PY 2 claims. (*Figure 5*)

### Domain 2

- Children ages zero through six who fall into the three CRA categories within the 11 pilot counties, had a significantly higher increase of preventive dental services compared to the control group. The control group consists of children from the 11 pilot counties, ages zero through six who had a restorative service in CY 2017 but did not receive a CRA. (Figure 9)
- DHCS provided \$2.0 million in incentive payments for PY 2 to date, the first active year of this domain. Additional monthly payments will be provided during the 12-month claims run-out period. (Figure 13)

### Domain 3

- From CY 2015 to CY 2017, across the 17 pilot counties, the percentage of children ages zero through 20 receiving two-year continuity of care increased by 2.60 percentage points and three-year continuity of care increased by 1.98 percentage points. (Figure 17)
- DHCS sent \$9.8 million in incentive payments for PY 1 to 711 dental service office locations within the 17 pilot counties. In PY 2, DHCS sent \$11.9 million to 742 dental service office locations. (Figure 18 and Figure 19)

### Domains 1 and 3

- DHCS observed one positive result in Domain 3 counties beyond the performance measures identified above. From CY 2014 to CY 2017 utilization of preventive dental services increased by 9.83 percent in Domain 3 counties, and 6.74 percent in non-Domain 3 counties both including SNC encounters. (Figure 22)

## **DTI PROGRAM IMPLEMENTATION**

For DTI program implementation, DHCS worked closely with its dental Fiscal Intermediary (FI), DXC Technology, and the dental Administrative Services Organization (ASO), Delta Dental of California, six contracted Dental Managed Care (DMC) plans and various stakeholder groups to implement the domains across all dental delivery systems in the state.

### **Program Awareness**

DHCS collaborated with stakeholders to implement DTI and promote awareness of all four domains. DHCS applied the following approaches to elevate the awareness about DTI:

- 1) Host stakeholder workgroup meetings for general updates and overall communication;
- 2) Host sub-workgroups for specific DTI efforts;
- 3) Host webinars for provider education and communication;
- 4) Publish program related material on a centralized webpage at the DHCS website;
- 5) Maintain a DTI email inbox to collect inquiries on the various domains and use it as a means of communicating with interested external parties;
- 6) Leverage the dental ASO in terms of their work on publishing provider bulletins specific to DTI information and their beneficiary and provider outreach efforts to share information on the DTI.

The collective operational activities to create awareness described in this report generally apply to all four domains. This report will discuss Domain-specific activities in particular domain sections. A Detailed Awareness Plan was published in the DTI Annual Report Program Year 1, [\*Appendix 1\*](#). As noted in the PY 1 annual report, the awareness plan outcomes informed DHCS of the need to develop improvements for PY 2, including revised provider notices related to changes in benchmarks, targets, and incentive payments received for rendered services.

DHCS is confident in the positive impact of the awareness plan efforts based on a comparison of PY 1 Domain 1 payments to PY 2 Domain 1 payments – an increase of 2.84% along with increased utilization of Preventive Dental Services for beneficiaries ages 1-20 statewide. .

#### *Stakeholder Workgroup*

DHCS convenes the small stakeholder workgroup comprised of legislative staff, children's health advocates, dental providers (across delivery systems and academia), DMC plans, local agencies (First 5, etc.), and Safety Net Clinic (SNCs) to discuss policy considerations for DTI implementation on a monthly basis. As envisioned, this workgroup has continued to collaborate with DHCS on planning and rollout efforts

necessary to ensure the DTI's success. Their collaboration and input provide additional information for DTI and the outcomes of each domain. DTI work products are shared as they are finalized with the larger set of interested dental stakeholders and the provider community via webinars and other communication methods. In PY 2, the workgroup met on January 4, February 15, March 15, April 26, May 17, June 21, July 20, August 17, September 20, and October 18, 2017. The workgroup has since rescheduled to meet every other month. However, December's meeting occurred on January 17, 2018.

#### *SNC Sub-workgroup*

This workgroup was established in May 2016 to identify the best mechanism to collect past and prospective claims data for beneficiary and service specific data from the SNCs, such as Federally Qualified Health Centers (FQHCs), Rural Health Clinics (RHCs), and Indian Health Service (IHS) Centers, for the services rendered to Medi-Cal beneficiaries. The sub-workgroup has played a critical role in providing input, insight, and suggestions for data submission alternatives by SNCs because they currently do not bill for dental services via the FI. This sub-workgroup did not meet throughout 2017.

#### *Domain 2 Sub-workgroup*

California's state dental director led a sub-workgroup to identify the risk assessment tools and training programs used in DTI Domain 2 - the CRA and Disease Management Pilot. Any issues or concerns about the domain are also discussed during these meetings. The meetings occurred on a monthly basis but for PY 2, its frequency was extended to bi-monthly.

#### *Domain 3 Sub-workgroup*

The same members of SNC Sub-workgroup created a new workgroup – Domain 3 Sub-workgroup and met on August 8, 2017. The purpose of the meeting was to report on Domain 3 activity and discuss ways to increase participation from providers who are eligible to participate in Domain 3.

#### *Data Sub-workgroup*

DHCS had also established a DTI data sub-workgroup in May 2018 to garner stakeholder feedback on the usefulness of data being reported. Feedback provided by this sub-workgroup was incorporated into this Annual PY 2 report. The sub-workgroup will reconvene in PY 3 to review data reported in future DTI reports. DHCS commits to improving future reports by incorporating stakeholder feedback to the extent possible.

#### *Webinars*

DHCS facilitates webinars to inform and collaborate with stakeholders on DTI efforts. The following webinars were held for PY 2.

- January 24, 2017: DHCS held a webinar on the Domain 2 Caries Risk Assessment and Disease Management Training



- March 29, 2017: DHCS held a webinar on Safety Net Clinic Encounter Data Submissions for Domains 1 and 3.

Please see the list of DTI outreach venues within the Waiver’s Demonstration Year 12 Annual Report, Demonstration Year 13 Quarter 1 and Quarter 2 reports for additional information:

<https://www.dhcs.ca.gov/provgovpart/Pages/medi-cal2020progressreports.aspx>

### *DTI Webpage*

The DHCS DTI webpage contains program information, stakeholder engagement information, webinars, timelines, Frequently Asked Questions (FAQs), Medi-Cal 2020 STCs, and an inbox to direct comments, questions, or suggestions. The [DTI webpage](#) is updated as new information becomes available.

### *Provider Bulletins*

<b>Bulletin</b>	<b>Date</b>	<b>Topic</b>
<a href="#">Volume 33, Number 3</a>	February 2017	Caries Risk Assessment Procedure Codes and New Adjudication Reason Codes
<a href="#">Volume 33, Number 5</a>	April 2017	Dental Transformation Initiative (DTI) Updates
<a href="#">Volume 33, Number 7</a>	June 2017	Dental Transformation Initiative (DTI) Domain 2 and 3 Updates
<a href="#">Volume 33, Number 13</a>	November 2017	Claim and Reimbursement Procedures for DTI Domain 2

### *DTI Inbox and Listserv*

DHCS regularly monitors the [DTI email Inbox](#) and [listserv](#) for interested stakeholders such as advocates, consumers, counties, legislative staff, providers, and state associations to receive comments and questions and provide information and responses. The Inbox serves as a communication tool between DHCS and all parties who are interested in DTI. The listserv provides another opportunity for stakeholders to receive relevant and current DTI updates.

### **Program Integrity**

DHCS maintains program integrity by performing annual assessments of service utilization, billing patterns, and shifts in enrollment for anomalies that may be indicators

of fraud, waste, or abuse. Any suspicious claim activity is tracked through the program's Surveillance Utilization Review System (SURS) to prevent fraud and abuse. .

For Domain 1, DHCS initially withheld 128 payments from the January 2017 payment pending further review of service office name changes or related factors. After completing the analysis of the withheld payments, DHCS determined that further modifications to the Domain 1 incentive payment methodologies were required to align with the STCs and the domain's objectives. By implementing these changes through the dental FI and ASO, DHCS identified additional overpayments and underpayments that occurred in Domain 1 during PY 1. As a result, 916 provider overpayments were identified. The overpayment for 916 providers totaled \$1.6 million, to date DHCS has recouped \$1.0 million. Providers with identified overpayments were given the option to re-submit data for validation or pay the overpayment balance. Additionally, the remaining \$0.6 million overpayment will be reconciled via future incentive payments or direct payments from providers.

### **Monitoring Plan and Provisions**

DHCS monitors actively participating service office locations, rendering providers and dental services utilization statewide and by county via claims utilization from the DHCS Data Warehouse – Management Information System/Decision Support System (MIS/DSS) and California Dental Medicaid Management Information System (CD-MMIS) maintained by the dental FI. Since Domains 2 and 4 have been implemented, DHCS has provided further analysis for new and existing reports of all four Domains.

## **DOMAIN 1: INCREASE PREVENTIVE DENTAL SERVICES UTILIZATION FOR CHILDREN**

In alignment with the CMS Oral Health Initiative, this program aims to increase the statewide proportion of children ages one through 20 enrolled in Medi-Cal who receive a preventive dental service in a given year. DHCS' goal is to increase preventive dental service utilization among children by at least ten percentage points over a five-year period. DHCS will re-assess the goal after PY 2. DHCS will use the CMS 416 methodology for reporting purposes, but will pay out incentives using unrestricted eligibility criteria (i.e. children need not be continuously enrolled for 90 days or more to be included in provider incentive payment calculations).

DHCS is providing incentive payments to dental service office locations who meet or exceed set annual utilization benchmarks – encompassing both delivery of preventive dental services to new and existing Medi-Cal children. FFS utilization is tracked and paid by claims information submitted by the service office location (billing provider). For DMC providers, there is no additional action required to participate in the program. DHCS facilitates the submission of DMC encounter data. SNC providers are required to submit opt-in forms to participate in the program and submit encounter data via the paper form or the Electronic Data Interchange (EDI).

Service office locations receive incentive payments for services provided beyond the benchmark for the program year. DHCS is providing incentive payments to dental service office locations who meet or exceed set annual utilization benchmarks – encompassing both delivery of preventive dental services to new and existing Medi-Cal children. FFS utilization is tracked and paid by claims information submitted by the service office location (billing provider). For DMC providers, there is no additional action required to participate in the program. DHCS facilitates the submission of DMC encounter data. SNC providers are required to submit opt-in forms to participate in the program and submit encounter data via the paper form or the Electronic Data Interchange (EDI).

### **Performance Metrics Analysis**

DHCS calculated a CY 2014 baseline measure for beneficiaries' utilization of preventive dental services statewide and for each service office location within the Medi-Cal FFS and DMC dental delivery systems, both including SNC encounters. DHCS also calculated the number of service locations that provided preventive dental services to an increased number of beneficiaries. CY 2014 was the baseline year for Domain 1 in accordance with the DTI STCs, which indicate the baseline year will consist of data from the most recent complete year preceding implementation of the waiver.

*Figure 1* demonstrates overall Domain 1 performance. Compared to CY 2014, the figure indicates both an increase in the number of beneficiaries who received preventive dental services in CY 2017, as well as an increase in the utilization rate in CY 2017. The preventive dental service utilization rate for beneficiaries increased by 7.48 percentage points in CY 2017 compared to the baseline year. DHCS expects this utilization rate to increase slightly after the run-out period for claims submission.

DHCS included within this report, beneficiaries who received preventive dental services at SNCs to align with the CMS 416 reporting methodology. However, the reporting periods in each report are different. This report measures CY (or PY) for its reporting period and the CMS 416 report measures Federal Fiscal Year (FFY). Therefore, DHCS has included in this report a breakdown between dental offices and SNCs in order to analyze the performance separately.

DHCS firmly believes that as the program moves forward in terms of the ongoing promotion of the DTI and the receipt of the actual incentive payments, utilization will continue increasing over the five program years.

**Figure 1: Percent of beneficiaries ages 1-20 statewide who received any preventive dental service**

	<b>Baseline Year: CY 2014</b>	<b>PY 2: CY 2017 Excluding SNCs</b>	<b>PY 2: CY 2017 Including SNCs</b>
<b>Numerator<sup>1</sup></b>	1,997,190	2,180,862	2,572,561
<b>Denominator<sup>2</sup></b>	5,279,035	5,675,827	5,677,827
<b>Preventive Dental Service Utilization<sup>3</sup></b>	<b>37.83%</b>	<b>38.41%</b>	<b>45.31%</b>

Data Source: DHCS MIS/DSS Data Warehouse as of October 2018

<sup>1</sup>Numerator: Three months continuously enrolled beneficiaries who received any preventive dental service (D1000-D1999 with or without an SNC dental encounter with ICD 10 codes: K023 K0251 K0261 K036 K0500 K0501 K051 K0510 K0511 Z012 Z0120 Z0121 Z293 Z299 Z98810) in the identified year.

<sup>2</sup>Denominator: Three months continuous enrollment - Number of beneficiaries ages 1-20 enrolled in the Medi-Cal Program for at least three continuous months in the same dental plan during the measure year.

<sup>3</sup>The reporting period of this report (CY) is different from the reporting period of the CMS 416 report (FFY).

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The data comparison in *Figure 2* shows the number of FFS service office locations has slightly decreased from the baseline year through PY 2. The number of FFS dentists providing preventive dental services to at least ten beneficiaries from CY 2014 to CY 2017 has increased by 7.17 percent, which potentially indicates a positive relationship between provider incentive payments and provider participation in DTI.

**Figure 2: Number of FFS service office locations providing preventive dental services to beneficiaries age 1-20 and number of dentists (rendering providers) providing preventive dental services to at least ten beneficiaries age 1-20**

	Baseline Year: CY 2014	PY 2: CY 2017	Percent Change
<b>Number of Service Office Locations Providing Preventive Dental Services to Beneficiaries Age 1-20</b>	5138	5048	-1.75%
<b>Number of Dentists Providing Preventive Dental Services to at Least Ten Beneficiaries Age 1-20</b>	6147	6588	7.17%

Data Source: CD-MMIS as of October 2018

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In [Figure 3](#) and [Figure 4](#) below, the number of eligible beneficiaries varies by county, and is based on the county the beneficiary is enrolled in and not where they may receive services. DHCS has included utilization figures with and without SNC encounters to analyze their performance separately. In PY 2, the utilization of three months continuously enrolled beneficiaries who received preventive dental services all increased, with SNC data included ([Figure 4](#)), compared to the baseline year, without SNC data, that demonstrate some decreases ([Figure 4.3](#)). Most counties increased the number of beneficiaries who received preventive dental services in dental offices. However, due to a greater increase of beneficiary enrollment, the utilization experienced a decrease. In conclusion, capturing the SNC data is critical in assessing the true picture of dental utilization between baseline year and PY 2.

**Figure 3: Utilization of Preventive Dental Services by County Excluding SNCs in PY 2**

County	Three Months Continuously Enrolled Beneficiaries Ages 1-20 in CY 2014 <sup>1</sup>	Three Months Continuously Enrolled Beneficiaries Ages 1-20 Who Received Preventive Dental Service in CY 2014 <sup>2</sup>	Preventive Dental Service Utilization of CY 2014	Three Months Continuously Enrolled Beneficiaries Ages 1-20 in CY 2017 <sup>1</sup>	Three Months Continuously Enrolled Beneficiaries Ages 1-20 Who Received Preventive Dental Service in CY 2017 <sup>2</sup>	Preventive Dental Service Utilization of CY 2017	Change of Percentage Points from CY 2014 to CY 2017
Alameda	151,507	42,936	28.34%	162,148	43,982	27.12%	-1.21%
Alpine	123	*	*	130	13	10.00%	6.75%
Amador	2,993	530	17.71%	3,373	914	27.10%	9.39%
Butte	29,537	5,755	19.48%	31,431	6,998	22.26%	2.78%

County	Three Months Continuously Enrolled Beneficiaries Ages 1-20 in CY 2014 <sup>1</sup>	Three Months Continuously Enrolled Beneficiaries Ages 1-20 Who Received Preventive Dental Service in CY 2014 <sup>2</sup>	Preventive Dental Service Utilization of CY 2014	Three Months Continuously Enrolled Beneficiaries Ages 1-20 in CY 2017 <sup>1</sup>	Three Months Continuously Enrolled Beneficiaries Ages 1-20 Who Received Preventive Dental Service in CY 2017 <sup>2</sup>	Preventive Dental Service Utilization of CY 2017	Change of Percentage Points from CY 2014 to CY 2017
Calaveras	4,432	792	17.87%	4,779	891	18.64%	0.77%
Colusa	4,597	1,256	27.32%	4,990	1,978	39.64%	12.32%
Contra Costa	102,550	27,438	26.76%	114,796	31,832	27.73%	0.97%
Del Norte	4,556	122	2.68%	4,914	107	2.18%	-0.50%
El Dorado	14,434	4,100	28.41%	15,803	4,407	27.89%	-0.52%
Fresno	211,282	79,258	37.51%	228,672	86,261	37.72%	0.21%
Glenn	5,540	526	9.49%	6,177	577	9.34%	-0.15%
Humboldt	17,884	447	2.50%	20,188	563	2.79%	0.29%
Imperial	16,289	3,422	21.01%	13,152	2,527	19.21%	-1.79%
Inyo	2,210	64	2.90%	2,463	110	4.47%	1.57%
Kern	178,394	75,965	42.58%	201,226	87,790	43.63%	1.04%
Kings	26,110	6,817	26.11%	28,754	4,800	16.69%	-9.42%
Lake	10,728	938	8.74%	12,225	702	5.74%	-3.00%
Lassen	2,984	314	10.52%	3,323	112	3.37%	-7.15%
Los Angeles	1,516,424	666,213	43.93%	1,579,354	729,197	46.17%	2.24%
Madera	32,596	11,562	35.47%	35,530	12,554	35.33%	-0.14%
Marin	15,058	848	5.63%	17,658	806	4.56%	-1.07%
Mariposa	1,693	222	13.11%	1,783	230	12.90%	-0.21%
Mendocino	15,127	927	6.13%	16,324	900	5.51%	-0.61%
Merced	61,642	18,133	29.42%	67,758	21,316	31.46%	2.04%
Modoc	1,169	90	7.70%	1,336	99	7.41%	-0.29%
Mono	1,502	25	1.66%	1,651	35	2.12%	0.46%
Monterey	79,546	39,159	49.23%	91,131	40,920	44.90%	-4.33%
Napa	14,124	3,383	23.95%	15,127	4,032	26.65%	2.70%
Nevada	9,097	526	5.78%	9,758	932	9.55%	3.77%
Orange	369,099	176,636	47.86%	387,304	180,386	46.57%	-1.28%
Placer	25,886	7,006	27.06%	28,599	8,544	29.88%	2.81%
Plumas	1,986	69	3.47%	2,311	91	3.94%	0.46%

County	Three Months Continuously Enrolled Beneficiaries Ages 1-20 in CY 2014 <sup>1</sup>	Three Months Continuously Enrolled Beneficiaries Ages 1-20 Who Received Preventive Dental Service in CY 2014 <sup>2</sup>	Preventive Dental Service Utilization of CY 2014	Three Months Continuously Enrolled Beneficiaries Ages 1-20 in CY 2017 <sup>1</sup>	Three Months Continuously Enrolled Beneficiaries Ages 1-20 Who Received Preventive Dental Service in CY 2017 <sup>2</sup>	Preventive Dental Service Utilization of CY 2017	Change of Percentage Points from CY 2014 to CY 2017
Riverside	370,824	141,883	38.26%	411,197	158,805	38.62%	0.36%
Sacramento	220,453	57,361	26.02%	262,003	81,722	31.19%	5.17%
San Benito	4,561	1,259	27.60%	4,997	1,302	26.06%	-1.55%
San Bernardino	389,348	162,996	41.86%	417,421	174,982	41.92%	0.06%
San Diego	325,004	108,554	33.40%	355,233	112,283	31.61%	-1.79%
San Francisco	55,930	18,860	33.72%	57,119	19,234	33.67%	-0.05%
San Joaquin	130,492	47,170	36.15%	141,137	51,509	36.50%	0.35%
San Luis Obispo	25,219	8,380	33.23%	26,689	10,110	37.88%	4.65%
San Mateo	54,381	19,377	35.63%	57,985	19,461	33.56%	-2.07%
Santa Barbara	62,473	21,621	34.61%	71,517	26,470	37.01%	2.40%
Santa Clara	166,168	68,017	40.93%	166,285	61,826	37.18%	-3.75%
Santa Cruz	31,495	9,207	29.23%	32,873	7,926	24.11%	-5.12%
Shasta	24,979	2,874	11.51%	25,995	3,301	12.70%	1.19%
Sierra	258	*	*	290	12	4.14%	1.04%
Siskiyou	6,383	417	6.53%	7,122	329	4.62%	-1.91%
Solano	47,190	11,240	23.82%	52,774	14,340	27.17%	3.35%
Sonoma	51,630	13,521	26.19%	55,739	10,787	19.35%	-6.84%
Stanislaus	97,366	32,629	33.51%	109,799	40,872	37.22%	3.71%
Sutter	17,215	7,056	40.99%	19,135	9,258	48.38%	7.40%
Tehama	11,584	647	5.59%	12,511	619	4.95%	-0.64%
Trinity	1,651	180	10.90%	1,755	248	14.13%	3.23%
Tulare	116,412	40,624	34.90%	124,793	41,656	33.38%	-1.52%
Tuolumne	3,285	451	13.73%	3,258	415	12.74%	-0.99%
Ventura	101,469	39,212	38.64%	109,332	47,683	43.61%	4.97%
Yolo	22,787	5,516	24.21%	25,760	6,990	27.14%	2.93%
Yuba	9,379	2,647	28.22%	10,940	4,116	37.62%	9.40%
<b>Statewide Total<sup>3</sup></b>	<b>5,279,035</b>	<b>1,997,190</b>	<b>37.83%</b>	<b>5,677,827</b>	<b>2,180,862</b>	<b>38.41%</b>	<b>0.58%</b>

Data Source: DHCS MISDSS Data Warehouse as of October 2018

<sup>1</sup>Denominator: Three months continuous enrollment - Number of beneficiaries ages 1-20 enrolled in the Medi-Cal Program for at least three continuous months in the same dental plan during the measure year.

<sup>2</sup>Numerator: Three months continuously enrolled beneficiaries who received any preventive dental service (D1000-D1999) in the identified year.

<sup>3</sup>The reporting period of this report (CY) is different from the reporting period of the CMS 416 report (FFY).

\*Suppression applied: The number of Alpine County beneficiaries is lower than 11. The number of Sierra County beneficiaries is the second lowest number of all counties and is therefore suppressed as a complementary cell for Alpine County.

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**Figure 4: Utilization of Preventive Dental Services by County Including SNCs in PY 2**

County	Three Months Continuously Enrolled Beneficiaries Ages 1-20 in CY 2014 <sup>1</sup>	Three Months Continuously Enrolled Beneficiaries Ages 1-20 Who Received Preventive Dental Service in CY 2014 Excluding SNCs <sup>2</sup>	Preventive Dental Service Utilization of CY 2014 Excluding SNCs	Three Months Continuously Enrolled Beneficiaries Ages 1-20 in CY 2017 <sup>1</sup>	Three Months Continuously Enrolled Beneficiaries Ages 1-20 Who Received Preventive Dental Service in CY 2017 Including SNCs <sup>2</sup>	Preventive Dental Service Utilization of CY 2017 Including SNCs	Change of Percentage Points from CY 2014 to CY 2017 Including SNCs
Alameda	151,507	42,936	28.34%	162,148	69,315	42.75%	14.41%
Alpine	123	*	*	130	46	35.38%	32.13%
Amador	2,993	530	17.71%	3,373	1,123	33.29%	15.59%
Butte	29,537	5,755	19.48%	31,431	12,946	41.19%	21.70%
Calaveras	4,432	792	17.87%	4,779	1,451	30.36%	12.49%
Colusa	4,597	1,256	27.32%	4,990	2,859	57.29%	29.97%
Contra Costa	102,550	27,438	26.76%	114,796	42,534	37.05%	10.30%
Del Norte	4,556	122	2.68%	4,914	1,609	32.74%	30.07%
El Dorado	14,434	4,100	28.41%	15,803	6,463	40.90%	12.49%
Fresno	211,282	79,258	37.51%	228,672	99,258	43.41%	5.89%
Glenn	5,540	526	9.49%	6,177	3,182	51.51%	42.02%
Humboldt	17,884	447	2.50%	20,188	6,563	32.51%	30.01%
Imperial	16,289	3,422	21.01%	13,152	3,591	27.30%	6.30%
Inyo	2,210	64	2.90%	2,463	1,083	43.97%	41.07%
Kern	178,394	75,965	42.58%	201,226	95,625	47.52%	4.94%
Kings	26,110	6,817	26.11%	28,754	11,708	40.72%	14.61%
Lake	10,728	938	8.74%	12,225	5,478	44.81%	36.07%



County	Three Months Continuously Enrolled Beneficiaries Ages 1-20 in CY 2014 <sup>1</sup>	Three Months Continuously Enrolled Beneficiaries Ages 1-20 Who Received Preventive Dental Service in CY 2014 Excluding SNCs <sup>2</sup>	Preventive Dental Service Utilization of CY 2014 Excluding SNCs	Three Months Continuously Enrolled Beneficiaries Ages 1-20 in CY 2017 <sup>1</sup>	Three Months Continuously Enrolled Beneficiaries Ages 1-20 Who Received Preventive Dental Service in CY 2017 Including SNCs <sup>2</sup>	Preventive Dental Service Utilization of CY 2017 Including SNCs	Change of Percentage Points from CY 2014 to CY 2017 Including SNCs
Lassen	2,984	314	10.52%	3,323	1,175	35.36%	24.84%
Los Angeles	1,516,424	666,213	43.93%	1,579,354	764,410	48.40%	4.47%
Madera	32,596	11,562	35.47%	35,530	19,283	54.27%	18.80%
Marin	15,058	848	5.63%	17,658	10,748	60.87%	55.24%
Mariposa	1,693	222	13.11%	1,783	491	27.54%	14.43%
Mendocino	15,127	927	6.13%	16,324	6,528	39.99%	33.86%
Merced	61,642	18,133	29.42%	67,758	28,480	42.03%	12.62%
Modoc	1,169	90	7.70%	1,336	231	17.29%	9.59%
Mono	1,502	25	1.66%	1,651	916	55.48%	53.82%
Monterey	79,546	39,159	49.23%	91,131	49,537	54.36%	5.13%
Napa	14,124	3,383	23.95%	15,127	7,477	49.43%	25.48%
Nevada	9,097	526	5.78%	9,758	3,356	34.39%	28.61%
Orange	369,099	176,636	47.86%	387,304	195,465	50.47%	2.61%
Placer	25,886	7,006	27.06%	28,599	9,951	34.79%	7.73%
Plumas	1,986	69	3.47%	2,311	877	37.95%	34.47%
Riverside	370,824	141,883	38.26%	411,197	176,469	42.92%	4.65%
Sacramento	220,453	57,361	26.02%	262,003	82,839	31.62%	5.60%
San Benito	4,561	1,259	27.60%	4,997	2,188	43.79%	16.18%
San Bernardino	389,348	162,996	41.86%	417,421	181,935	43.59%	1.72%
San Diego	325,004	108,554	33.40%	355,233	164,258	46.24%	12.84%
San Francisco	55,930	18,860	33.72%	57,119	28,998	50.77%	17.05%
San Joaquin	130,492	47,170	36.15%	141,137	53,556	37.95%	1.80%
San Luis Obispo	25,219	8,380	33.23%	26,689	12,338	46.23%	13.00%
San Mateo	54,381	19,377	35.63%	57,985	26,622	45.91%	10.28%
Santa Barbara	62,473	21,621	34.61%	71,517	35,657	49.86%	15.25%
Santa Clara	166,168	68,017	40.93%	166,285	75,580	45.45%	4.52%

County	Three Months Continuously Enrolled Beneficiaries Ages 1-20 in CY 2014 <sup>1</sup>	Three Months Continuously Enrolled Beneficiaries Ages 1-20 Who Received Preventive Dental Service in CY 2014 Excluding SNCs <sup>2</sup>	Preventive Dental Service Utilization of CY 2014 Excluding SNCs	Three Months Continuously Enrolled Beneficiaries Ages 1-20 in CY 2017 <sup>1</sup>	Three Months Continuously Enrolled Beneficiaries Ages 1-20 Who Received Preventive Dental Service in CY 2017 Including SNCs <sup>2</sup>	Preventive Dental Service Utilization of CY 2017 Including SNCs	Change of Percentage Points from CY 2014 to CY 2017 Including SNCs
Santa Cruz	31,495	9,207	29.23%	32,873	17,113	52.06%	22.82%
Shasta	24,979	2,874	11.51%	25,995	9,289	35.73%	24.23%
Sierra	258	*	*	290	66	22.76%	19.66%
Siskiyou	6,383	417	6.53%	7,122	2,271	31.89%	25.35%
Solano	47,190	11,240	23.82%	52,774	19,112	36.21%	12.40%
Sonoma	51,630	13,521	26.19%	55,739	27,396	49.15%	22.96%
Stanislaus	97,366	32,629	33.51%	109,799	46,924	42.74%	9.22%
Sutter	17,215	7,056	40.99%	19,135	9,841	51.43%	10.44%
Tehama	11,584	647	5.59%	12,511	6,407	51.21%	45.63%
Trinity	1,651	180	10.90%	1,755	391	22.28%	11.38%
Tulare	116,412	40,624	34.90%	124,793	54,941	44.03%	9.13%
Tuolumne	3,285	451	13.73%	3,258	1,136	34.87%	21.14%
Ventura	101,469	39,212	38.64%	109,332	57,174	52.29%	13.65%
Yolo	22,787	5,516	24.21%	25,760	11,265	43.73%	19.52%
Yuba	9,379	2,647	28.22%	10,940	5,036	46.03%	17.81%
<b>Statewide Total<sup>3</sup></b>	<b>5,279,035</b>	<b>1,997,190</b>	<b>37.83%</b>	<b>5,677,827</b>	<b>2,572,561</b>	<b>45.31%</b>	<b>7.48%</b>

Data Source: DHCS MIS/DSS Data Warehouse as of October 2018

<sup>1</sup>Denominator: Three months continuous enrollment - Number of beneficiaries ages 1-20 enrolled in the Medi-Cal Program for at least three continuous months in the same dental plan during the measure year.

<sup>2</sup>Numerator: Three months continuously enrolled beneficiaries who received any preventive dental service (D1000-D1999 (2014 and 2017) and SNC dental encounter with ICD 10 codes: K023 K0251 K0261 K036 K0500 K0501 K051 K0510 K0511 Z012 Z0120 Z0121 Z293 Z299 Z98810) (2017 only).

<sup>3</sup>The reporting period of this report (CY) is different from the reporting period of the CMS 416 report (FFY).

\*Suppression applied: The number of Alpine County beneficiaries is lower than 11. The number of Sierra County beneficiaries is the second lowest number of all counties and is therefore suppressed as a complementary cell for Alpine County.

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## Incentive Payments Analysis

*Figure 5* displays the amount of incentives paid to service office location in Domain 1 during PY 1 and PY 2. PY 1 totaled \$46.5 million and PY 2 totaled \$52.3 million.

**Figure 5: Domain 1 Incentive Payment Summary**

Delivery System	PY 1 Incentive Payment (Dollars in Thousands)			
	Jan-17	Jul-17	Jan-18	Total
FFS	\$20,888	\$562	\$20,350	<b>\$41,800</b>
DMC	\$491	\$609	\$1,592	<b>\$2,692</b>
SNC	\$607	\$1,033	\$408	<b>\$2,048</b>
<b>TOTAL</b>	<b>\$21,986</b>	<b>\$2,204</b>	<b>\$22,350</b>	<b>\$46,540</b>

Delivery System	PY 2 Incentive Payment (Dollars in Thousands)			
	Jan-18	Jul-18	Jan-19	Total
FFS	\$43,836	\$3,637	TBD	<b>\$47,473</b>
DMC	\$2,167	\$812	TBD	<b>\$2,979</b>
SNC	\$548	\$1,352	TBD	<b>\$1,900</b>
<b>TOTAL</b>	<b>\$46,551</b>	<b>\$5,801</b>	<b>\$TBD</b>	<b>\$52,352</b>

Data Source: FI Domain 1 Incentive Payment Summary as of August 2018

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## Impact Assessment

*Figure 6* describes frequency and expenditures on preventive dental services versus dental treatment services. The number of treatment services increased by approximately 3.31 percent from CY 2014 to CY 2017 while the number of preventive dental services increased by 23.82 percent during that period. This result meets DHCS' expectation that preventive dental services increased more than dental treatment services.

**Figure 6: Preventive Dental Services and Dental Treatment Services for Beneficiaries Age 1-20 Statewide**

	Number of Services			Expenditures (Dollars in thousand)		
	CY 2014	CY 2017	Percentage Change	CY 2014	CY 2017 <sup>3</sup>	Percentage Change
Preventive Dental Services <sup>1</sup>	7,177,160	8,032,066	11.91%	\$123,328	\$154,506	25.28%
Preventive Dental Encounters (ICD10) <sup>2</sup>	N/A	854,389	N/A	N/A	\$185,146	N/A
<b>Preventive Dental Services Total</b>	<b>7,177,160</b>	<b>8,886,455</b>	<b>23.82%</b>	<b>\$123,328</b>	<b>\$339,652</b>	<b>175.41%</b>
Treatment Dental Services <sup>3</sup>	5,624,637	5,536,267	-1.57%	\$261,931	\$316,837	20.96%
Treatment Dental Encounters (ICD10) <sup>4</sup>	N/A	274,334	N/A	N/A	\$59,722	N/A
<b>Dental Treatment Services Total</b>	<b>5,624,637</b>	<b>5,810,610</b>	<b>3.31%</b>	<b>\$261,931</b>	<b>\$376,559</b>	<b>43.76%</b>
<b>TOTAL</b>	<b>12,801,797</b>	<b>14,697,056</b>	<b>14.8%</b>	<b>\$385,259</b>	<b>\$716,211</b>	<b>85.90%</b>

Data Source: DHCS MIS/DSS Data Warehouse as of October 2018

<sup>1</sup>Any preventive dental service (D1000-D1999) at a dental office

<sup>2</sup>Any preventive dental service at an SNC (dental encounters with ICD 10 codes: K023 K0251 K0261 K036 K0500 K0501 K051 K0510 K0511 Z012 Z0120 Z0121 Z293 Z299 Z98810)

<sup>3</sup>Any dental treatment service (D2000-D9999) at a dental office

<sup>4</sup>Any dental treatment service at an SNC (dental encounters with ICD 10 codes on [Appendix 2 List A](#))

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## Effectiveness of the Activities

The performance metrics listed above, as well as the discussion under Domain 3 of the combined impact of Domains 1 and 3, provide an indication of the effectiveness of Domain 1 activities. These metrics demonstrate improvement in expanding preventive dental services compared to restorations, although further improvements are still needed.

## Services Per Capita

DHCS added a services per capita figure relating to Domain 1 for CY 2014 and CY 2017 to provide multiple perspectives on the impact of the program. This calculation uses the number of preventive dental services provided to children ages 1-20 enrolled in Medi-Cal during the measurement year as the numerator including services provided by both dental offices and SNCs. The denominator is the number of children ages 1-20 enrolled in Medi-Cal during the measurement year who had at least one preventive dental service during the measurement year. Compared to the baseline year, services per capita has increased in PY 2 driven by both dental offices and SNCs. DHCS predicts the services per capita will continue to increase in future program years.

**Figure 7: Domain 1 Services per Capita**

	<b>Number of Beneficiaries<sup>1</sup></b>	<b>Number of Preventive Dental Services<sup>2</sup></b>	<b>Service Per Capita</b>
<b>Baseline Year: CY 2014</b>	2,038, 977	7,177,160	3.52
<b>PY 2: CY 2017</b>	2,183,797	8,886,455	4.07

Data Source: DHCS MIS/DSS Data Warehouse as of October 2018

<sup>1</sup>Number of beneficiaries enrolled in the Medi-Cal Program who received at least one preventive dental service in a dental office or SNC.

<sup>2</sup>Number of preventive dental services for FFS beneficiaries.

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### Cost Per Capita

The cost per capita related to Domain 1 for CY 2014 and CY 2017 are displayed below. This calculation uses all expenditures for FFS beneficiaries in the measurement year as the numerator including both dental offices and SNCs. The denominator is the number of beneficiaries, ages 1-20, enrolled in Medi-Cal FFS during the measurement year who had at least one preventive dental service during the measurement year. The increase in cost per capita in [Figure 8](#) is primarily driven by the inclusion of SNC expenditures and the increase in number of preventive services performed.

**Figure 8: Domain 1 Cost per Capita**

	<b>Number of FFS Beneficiaries<sup>1</sup></b>	<b>Expenditures of Preventive Dental Services<sup>2</sup></b>	<b>Cost Per Capita</b>
<b>Baseline Year: CY 2014</b>	1,894,607*	\$123,327,664	\$65.09
<b>PY 2: CY 2017</b>	2,033,223	\$339,653,004	\$167.05

Data Source: DHCS MIS/DSS Data Warehouse as of October 2018

<sup>1</sup>Number of beneficiaries enrolled in the Medi-Cal Program FFS delivery system who received at least one preventive dental service in a dental office or an SNC.

<sup>2</sup>Expenditures of preventive dental services for FFS beneficiaries.

\*CY 2014 number of beneficiaries revised to reflect FFS beneficiaries. The PY 1 report CY 2014 number included DMC beneficiaries.

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## **DOMAIN 2: CARIES RISK ASSESSMENT AND DISEASE MANAGEMENT PILOT**

The goals for Domain 2, a four-year domain, are to assess caries risk and to manage the disease of caries using preventive dental services and non-invasive treatment approaches instead of more invasive and costly restorative procedures. This domain is only available for services performed on children ages six and under across the 11 pilot counties: Glenn, Humboldt, Inyo, Kings, Lassen, Mendocino, Plumas, Sacramento, Sierra, Tulare, and Yuba.

### **Performance Metrics Analysis**

Domain 2 was implemented in February 2017. DHCS used dental claims, medical claims and encounters from the PY and baseline year to develop the performance measures for this domain.

*Figure 9* and *Figure 10* illustrate the number of preventive and restorative services for CYs 2016 and 2017 along with the percentage change from the baseline year to PY 2. The breakdown for these measures is by the following age ranges: under two, three through four, and five through six. Although the STCs indicate Domain 2 performance measures are to be broken down by age ranges of under one, one through two, three through four, and five through six, DHCS revised age ranges to minimize suppression of data in compliance with the Health Insurance Portability and Accountability Act (HIPAA).

The measures were further broken down by county, specifically Sacramento, Tulare, and all remaining Domain 2 counties. Beneficiary participation in each of the remaining Domain 2 counties was less than 11, therefore, DHCS combined numbers to minimize suppression in compliance with HIPAA.

The data is further categorized by the following groups: control, low risk, medium risk, and high risk. The control group consists of all beneficiaries who had at least one restorative service at a dental office or an SNC from the 11 pilot counties in CY 2017 but did not receive a CRA. The low, medium and high-risk groups consist of all beneficiaries who received a CRA for low, medium, or high-risk levels, respectively. This report presents the changes in service counts from 2016 to 2017 for each group. Considering Domain 2 implementation did not begin until 2017, 2016 is included to provide a look back at services provided to the beneficiaries who received services in 2017. For example, *Figure 9* demonstrates 2,690 preventive dental services provided to beneficiaries ages three through four in 2017 under the Risk Level - Low category in Sacramento. Looking back to 2016, these same beneficiaries received 685 preventive dental services, thus, exhibiting an increase in preventive dental services.

*Figure 9* shows the comparison of CY 2017 to CY 2016 along with the comparison between the control group versus the CRA categories indicating an overall increase in the number of preventive dental services received by the same beneficiaries within the

selected age ranges. However, the increase is significantly higher for those who fall into one of the three risk categories. Note that duplicates existed when a beneficiary had more than one approved CRA in the measurement year.

**Figure 9: Number of, and Percentage Change in Preventive Dental Services for CRA Beneficiaries and Control Group in Program Year 2**

Percent Change in Utilization of Preventive Dental Services for CRA Beneficiaries and Control Group													
Provider County	Age Group <sup>1</sup>	Control Group <sup>2</sup>			Risk Level								
					Low <sup>3</sup>			Medium <sup>4</sup>			High <sup>5</sup>		
		2016 <sup>6</sup>	2017 <sup>7</sup>	% Diff <sup>8</sup>	2016 <sup>6</sup>	2017 <sup>7</sup>	% Diff <sup>8</sup>	2016 <sup>6</sup>	2017 <sup>7</sup>	% Diff <sup>8</sup>	2016 <sup>6</sup>	2017 <sup>7</sup>	% Diff <sup>8</sup>
Sacramento	0-2	789	1,502	90%	162	1,903	1075%	218	1,970	804%	198	1,901	860%
	3-4	5,017	9,684	93%	685	2,690	293%	1,031	3,674	256%	1,959	6,717	243%
	5-6	7,838	14,684	87%	1,018	2,415	137%	1,534	4,168	172%	2,737	7,792	185%
	<b>0-6</b>	<b>13,644</b>	<b>25,870</b>	<b>90%</b>	<b>1,865</b>	<b>7,008</b>	<b>276%</b>	<b>2,783</b>	<b>9,812</b>	<b>253%</b>	<b>4,894</b>	<b>16,410</b>	<b>235%</b>
Tulare	0-2	533	1,072	101%	167	1,173	602%	435	3,262	650%	530	4,181	689%
	3-4	2,231	4,200	88%	482	1,108	130%	1,034	2,793	170%	3,348	10,493	213%
	5-6	3,370	6,333	88%	378	787	108%	720	1,432	99%	2,513	7,356	193%
	<b>0-6</b>	<b>6,134</b>	<b>11,605</b>	<b>89%</b>	<b>1,027</b>	<b>3,068</b>	<b>199%</b>	<b>2,189</b>	<b>7,487</b>	<b>242%</b>	<b>6,391</b>	<b>22,030</b>	<b>245%</b>
Other Domain 2 Counties	0-2	337	545	62%	37	183	395%	39	198	408%	22	103	368%
	3-4	800	1,400	75%	89	187	110%	80	119	49%	116	204	76%
	5-6	533	1,055	98%	131	140	7%	90	96	7%	108	177	64%
	<b>0-6</b>	<b>1,670</b>	<b>3,000</b>	<b>80%</b>	<b>257</b>	<b>510</b>	<b>98%</b>	<b>209</b>	<b>413</b>	<b>98%</b>	<b>246</b>	<b>484</b>	<b>97%</b>

Data Source: DHCS MIS/DSS Data Warehouse as of October 2018

<sup>1</sup>Beneficiary age at date of service (DOS). Duplicates occurred when a beneficiary received approved CRAs for more than one risk level or when a beneficiary's age changed between age groups within the measurement year.

<sup>2</sup>Beneficiaries that received at least one preventive dental service (D1000-D1999) or ICD10 preventive dental procedure (K023 K0251 K0261 K036 K0500 K0501 K051 K0510 K0511 Z012 Z0120 Z0121 Z293 Z299 Z98810) in CY 2017 but did not receive an approved CRA.

<sup>3</sup>Beneficiaries that received an approved CRA with a low risk (D0601)

<sup>4</sup>Beneficiaries that received an approved CRA with a medium risk (D0602)

<sup>5</sup>Beneficiaries that received an approved CRA with a high risk (D0603)

<sup>6</sup>Number of preventive dental services or ICD10 preventive dental procedures received in CY 2016 (Baseline Year)

<sup>7</sup>Number of preventive dental services or ICD10 preventive dental procedures received in CY 2017

<sup>8</sup>Percentage increase/decrease of preventive dental services between CY 2016 and CY 2017

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**Figure 10** shows an overall increase among the restorative services for beneficiaries within selected age ranges between CY 2016 and CY 2017. However, the increases within the risk categories are visibly reduced in comparison to the control group. A few of the categories such as beneficiaries ages five through six within the medium risk level in Tulare also display decreases. Based on these preliminary trends combined with the implementation of CRAs, the expectation is that the count of preventive dental services will continue to increase as the count of restoration services decreases over the remaining three years of the DTI program.

**Figure 10: Number of, and Percentage Change in Restorative Dental Services for CRA Beneficiaries and Control Group in Program Year 2**

Percent Change in Utilization of Restorative Dental Services for CRA Beneficiaries and Control Group													
Provider County	Age Group <sup>1</sup>	Control Group <sup>2</sup>			Risk Level								
					Low <sup>3</sup>			Medium <sup>4</sup>			High <sup>5</sup>		
		2016 <sup>6</sup>	2017 <sup>7</sup>	% Diff <sup>8</sup>	2016 <sup>6</sup>	2017 <sup>7</sup>	% Diff <sup>8</sup>	2016 <sup>6</sup>	2017 <sup>7</sup>	% Diff <sup>8</sup>	2016 <sup>6</sup>	2017 <sup>7</sup>	% Diff <sup>8</sup>
Sacramento	0-2	495	2,284	361%	17	109	541%	32	402	1156%	75	1,292	1623%
	3-4	3,146	15,175	382%	193	390	102%	561	1,752	212%	1,443	6,042	319%
	5-6	4,863	23,481	383%	428	424	-1%	921	1,298	41%	2,157	4,511	109%
	<b>0-6</b>	<b>8,504</b>	<b>40,940</b>	<b>381%</b>	<b>638</b>	<b>923</b>	<b>45%</b>	<b>1,514</b>	<b>3,452</b>	<b>128%</b>	<b>3,675</b>	<b>11,845</b>	<b>222%</b>
Tulare	0-2	378	1,544	308%	*	21	320%	34	105	209%	236	2,874	1118%
	3-4	1,351	6,742	399%	**	74	-28%	451	202	-55%	3,030	9,282	206%
	5-6	2,143	10,275	379%	123	49	-60%	587	182	-69%	2,437	5,311	118%
	<b>0-6</b>	<b>3,872</b>	<b>18,561</b>	<b>379%</b>	<b>231</b>	<b>144</b>	<b>-38%</b>	<b>1,072</b>	<b>489</b>	<b>-54%</b>	<b>5,703</b>	<b>17,467</b>	<b>206%</b>
Other Domain 2 Counties	0-2	207	900	335%	*	29	1350%	*	37	1750%	21	211	905%
	3-4	494	2,344	374%	**	62	148%	**	68	-33%	143	416	191%
	5-6	495	1,748	253%	110	37	-66%	114	99	-13%	148	275	86%
	<b>0-6</b>	<b>1,196</b>	<b>4,992</b>	<b>317%</b>	<b>137</b>	<b>128</b>	<b>-7%</b>	<b>218</b>	<b>204</b>	<b>-6%</b>	<b>312</b>	<b>902</b>	<b>189%</b>

Data Source: DHCS MIS/DSS Data Warehouse as of October 2018

<sup>1</sup>Beneficiary age at DOS. Duplicates occurred when a beneficiary had more than one approved CRA or when a beneficiary's age changed between age groups within the measurement year.

<sup>2</sup>Beneficiaries with at least one restorative dental service (D2000-D2999) or ICD10 restorative procedure (K0262 K029 K0252 K0263 K0253 K0381 Z98811 K027 K08531 K0850 K0851 K08530 K08539 K0859 K0852 K0856 K025) at an SNC in CY 2017 that did not receive an approved CRA

<sup>3</sup>Beneficiaries that received an approved CRA with a low risk (D0601)

<sup>4</sup>Beneficiaries that received an approved CRA with a medium risk (D0602)

<sup>5</sup>Beneficiaries that received an approved CRA with a high risk (D0603)

<sup>6</sup>Number of restorative dental services or ICD10 restorative procedures at an SNC received in CY 2016 (Baseline Year)

<sup>7</sup>Number of restorative dental services or ICD10 restorative procedures at an SNC received in CY 2017

<sup>8</sup>Percentage increase/decrease of preventive dental services between CY 2016 and CY 2017

\* Suppression applied: The number of Domain 2 Low Risk level beneficiaries, 0-2, is lower than 11. The number of Domain 2 Medium Risk level beneficiaries, 0-2, is lower than 11.

\*\* Suppression applied: The second lowest number of Domain 2 Low & Medium Risk level beneficiaries, complementary suppression for suppressed cells (\*).

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Figure 11 reflects the number of beneficiaries that received at least one restorative dental service in CY 2017 as opposed to the previous two figures that reflected the number of services received. As depicted in Figure 11, the majority of beneficiaries who received an approved CRA fall within the high-risk category. Although the control group remains consistent, by increasing the number of beneficiaries who received a restorative dental service as the age increases, the groups with approved CRAs fluctuate. The higher population of beneficiaries with approved CRAs appear within the



age range of three through four whereas the smallest population appear within the age range of five through six. As additional data becomes available, DHCS expects to observe an improvement in risk level assignments among the beneficiaries who received a CRA in PY 2. Note that duplicates existed when a beneficiary had more than one approved CRA in the measurement year.

**Figure 11: Number of Beneficiaries who received CRA Procedures in Program Year 2**

Provider County	Age Group <sup>1</sup>	Control Group <sup>2</sup>	Risk Level		
			Low <sup>3</sup>	Medium <sup>4</sup>	High <sup>5</sup>
Sacramento	0-2	483	630	659	516
	3-4	3,107	638	860	1,551
	5-6	4,685	468	765	1,509
	<b>0-6</b>	<b>8,275</b>	<b>1,736</b>	<b>2,284</b>	<b>3,576</b>
Tulare	0-2	338	311	739	1,000
	3-4	1,365	266	574	2,381
	5-6	2,093	177	300	1,541
	<b>0-6</b>	<b>3,796</b>	<b>754</b>	<b>1,613</b>	<b>4,922</b>
Other Domain 2 Counties	0-2	191	116	147	74
	3-4	464	104	80	126
	5-6	363	70	79	126
	<b>0-6</b>	<b>1,018</b>	<b>290</b>	<b>306</b>	<b>326</b>

Data Source: DHCS MIS/DSS Data Warehouse & FI Report DT-O-206 as of October 2018

<sup>1</sup>Beneficiary age at DOS. Duplicates occurred when a beneficiary had more than one approved CRA or when a beneficiary's age changed between age groups within the measurement year.

<sup>2</sup>Beneficiaries with at least one restorative dental service (D2000-D2999) or ICD10 restorative procedure (K0262 K029 K0252 K0263 K0253 K0381 Z98811 K027 K08531 K0850 K0851 K08530 K08539 K0859 K0852 K0856 K025) at an SNC in CY 2017 that did not receive an approved CRA

<sup>3</sup>Number of beneficiaries that received an approved CRA with a low risk (D0601)

<sup>4</sup>Number of beneficiaries that received an approved CRA with a medium risk (D0602)

<sup>5</sup>Number of beneficiaries that received an approved CRA with a high risk (D0603)

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Figure 12 displays the number of emergency room (ER) visits that occurred within CY 2016 and CY 2017 for beneficiaries ages zero through six alongside the count of general anesthesia (GA) services provided. The ER visits are for Ambulatory Care Sensitive (ACS) Dental Conditions. The data is further broken down into the control group, low, medium, and high-risk categories equivalent to the preceding Domain 2 tables. Control group for ER visit was the count by children from the 11 pilot counties, ages zero to six who did not receive CRA treatment and had an ER visit in CY 2016 and CY 2017. Similarly, control group for GA services was the count by children from the 11 pilot counties, aged zero to six who did not receive CRA treatment and had a GA service in CY 2016 and 2017. While the control group encounters a fair increase in ER

visits for CY 2017, the notable increase occurs within the high-risk classification as expected.

Similarly, both the control group and high-risk child beneficiaries experience an increase in GA services, whereas, both the low and medium-risk child beneficiaries experience a decrease. Currently, GA is identified by Current Dental Terminology (CDT) codes D9220 and D9221. DHCS is presently developing a methodology to accurately analyze GA services performed in a hospital setting along with any associated facility costs.

**Figure 12: Number of, and Percentage Change in Count of Emergency Room Visits and General Anesthesia for CRA Beneficiaries and Control Group in Program Year 2**

Group		Age Group <sup>1</sup>	Emergency Room for ACS Dental Conditions			General Anesthesia		
			2016	2017	% Diff <sup>6</sup>	2016	2017	% Diff <sup>7</sup>
Control <sup>2</sup>		0-6	113	117	3.54%	377	2384	532.36%
Risk Level	Low <sup>3</sup>	0-6	13	10	-23.08%	34	14	-58.82%
	Medium <sup>4</sup>	0-6	26	21	-19.23%	147	35	-76.19%
	High <sup>5</sup>	0-6	43	66	53.49%	324	489	50.93%

Data Source: DHCS MIS/DSS Data Warehouse as of October 2018

<sup>1</sup>Beneficiary age at DOS. Duplicates occurred when a beneficiary had more than one approved CRA or when a beneficiary's age changed between age groups within the measurement year.

<sup>2</sup>Beneficiaries with at least one Emergency Room Visit for ACS Dental Conditions or General Anesthesia service (D9220 or D9221) in CY 2017 that did not receive an approved CRA

<sup>3</sup>Beneficiaries that received an approved CRA with a low risk (D0601)

<sup>4</sup>Beneficiaries that received an approved CRA with a medium risk (D0602)

<sup>5</sup>Beneficiaries that received an approved CRA with a high risk (D0603)

<sup>6</sup>Percentage increase/decrease of Emergency Room Visits for ACS Dental Conditions between CY 2016 and CY 2017

<sup>7</sup>Percentage increase/decrease of General Anesthesia services between CY 2016 and CY 2017

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## Incentive Payments Analysis

Figure 13 displays incentives paid for Domain 2 in PY 2, which is the domain's first year of implementation. Domain 2 payments were issued every month since April 2017. Due to claims run-out, DHCS continues to receive claims with service dates in CY 2017. As of October 2018, DHCS issued \$2.0 million dollars in incentive payments for CY 2017.

**Figure 13: Domain 2 Incentive Payment Summary**

	Year to Date Payments
FFS	\$1,383,292
DMC	\$479,117
SNC	\$162,078

<b>Total</b>	<b>\$2,024,487</b>
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Data Source: FI Report DT-O-207 October 10, 2018

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**Impact Assessment**

Figure 14 describes the provision of dental exams. Although the control group consistently increases among all age groups from CY 2016 to CY 2017, the CRA groups are shown to experience more substantial increases ranging from approximately 68 to 178 percent. DHCS anticipates the number of dental exams performed to CRA groups to continue to increase in future program years.

**Figure 14: Number of, and Percentage Change in Count of Dental Exams for CRA Beneficiaries and Control Group in Program Year 2**

Provider County	Age Group <sup>1</sup>	Control Group <sup>2</sup>			Risk Level								
					Low <sup>3</sup>			Medium <sup>4</sup>			High <sup>5</sup>		
		2016 <sup>6</sup>	2017 <sup>7</sup>	% Diff <sup>8</sup>	2016 <sup>6</sup>	2017 <sup>7</sup>	% Diff <sup>8</sup>	2016 <sup>6</sup>	2017 <sup>7</sup>	% Diff <sup>8</sup>	2016 <sup>6</sup>	2017 <sup>7</sup>	% Diff <sup>8</sup>
Sacramento	0-2	277	442	60%	131	715	446%	155	663	328%	161	753	368%
	3-4	2,413	3,203	33%	379	820	116%	471	890	89%	1,112	2,251	102%
	5-6	4,090	5,019	23%	415	624	50%	533	928	74%	1,330	2,248	69%
	<b>0-6</b>	<b>6,780</b>	<b>8,664</b>	<b>28%</b>	<b>925</b>	<b>2,159</b>	<b>133%</b>	<b>1,159</b>	<b>2,481</b>	<b>114%</b>	<b>2,603</b>	<b>5,252</b>	<b>102%</b>
Tulare	0-2	209	397	90%	96	389	305%	231	1,003	334%	309	1,571	408%
	3-4	1,078	1,852	72%	237	336	42%	511	659	29%	1,816	3,394	87%
	5-6	1,872	2,854	52%	173	222	28%	360	388	8%	1,381	2,359	71%
	<b>0-6</b>	<b>3,159</b>	<b>5,103</b>	<b>62%</b>	<b>506</b>	<b>947</b>	<b>87%</b>	<b>1,102</b>	<b>2,050</b>	<b>86%</b>	<b>3,506</b>	<b>7,324</b>	<b>109%</b>
Other Domain 2 Counties	0-2	117	444	279%	*	35	600%	11	55	400%	*	13	1200%
	3-4	678	1,561	130%	**	44	100%	14	28	100%	**	29	123%
	5-6	982	1,533	56%	53	55	4%	18	25	39%	23	61	165%
	<b>0-6</b>	<b>1,777</b>	<b>3,538</b>	<b>99%</b>	<b>80</b>	<b>134</b>	<b>68%</b>	<b>43</b>	<b>108</b>	<b>151%</b>	<b>36</b>	<b>103</b>	<b>178%</b>

Data Source: DHCS MIS/DSS Data Warehouse as of October 2018

<sup>1</sup>Beneficiary age at DOS. Duplicates occurred when a beneficiary had more than one approved CRA or when a beneficiary's age changed between age groups within the measurement year.

<sup>2</sup>Beneficiaries that received at least one dental exam (D10120, D0145 or D0150) or ICD10 dental exam procedure at an SNC in CY 2017 that did not receive an approved CRA

<sup>3</sup>Beneficiaries that received an approved CRA with a low risk (D0601)

<sup>4</sup>Beneficiaries that received an approved CRA with a medium risk (D0602)

<sup>5</sup>Beneficiaries that received an approved CRA with a high risk (D0603)

<sup>6</sup>Number of dental exams or ICD10 dental exam procedures at an SNC received in CY2016 (Baseline Year)

<sup>7</sup>Number of dental exams or ICD10 dental exam procedures at an SNC received in CY2017

\* Suppression applied: The number of Domain 2 Low Risk level beneficiaries, 0-2, is lower than 11. The number of Domain 2 High Risk level beneficiaries, 0-2, is lower than 11.

\*\* Suppression applied: The second lowest number of Domain 2 Low & High Risk level beneficiaries, complementary suppression for suppressed cells (\*).

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Similar to [Figure 9](#), [Figure 10](#) and [Figure 14](#), [Figure 15](#) shows the number of dental treatment services provided. Both the control group and high risk child beneficiaries

experience the more significant increases compared to the low risk and medium risk categories. High risk child beneficiaries are presumed to receive more dental treatment services than low and medium risk levels. The data and metrics demonstrated in this Figure along with [Figure 9](#) and [Figure 10](#) (preventive and restorative services) will prove favorable in determining the domain's effectiveness after additional PY 2 data is compiled and further analysis is performed. Figure 1

**Figure 15: Number of, and Percentage Change in Count of Dental Treatment Services for CRA Beneficiaries and Control Group in Program Year 2**

Provider County	Age Group <sup>1</sup>	Control Group <sup>2</sup>			Risk Level								
					Low <sup>3</sup>			Medium <sup>4</sup>			High <sup>5</sup>		
		2016 <sup>6</sup>	2017 <sup>7</sup>	% Diff <sup>8</sup>	2016 <sup>6</sup>	2017 <sup>7</sup>	% Diff <sup>8</sup>	2016 <sup>6</sup>	2017 <sup>7</sup>	% Diff <sup>8</sup>	2016 <sup>6</sup>	2017 <sup>7</sup>	% Diff <sup>8</sup>
Sacramento	0-2	292	3,999	1270%	42	794	1790%	81	1,344	1559%	130	2,084	1503%
	3-4	5,271	24,053	356%	319	1,357	325%	839	3,294	293%	1,945	9,622	395%
	5-6	10,566	30,216	186%	690	1,219	77%	1,383	2,818	104%	2,798	8,274	196%
	<b>0-6</b>	<b>16,129</b>	<b>58,268</b>	<b>261%</b>	<b>1,051</b>	<b>3,370</b>	<b>221%</b>	<b>2,303</b>	<b>7,456</b>	<b>224%</b>	<b>4,873</b>	<b>19,980</b>	<b>310%</b>
Tulare	0-2	273	4,029	1376%	12	407	3292%	67	1,162	1634%	290	5,075	1650%
	3-4	2,400	15,564	549%	163	409	151%	656	1,161	77%	3,961	15,424	289%
	5-6	4,215	16,596	294%	153	275	80%	814	717	-12%	3,356	9,661	188%
	<b>0-6</b>	<b>6,888</b>	<b>36,189</b>	<b>425%</b>	<b>328</b>	<b>1,091</b>	<b>233%</b>	<b>1,537</b>	<b>3,040</b>	<b>98%</b>	<b>7,607</b>	<b>30,160</b>	<b>296%</b>
Other Domain 2 Counties	0-2	162	2,737	1590%	*	42	2000%	*	55	1000%	82	367	348%
	3-4	1,067	10,520	886%	**	47	161%	**	38	153%	147	670	356%
	5-6	1,739	7,964	358%	65	59	-9%	29	33	14%	119	477	301%
	<b>0-6</b>	<b>2,968</b>	<b>21,221</b>	<b>615%</b>	<b>85</b>	<b>148</b>	<b>74%</b>	<b>49</b>	<b>126</b>	<b>157%</b>	<b>348</b>	<b>1,514</b>	<b>335%</b>

Data Source: DHCS MIS/DSS Data Warehouse as of October 2018

<sup>1</sup>Beneficiary age at DOS. Duplicates occurred when a beneficiary had more than one approved CRA or when a beneficiary's age changed between age groups within the measurement year

<sup>2</sup>Beneficiaries with at least one dental treatment service (D2000-D9999) or ICD10 dental treatment procedure [Appendix 2 List A](#) at an SNC in CY 2017 that did not receive an approved CRA

<sup>3</sup>Beneficiaries that received an approved CRA with a low risk (D0601)

<sup>4</sup>Beneficiaries that received an approved CRA with a medium risk (D0602)

<sup>5</sup>Beneficiaries that received an approved CRA with a high risk (D0603)

<sup>6</sup>Number of dental treatment services or ICD10 dental treatment procedures received in CY2016 (Baseline Year)

<sup>7</sup>Number of dental treatment services or ICD10 dental treatment procedures received in CY2017

<sup>8</sup>Percentage increase/decrease of dental treatment services between CY 2016 and CY 2017

\* Suppression applied: The number of Domain 2 Low Risk level beneficiaries, 0-2, is lower than 11. The number of Domain 2 Medium Risk level beneficiaries, 0-2, is lower than 11.

\*\* Suppression applied: The second lowest number of Domain 2 Low & Medium Risk level beneficiaries, complementary suppression for suppressed cells (\*).

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Lastly, [Figure 16](#) displays the expenditures for preventive dental services, dental treatment services, and GA for Domain 2. Both preventive dental services and dental treatment services have increased from 2016 to 2017 for the CRA group and the control group. For preventive dental services, the CRA group's expenditures increased by 104% more than the control group. This is driven by CRA dental offices which increased by 128% more than the dental offices for the control group, even though SNC expenditures for the CRA group increased less than the control group by 9%. For dental

treatment services, the CRA group increased less than the control group by 182%. This is driven by CRA dental offices as well which was 217% less, even though SNC expenditures for the CRA group increased more than control group by 120%. While the overall total expenditures for the control group in regard to GA has increased, the expenditures for the CRA groups has decreased.

**Figure 16: Expenditures for CRA Beneficiaries\* and Control Group in Program Year 2**

Bene Group	Preventive Dental Services <sup>5</sup>			Dental Treatment Services <sup>6</sup>			General Anesthesia <sup>7</sup>		
	2016	2017	% Diff <sup>8</sup>	2016	2017	% Diff <sup>8</sup>	2016	2017	% Diff <sup>8</sup>
<b>CRA Dental Offices<sup>1</sup></b>	\$282,590	\$1,048,408	271%	\$843,328	\$3,346,715	297%	\$30,401	\$13,689	-55%
<b>CRA SNCs<sup>2</sup></b>	\$99,564	\$166,968	68%	\$19,151	\$45,835	139%			
<b>Total</b>	<b>\$382,155</b>	<b>\$1,215,377</b>	<b>218%</b>	<b>\$862,479</b>	<b>\$3,392,550</b>	<b>293%</b>	<b>\$30,401</b>	<b>\$13,689</b>	<b>-55%</b>
<b>Control Group Dental Offices<sup>3</sup></b>	\$297,904	\$722,990	143%	\$939,860	\$5,766,316	514%	\$27,254	\$131,256	382%
<b>Control Group SNCs<sup>4</sup></b>	\$220,941	\$390,038	77%	\$78,312	\$93,319	19%			
<b>Total</b>	<b>\$518,845</b>	<b>\$1,113,028</b>	<b>115%</b>	<b>\$1,018,173</b>	<b>\$5,859,634</b>	<b>476%</b>	<b>\$27,254</b>	<b>\$131,256</b>	<b>382%</b>

Data Source: DHCS MIS/DSS Data Warehouse as of October 2018

\*Beneficiary age at DOS. Duplicates occurred when a beneficiary had more than one approved CRA or when a beneficiary's age changed between age groups within the measurement year.

<sup>1</sup>Beneficiaries that received an approved CRA at a dental office

<sup>2</sup>Beneficiaries that received an approved CRA at an SNC

<sup>3</sup>Beneficiaries that received a restorative service at a dental office in 2017 but did not received a CRA

<sup>4</sup>Beneficiaries that received a restorative service at an SNC in 2017 but did not received a CRA

<sup>5</sup>Expenditures for preventive dental services (D1000-D1999) or SNC encounters with ICD10 codes (K023 K0251 K0261 K036 K0500 K0501 K051 K0510 K0511 Z012 Z0120 Z0121 Z293 Z299 Z98810)

<sup>6</sup>Expenditures for dental treatment services (D2000-D9999) or SNC encounters with ICD10 codes on Appendix 2 List A

<sup>7</sup>Expenditures for general anesthesia (D9220-D9221)

<sup>8</sup>Percentage increase/decrease of dental services between CY 2016 and CY 2017

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DHCS will continue to track and report on the utilization rates for restorative procedures against preventive dental services to determine if this domain has been effective in reducing the number of restorations being performed. DHCS will also continue to track and report on the CRA utilization and treatment plan services to monitor utilization and domain participation.

### DOMAIN 3: INCREASE CONTINUITY OF CARE

Domain 3 aims to improve continuity of care for Medi-Cal children ages 20 and under by establishing and incentivizing an ongoing relationship between beneficiaries and dental providers in the following 17 selected pilot counties: Alameda, Del Norte, El Dorado, Fresno, Kern, Madera, Marin, Modoc, Nevada, Placer, Riverside, San Luis Obispo, Santa Cruz, Shasta, Sonoma, Stanislaus, and Yolo.

Incentive payments are made to dental service office locations who have maintained continuity of care by providing qualifying examinations (CDT codes: D0120, D0150, or D0145) to beneficiaries ages 20 and under for two, three, four, five, and six continuous years. The second annual payment for this domain was issued June 2018, and incentive payments were based on achieving continuity of care across one or two continuous years.

#### Performance Metrics Analysis

For this program year, DHCS reviewed the number of beneficiaries who have remained with their same service office location for two and three continuous years. In future program years, DHCS will review the number of beneficiaries who remain with their same service office location for two, three, four, five, and six continuous years. DHCS established this domain's baseline year as CY 2015. This measure is similar to the Dental Quality Alliance measure *Usual Source of Services*, with the exception that DHCS incentivizes over a longer continuous period.

In *Figure 17* below, from CY 2015 to CY 2017, the percent of beneficiaries with two-year continuity of care within the 17 counties increased by 2.60 percentage points compared to the baseline – CY 2014 to CY 2015. The percent of child beneficiaries with three-year continuity of care within the 17 counties increased by 1.98 percentage points compared to the baseline – CY 2013 to CY 2015 with no gap.

**Figure 17: Domain 3 Continuity of Care in 17 Counties (Number of Beneficiaries Returning to the Same Service Location)**

Number of Years Returned	Measure Year	Baseline Year: CY 2015 <sup>3</sup>	PY1: CY 2016	PY 2: CY 2017	PY 3: CY 2018	PY 4: CY 2019	PY 5: CY 2020
	Claims Data Year Range	CY 2010 to CY 2015	CY 2015 to CY 2016	CY 2015 to CY 2017	CY 2015 to CY 2018	CY 2015 to CY 2019	CY 2015 to CY 2020
	Denominator <sup>2</sup>	1,544,373	1,603,314	1,589,345			
2 <sup>nd</sup> year	Numerator <sup>1</sup>	211,981	245,290	259,590			
	Percent	13.73%	15.30%	16.33%			
3 <sup>rd</sup> year	Numerator	119,956		154,926			

	<b>Percent</b>	7.77%		9.75%			
<b>4<sup>th</sup> year</b>	<b>Numerator</b>	63,603					
	<b>Percent</b>	4.12%					
<b>5<sup>th</sup> year</b>	<b>Numerator</b>	40,819					
	<b>Percent</b>	2.64%					
<b>6<sup>th</sup> year</b>	<b>Numerator</b>	25,206					
	<b>Percent</b>	1.63%					

17 Domain 3 Counties: Alameda, Del Norte, El Dorado, Fresno, Kern, Madera, Marin, Modoc, Nevada, Placer, Riverside, San Luis Obispo, Santa Cruz, Shasta, Sonoma, Stanislaus, Yolo

Data Source: CD-MMIS as of October 2018. SNCs are not included

<sup>1</sup>Numerator: Number of beneficiaries age 20 and under who received an examination from the same service office location with no gap in service for two, three, four, five, and six continuous years. Participating SNCs are included.

<sup>2</sup>Denominator: Number of beneficiaries age 20 and under enrolled for at least one month in the FFS delivery system during the measurement years. Data updated to align with revised baseline data.

<sup>3</sup>Baseline Data updated after methodology revalidation, SNC data is not available in baseline years.

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**Incentive Payments Analysis**

Figure 18 and Figure 19 Figure 19 show the number of service office locations who received incentive payments in both program years. (PY 1 payment includes both June 2017 and June 2018.) They also show the number of unduplicated beneficiaries who were qualified for one of the criteria below:

- 1) For PY 1, beneficiaries who received a dental examination D0120, D0150, or D0145 in CY 2015, and CY 2016, in the same dental office or SNC;
- 2) For PY 2, beneficiaries who received a dental examination D0120, D0150, or D0145 in CY 2015, CY 2016 and CY 2017 in the same dental office or SNC;
- 3) For PY 2, beneficiaries who received a dental examination D0120, D0150, or D0145 not in CY 2015, but in CY 2016 and CY 2017 in the same dental office or SNC.

DHCS included the number of child beneficiaries who received at least one dental exam and the number of active service office locations in CY 2015 and CY 2016 for PY 1 and PY 2, respectively (Figure 18 and Figure 19). The additional details help analyze the proportion of service office locations that received incentive payments along with the proportion of beneficiaries who returned to the same office locations.



**Figure 18: Domain 3 Incentive Payments by County and State Total for Program Year 1**

Provider County	Total Number of Service Office Locations <sup>1</sup>	Number of Service Office Locations that Received Incentive Payments <sup>2</sup>	Number of Beneficiaries that Received at least one dental exam in CY 2015 <sup>1</sup>	Program Year 1 Number of Beneficiaries Who Had Dental Exams for Two Consecutive Years in 2015 and 2016 <sup>2</sup>	Total Incentive Payments <sup>2</sup>
Alameda	157	114	46,400	24,619	\$984,760
Del Norte	3	1	114	*	*
El Dorado	12	5	3,875	1,797	\$71,880
Fresno	162	113	86,387	41,365	\$1,654,600
Kern**	114	88	84,503	46,368	\$1,854,720
Madera	24	17	13,164	7,122	\$284,880
Marin	13	3	967	137	\$5,480
Modoc	2	2	98	206	\$8,240
Nevada	6	2	807	*	*
Placer	27	13	8,137	4,428	\$177,120
Riverside	374	270	158,557	73,045	\$2,921,800
San Luis Obispo	15	9	9,442	5,327	\$213,080
Santa Cruz**	22	9	9,283	8,908	\$356,320
Shasta	18	5	4,032	1,247	\$49,880
Sonoma	34	15	12,377	10,640	\$425,600
Stanislaus	62	36	36,864	18,903	\$756,120
Yolo	17	9	6,465	1,144	\$45,760
<b>Total</b>	<b>1062</b>	<b>711</b>	<b>481,472</b>	<b>245,290</b>	<b>\$9,811,600</b>

Data Source: FI Domain 3 Final Payment Summary in June 2018 and CD-MMIS as of October 2018

<sup>1</sup> FFS Dental offices and all SNCs regardless of DTI participation.

<sup>2</sup> FFS Dental offices and participating SNCs only.

\* Suppression applied: The number of Del Norte County beneficiaries is lower than 11. The number of Nevada County beneficiaries is the second lowest number of all counties and is therefore suppressed as a complementary cell for Del Norte County.

\*\* A provider relocated a service office location from Kern County to Santa Cruz County which caused a decrease of number of beneficiaries and the associated payments.

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**Figure 19: Domain 3 Incentive Payments by County and State Total for Program Year 2**

Provider County	Total Number of Service Office Locations <sup>1</sup>	Number of Service Office Locations that Received Incentive Payments <sup>2</sup>	Number of Beneficiaries that Received at least one dental exam in CY 2016 <sup>1</sup>	Program Year 2 Number of Beneficiaries Who Had Dental Exams for Two Consecutive Years in 2016 and 2017 <sup>2</sup>	Program Year 2 Number of Beneficiaries Who Had Dental Exams for Three Consecutive Years in 2015, 2016 and 2017 <sup>2</sup>	Total Incentive Payments <sup>2</sup>
Alameda	158	113	45,460	9,300	14,309	\$1,087,450
Del Norte	3	1	24	*	*	*
El Dorado	12	6	3,882	941	1,201	\$97,690
Fresno	163	117	87,297	18,617	25,508	\$2,020,080
Kern**	114	89	84,938	17,235	31,573	\$2,268,050
Madera	24	17	13,034	2,443	4,887	\$342,070
Marin	13	4	828	74	78	\$6,860
Modoc	2	2	46	72	111	\$8,430
Nevada	6	2	282	*	*	*
Placer	27	12	8,743	1,957	2,613	\$208,930
Riverside	375	283	156,620	33,747	44,457	\$3,572,730
San Luis Obispo	15	11	8,802	1,755	4,009	\$270,650
Santa Cruz**	22	9	6,529	3,075	6,092	\$427,600
Shasta	18	5	4,202	973	679	\$72,870
Sonoma	34	18	12,253	3,000	6,092	\$424,600
Stanislaus	62	42	41,651	10,384	12,527	\$1,041,710
Yolo	17	11	2,521	1,057	768	\$80,680
<b>Total</b>	<b>1065</b>	<b>742</b>	<b>477,112</b>	<b>104,664</b>	<b>154,926</b>	<b>\$11,932,860</b>

Data Source: FI Domain 3 Final Incentive Payment Summary in June 2018 and CD-MMIS as of October 2018

<sup>1</sup> FFS Dental offices and all SNCs regardless of DTI participation.

<sup>2</sup> FFS Dental offices and participating SNCs only.

\*Suppression applied: The number of Del Norte County beneficiaries is lower than 11. The number of Nevada County beneficiaries is the second lowest number of all counties and is therefore suppressed as a complementary cell for Del Norte County.

\*\*A provider relocated a service office location from Kern County to Santa Cruz County which caused a decrease of number of beneficiaries and the associated payments.

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## Impact Assessment

From CY 2014 to CY 2017, DHCS observed a 27.71 percent increase in the number of preventive dental services performed and only a 6.95 percent increase in treatment services during that period. The data and metrics in *Figure 20* demonstrate a desired outcome for the DTI program, which is to increase the number of preventive dental services in lieu of more costly treatment services. Although the baseline year for Domain 3 is CY 2015, to demonstrate the combined impact of Domains 1 and 3, DHCS used CY 2014 data in the analyses below. DHCS has found that the metrics for this domain are useful in understanding the effectiveness of the activities undertaken. However, further analysis is needed for a final determination on the effectiveness of the measures.

**Figure 20: Domain 3 Counties' Number of Services and Expenditures on Preventive and Other Services**

	Number of Services			Expenditures (Dollars in thousand)		
	CY 2014	CY 2017	Percentage Change	CY 2014	CY 2017 <sup>4</sup>	Percentage Change
Dental Exams <sup>1</sup>	657,571	710,696	8.08%	\$11,036	\$12,377	12.15%
Dental Exams (ICD10) <sup>2</sup>	N/A	218,214	N/A	N/A	\$46,912	N/A
<b>Dental Exam Total</b>	<b>657,571</b>	<b>928,910</b>	<b>41.26%</b>	<b>\$11,036</b>	<b>\$59,289</b>	<b>437.23%</b>
Preventive Dental Services <sup>3</sup>	1,558,214	1,690,326	8.48%	\$30,679	\$34,679	13.04%
Preventive Dental Encounters (ICD10) <sup>4</sup>	N/A	299,619	N/A	N/A	\$64,489	N/A
<b>Preventive Dental Services Total</b>	<b>1,558,214</b>	<b>1,989,945</b>	<b>27.71%</b>	<b>\$30,769</b>	<b>\$99,168</b>	<b>223.24%</b>
Dental Treatment Services <sup>5</sup>	1,296,715	1,295,665	-0.08%	\$71,453	\$79,025	10.6%
Dental Treatment Services (ICD10) <sup>6</sup>	N/A	91,123	N/A	N/A	\$19,127	N/A
<b>Dental Treatment Services Total</b>	<b>1,296,715</b>	<b>1,386,788</b>	<b>6.95%</b>	<b>\$71,453</b>	<b>\$98,152</b>	<b>37.37%</b>
<b>Total Exams &amp; Services</b>	<b>3,512,500</b>	<b>4,305,643</b>	<b>22.58%</b>	<b>\$113,168</b>	<b>\$256,609</b>	<b>126.75%</b>

Data Source: DHCS MIS/DSS Data Warehouse as of October 2018

<sup>1</sup>Any comprehensive or period exam (D0120, D0150) or, for beneficiaries under three (3) years of age, an oral evaluation and counseling with the primary caregiver (D0145) at a dental office

<sup>2</sup>Any comprehensive or period exam at an SNC (dental encounter with ICD 10 codes on [Appendix 2 List B](#))

<sup>3</sup>Any preventive dental service (D1000-D1999) at a dental office

<sup>4</sup>Any preventive dental service at an SNC (dental encounter with ICD 10 codes: K023 K0251 K0261 K036 K0500 K0501 K051 K0510 K0511 Z012 Z0120 Z0121 Z293 Z299 Z98810)

<sup>5</sup>Any dental treatment service (D2000-D9999) at a dental office

<sup>6</sup>Any dental treatment service at an SNC (dental encounter with ICD 10 codes on [Appendix 2 List A](#))

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Figure 21 is the comparison between Domain 3 and non-Domain 3 counties utilization of preventive dental services for child beneficiaries ages 1-20 at dental offices only. Figure 22 displays the same comparison but includes services rendered at SNCs. Overall, compared to non-Domain 3 counties, Domain 3 counties with the inclusion of SNC data, demonstrate a greater increase in utilization of preventive dental services from CY 2014 to CY 2017. DHCS expects Domain 3 incentive payments will help improve Domain 1 results over the five-year period of DTI.

**Figure 21: Preventive Dental Services Utilization Increase in Domain 3 and Non-Domain 3 Counties Excluding SNCs**

County	Three Months Continuously Enrolled Beneficiaries Age 1-20 in CY 2014 <sup>1</sup>	Three Months Continuously Enrolled Beneficiaries Age 1-20 Who Received Preventive Dental Service in CY 2014 Excluding SNCs <sup>2</sup>	Preventive Dental Service Utilization of CY 2014 Excluding SNCs	Three Months Continuously Enrolled Beneficiaries Age 1-20 in CY 2017	Three Months Continuously Enrolled Beneficiaries Age 1-20 Who Received Preventive Dental Service in CY 2017 Excluding SNCs	Preventive Dental Service Utilization of CY 2017 Excluding SNCs	Change of Percentage Points from CY 2014 to CY 2017 Excluding SNCs
Domain 3	1,268,279	436,423	34.41%	1,393,696	484,273	34.75%	0.34%
Non-Domain 3	4,010,756	1,560,767	38.91%	4,282,131	1,696,589	39.60%	0.69%

Data Source: DHCS MIS/DSS Data Warehouse as of October 2018

<sup>1</sup>Denominator: Number of beneficiaries ages 1-20 enrolled in Medi-Cal Program for at least three continuous months in the same dental plan during the measure year.

<sup>2</sup>Numerator: Eligible beneficiaries who received any preventive dental service (D1000-D1999 or a SNC dental encounter with ICD 10 codes: K023 K0251 K0261 K036 K0500 K0501 K051 K0510 K0511 Z012 Z0120 Z0121 Z293 Z299 Z98810) in the identified year.

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**Figure 22: Preventive Dental Services Utilization Increase in Domain 3 and Non-Domain 3 Counties Including SNCs**

County	Three Months Continuously Enrolled Beneficiaries Age 1-20 in CY 2014 <sup>1</sup>	Three Months Continuously Enrolled Beneficiaries Age 1-20 Who Received Preventive Dental Service in CY 2014 Excluding SNCs <sup>2</sup>	Preventive Dental Service Utilization of CY 2014 Excluding SNCs	Three Months Continuously Enrolled Beneficiaries Age 1-20 in CY 2017	Three Months Continuously Enrolled Beneficiaries Age 1-20 Who Received Preventive Dental Service in CY 2017 Including SNCs	Preventive Dental Service Utilization of CY 2017 Including SNCs	Change of Percentage Points from CY 2014 to CY 2017 Including SNCs
Domain 3	1,268,279	436,423	34.41%	1,393,696	616,633	44.24%	9.83%
Non-Domain 3	4,010,756	1,560,767	38.91%	4,282,131	1,955,928	45.66%	6.74%

Data Source: DHCS MIS/DSS Data Warehouse as of October 2018

<sup>1</sup>Denominator: Number of beneficiaries ages 1-20 enrolled in Medi-Cal Program for at least three continuous months in the same dental plan during the measure year.

<sup>2</sup>Numerator: Eligible beneficiaries who received any preventive dental service (D1000-D1999 or a SNC dental encounter with ICD 10 codes: K023 K0251 K0261 K036 K0500 K0501 K051 K0510 K0511 Z012 Z0120 Z0121 Z293 Z299 Z98810) in the identified year.

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## **Discontinued Analysis**

In PY 1 Annual Report, DHCS presented a figure titled Figure 11 Positive Association between Domain 1's Preventive Dental Services and Domain 3's Continuity of Care. DHCS discontinued this analysis for the PY 2 Annual Report considering the DTI Evaluator will conduct further correlation analysis among all Domains.

## **DOMAIN 4: LOCAL DENTAL PILOT PROGRAM**

LDPPs address one or more of the goals of three domains through alternative programs, using strategies focused on targeted populations, such as rural and underserved areas including local case management initiatives and education partnerships, and care coordination. DHCS requires local pilots to have broad-based provider and community support and collaboration including Tribes and Indian health programs, with incentives related to goals and metrics that contribute to the overall goals of DHCS in any of the domains specified above.

Beginning in early 2017, DHCS initiated teleconferences with each individual LDPP to provide support and to assist in executing their contracts, which primarily focused on addressing budgetary concerns. The teleconferences occurred monthly, and expanded to include rotating presentations from one or two of the LDPPs to share both their struggles and findings with other lead entities.

The first LDPP contracts, Alameda County and California State University, Los Angeles, were executed on April 15, 2017. At the conclusion of 2017, 12 LDPP contracts were fully executed and were able to begin implementation of their pilots and submit invoices to DHCS.

## **Incentive Payments Analysis**

DHCS developed invoicing guidelines, an invoice template, and an FAQ document to assist the LDPPs with their invoicing processes. DHCS instructed the pilots to submit invoices on a quarterly basis, with a due date of 45 days after the end of each quarter. Invoicing was completed for PY 2017, and paid a total of \$7,214,442. The total paid for each LDPP are as follows:

**Figure 23: Domain 4 Incentive Payment Summary**

LDPPs	Total Invoiced YTD
Alameda County	\$1,706,430
California Rural Indian Health Board, Inc.	\$97,163
California State University, Los Angeles	\$761,627
First 5 Kern	\$0
First 5 San Joaquin	\$315,941
First 5 Riverside	\$37,787
Fresno County	\$1,160,519
Humboldt County	\$258,459
Orange County	\$1,108,606
Sacramento County	\$368,412
San Luis Obispo County	\$0
San Francisco City and County Department of Public Health	\$151,344
Sonoma County	\$405,115
University of California, Los Angeles	\$843,040

Data Source: CD-MMIS as of October 2018

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On November 6, 2017, one of the approved pilots, Northern Valley Sierra Consortium, withdrew its proposal. The funding allocated to this pilot was approximately \$5,600,000. DHCS intends to reallocate this funding to selected LDPP applicants based upon requests for expansion of approved projects and/or needs not previously identified by the applicants during the selection process.

**Contract Status**

The contract status for each of the LDPPs are as follows:

Lead Entity	Status
Alameda County	Executed April 15, 2017
California Rural Indian Health Board, Inc.	Executed June 21, 2017
California State University, Los Angeles	Executed April 15, 2017
First 5 Kern	Revisions Pending
First 5 San Joaquin	Executed May 31, 2017
First 5 Riverside	Executed November 28, 2017
Fresno County	Executed June 27, 2017
Humboldt County	Executed June 21, 2017
Northern Valley Sierra Consortium	Withdrawn

Orange County	Executed June 30, 2017
Sacramento County	Executed June 28, 2017
San Luis Obispo County	Revisions Pending
San Francisco City and County Department of Public Health	Executed June 27, 2017
Sonoma County	Executed May 15, 2017
University of California, Los Angeles	Executed May 15, 2017

For more information about the selected LDPPs, please refer to the LDPP [Domain 4 Webpage](#) on the DHCS website.

## APPENDIX 1: ICD 10 CODES FOR DENTAL SERVICES

### List A

K0262 K029 K0252 K0532 K0263 K0530 Z463 K047 K040 K0253 K0381 Z98811 K041 K056 K0531  
K027 K083 K045 K08531 K0850 K0520 K044 K0521 K0490 K046 Z4802 K099 K0851 K05322 K05329  
K08530 K0522 K05321 Z48814 K055 K054 Z464 R52 K08539 Z972 K042 Z515 K0859 K0401 K05323  
Z449 K05311 K05312 K05313 K05211 M2759 K0852 M2751 K05319 Z4889 G8918 K0856 K05212  
K05213 K05221 K048 G8911 K05219 M2753 K05222 K05229 G8928 K05223 E11630 Z481 E10630  
K025 K052

### List B

A690 B002 B370 B379 C009 C029 C050 C058 C059 C060 C061 C069 C07 C080 C099 C12 C148 C300  
C310 D040 D100 D101 D102 D1030 D1039 D110 D164 D165 D230 D2330 D3709 F458 G4763 G500  
G501 G508 G509 G510 G519 G8921 G8929 J0100 J320 K000 K001 K002 K003 K004 K005 K006 K007  
K008 K009 K010 K011 K033 K034 K035 K037 K0389 K039 K043 K0499 K060 K061 K062 K063 K068  
K069 K080 K081 K08101 K08102 K08103 K08104 K08109 K08111 K08112 K08113 K08114 K08119  
K08121 K08122 K08123 K08124 K08129 K08131 K08132 K08133 K08134 K08139 K08191 K08192  
K08193 K08194 K08199 K0820 K0821 K0822 K0823 K0824 K0825 K0826 K08401 K08402 K08403  
K08404 K08409 K08411 K08412 K08413 K08414 K08419 K08421 K08422 K08423 K08424 K08429  
K0843 K08431 K08432 K08433 K08434 K08439 K08491 K08492 K08493 K08494 K08499 K085 K0853  
K0855 K088 K0881 K0882 K0889 K090 K091 K098 K111 K1120 K113 K115 K116 K117 K118 K120  
K121 K122 K1230 K1232 K1239 K130 K131 K1321 K1329 K134 K135 K136 K1370 K1379 K140 K141  
K143 K145 K146 K148 K149 L0291 L03211 L0390 M2602 M2603 M2607 M2609 M2610 M2612 M2619  
M26219 M26220 M26221 M2624 M2629 M2630 M2631 M2633 M2635 M2636 M2637 M2639 M2650  
M2651 M2652 M2653 M2655 M2657 M2659 M26601 M26602 M26603 M26609 M2661 M26621 M26623  
M2670 M2671 M2672 M2674 M2679 M2682 M2689 M269 M270 M272 M273 M2740 M2749 M2752  
M2761 M2762 M2763 M2769 M278 M279 M792 M87180 M879 Q351 Q359 Q360 Q369 Q371 Q374  
Q375 Q379 Q380 Q381 Q385 Q386 R196 R682 S00511A S00512A S00531A S01501A S01502A  
S01502D S01511A S01512A S020XXA S02113D S022XXA S02401A S02401D S02402A S02402D  
S02411A S02411D S02412D S0242XA S0242XD S025XXA S025XXB S025XXD S025XXG S025XXK  
S025XXS S02600A S02600B S02600D S02609A S02609B S02609D S02609G S02609K S02609S  
S0261XA S0261XD S0262XA S0264XD S02650A S0265XA S0265XD S0265XG S0265XS S0266XA  
S0266XD S0266XS S0267XA S0267XD S0269XA S0269XB S0269XD S028XXD S0292XA S0292XD  
S030XXA S030XXD S032XXA S032XXD S032XXS S098XXA S0990XA S0993XA S0993XD S0993XS  
T180XXA T8584XA V689 Z0000 Z00121 Z00129 Z008 Z012 Z0120 Z0121 Z0130 Z0131 Z01818 Z0189  
Z0289 Z029 Z043 Z049 Z08 Z1281 Z1832 Z392 Z965