



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

**Dental Transformation Initiative (DTI)
Section 1115(a) Waiver
Special Terms and Conditions (STCs) 108-113**

**Final Annual Report Period:
Program Year (PY) 6 (01/01/2021 – 12/31/2021)**

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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 dental services to drive delivery system reform. More specifically, this initiative aimed 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 covered four domains. The first three domains were strategically designed to cover different areas/scopes of Medi-Cal dental services: (1) preventive dental services, (2) Caries Risk Assessment (CRA) and management in the selected 29 counties, and (3) continuity of care in the selected 36 counties. Domain 4 addressed the aforementioned domains through Local Dental Pilot Programs (LDPP). Each Domain's implementation details are described in [Fact Sheets](#). The key goals for all DTI domains were listed in the [Evaluation Plan](#) published on the Department of Health Care Services (DHCS) website. This evaluation design was approved by the Centers for Medicare and Medicaid Services (CMS) on September 12, 2017 ([Approval Letter](#)).

The Medi-Cal 2020 Section 1115 Demonstration Waiver (Medi-Cal 2020 Waiver) was originally approved by CMS on December 30, 2015 and was effective through December 31, 2020. Following the end of the waiver period, DHCS intended to implement the California Advancing and Innovating Medi-Cal (CalAIM), a multi-year initiative to build upon the successful outcomes of DTI and implement statewide oral health policy. However, implementation of CalAIM was delayed due to the 2019-Novel Coronavirus (COVID-19) public health emergency (PHE). DHCS submitted a one-year extension of the Medi-Cal 2020 Waiver to CMS on September 16, 2020, which CMS [approved](#) on December 29, 2020, with an additional demonstration year for PY 6 ending on December 31, 2021. The extension included DTI Domains 1, 2, and 3. Domain 4 concluded on December 31, 2020, as originally scheduled, and was not extended because of the various challenges experienced by LDPP, including delayed contract execution with partners and/or subcontractors, staff turnover, and inability to meet self-selected performance metrics during the first two years of operations. Further, DHCS determined that the expenditures projected were insufficient to fund all four Domains in the extension year completely; therefore DHCS prioritized funding for the continuation of Domains 1-3.

The Medi-Cal 2020 Waiver [Special Terms and Conditions](#) (STCs) required DHCS to report on data and quality measures to CMS on an annual basis. A preliminary report for program activities during each program year (PY) was due for CMS' internal review no later than six months following the end of the applicable PY. An updated report was due for CMS' review

no later than 12 months following the end of the applicable PY, which will be published on the DHCS website upon CMS' approval. The reporting periods for each DTI PY correspond to the calendar years (CYs) listed below with an additional demonstration period per the approval of the Medi-Cal 2020 12-month extension:

- 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
- PY 6: January 1, 2021 through December 31, 2021¹

This final annual report contains results of the DTI goals in PY 6. The content includes, but is not limited to, performance metrics, a description of DTI operations, payment summary, dental utilization and COVID-19 PHE impact analysis, effectiveness of domain's activities, and program integrity. In compliance with the Americans with Disabilities Act (ADA), this report includes appendices in a separate attachment.

Key Findings

Domain 1

- Domain 1 did not meet its goal of increasing preventive service utilization among children ages one through twenty by 10 percentage points by the end of the demonstration period. The preventive dental utilization from PY 1 to PY 4 increased by 5.94 percentage points (including Safety Net Clinic (SNC) encounters) and from PY 1 to PY 6, increased by 1.71 percentage points (including SNC encounters). (Figure 2).
- The number of unduplicated FFS and DMC providers rendering preventive dental services to at least ten children ages one through twenty increased by 8.19 percentage points from baseline year CY 2014 to PY 6 and increased by 2.28 percentage points from PY 5 to PY 6. (Figure 3).
- DHCS issued payments of approximately: \$35.2 million total for PY 5 and \$57.7 million total PY 6 as of July 2022. The grand total incentive payments for Domain 1 are approximately \$307.5 million. (Figures 4 and 5).

Domain 2

- Over the course of the DTI period, children who received a CRA showed an increased use in preventive services versus their restorative services which is a desired outcome for the Domain (Figures 11, 12, 20, 21, 28, 29, 36, 37, 44, and 45).
- Preventive dental services in the CRA risk groups increased on average by 117 percentage points when compared to the control group for beneficiaries ages zero

¹ PY 6 is only for DTI Domains 1 to 3.

through six who received a CRA for the first time in PY 6 with dental history in PY 5. ([Figure 11](#)).

- DHCS issued payments of approximately: \$56.6 million for PY 4, \$70.0 million for PY 5, and \$103.6 million for PY 6 as of October 2022. The grand total incentive payments for Domain 2 are approximately \$236.1 million. ([Figure 50](#)).

Domain 3

- From baseline year CY 2015 to PY 6 across the 17 initial pilot counties, dental exams continuity among children ages 20 and under increased on average by 1.63 percentage points for various continuity of care years. Note that the baseline year data doesn't include SNC encounters as the baseline year was prior to the implementation of International Classification of Diseases (ICD10) codes. ([Figure 51](#)).
- From baseline year CY 2015 to PY 6, due to implementation of Domain 3 across 19 expansion counties, dental exams continuity among children ages 20 and under increased on an average by 1.86 percentage points for various continuity of care years. Note that the baseline year data doesn't include SNC encounters as the baseline year was prior to the implementation of the ICD10 codes. ([Figure 52](#)).
- DHCS issued payments of approximately: \$73.1 million total for PY 5, \$75.8 million first payment for PY 6, as of July 2022. The grand total incentive payments for Domain 3 are approximately \$268.6 million ([Figures 53](#) and [54](#)).

Domain 4

- Domain 4 ended on December 31, 2020, and was not included in the DTI extension year. The grand total incentive payments for Domain 4 were approximately \$108.5 million. Please refer to the [DTI PY 5 Annual Report](#) for information on the Domain activities and payments issued.

Although DTI Domains 1-3 have made progress in the first four PYs, PY 5 and PY 6 were impacted by the COVID-19 PHE. DHCS worked diligently with the Administrative Services Organization (ASO) contractor through outreach activities to educate both beneficiaries and providers on safe office practices to resume/increase preventive and other oral health services. This led to an increase in utilization of oral health services in PY 6 however has not yet returned to pre-PHE utilization (PY 4).

DHCS used the raw data from the Medi-Cal claims/eligibility and is not statistically analyzed by a regression analysis methodology. Thus, the results/findings of this report vary from the evaluation report prepared by the external contractor (Mathematica). DHCS had also historically compared a baseline year as the starting point that did not include SNC data as SNC utilization data was not available in the format necessary for the baseline year. SNC data was included in subsequent reports when the data submission format was updated and

available. Consequently, the numerator values are higher with the SNC data when compared to the contractor's evaluation report. DHCS had kept this format and methodology to maintain consistency with the previously published PY reports; however, DHCS has explained some of the differences between the reports to clarify the basis for the differences in methodologies between the reports.

DTI Program Implementation

For DTI implementation, DHCS worked closely with its Fiscal Intermediary (FI) contractor, Gainwell Technologies LLC (formerly named DXC Technology Services), the ASO contractor, Delta Dental of California, six contracted DMC plans, and various stakeholder groups to implement the domains across all dental delivery systems in the state. The DMC plans include Geographic Managed Care (GMC) plans in Sacramento County and Prepaid Health Plans (PHP) in Los Angeles County. Both GMC and PHP contracted with the following three vendors: Access Dental Plan, Health Net of California, Inc. and LIBERTY Dental Plan of California, Inc. DTI also allowed SNCs to participate in all domains via an opt-in process. SNCs include Federally Qualified Health Centers, Rural Health Clinics, and Indian Health Services/Memorandum of Agreement Clinics. All providers enrolled in FFS and SNCs were able to participate in all DTI domains. DMC providers only participated in Domains 1 and 2.

Program Awareness

DHCS collaborated with stakeholders to implement and promote awareness of DTI's three domains. DHCS applied the following approaches to raise awareness of DTI:

- 1) Hosted stakeholder workgroup meetings to share general updates, discussed topics of potential concern and resolution, and increased overall communication;
- 2) Hosted webinars for provider education and communication;
- 3) Published program related material on a centralized webpage on the DHCS website;
- 4) Maintained a listserv for sharing information globally with interested stakeholders;
- 5) Maintained a DTI email inbox and responded to inquiries from external parties; and,
- 6) Leveraged the dental ASO to publish provider bulletins with specific DTI information and perform DTI outreach efforts to the beneficiary and provider communities.
- 7) Addressed topics of COVID-19 PHE concerns including dental utilization decrease, offices re-opening, and provider bulletins regarding Personal Protective Equipment and safety protocols.

The collective operational activities to create awareness described in this report generally apply to all three domains. This report will discuss domain-specific activities in each respective domain section. The Domain 1 Awareness Plan efforts published in the [DTI Annual Report PY 1, Appendix 1](#) continue to be utilized in PY 6.

Stakeholder Workgroups

In previous PYs, DHCS facilitated small stakeholder workgroup meetings comprised of legislative staff, children's health advocates, dental providers (across delivery systems and academia), DMC plans, local agencies (First 5 California, etc.), and SNCs to discuss ongoing DTI efforts. As envisioned, this workgroup has collaborated with DHCS on various changes and updates to the DTI program necessary to ensure its success. DTI work products were shared as they were finalized with the larger set of interested dental stakeholders and the provider community via webinars and other communication methods. In PYs 5 and 6, the workgroup did not convene due to lack of agenda items.

Stakeholder Sub-workgroups

DHCS hosted the following sub-workgroups to discuss specific DTI domains and reported data:

- *Domain 2 Sub-workgroup*
DHCS created this sub-workgroup to identify the risk assessment tools and training programs used in DTI Domain 2 - CRA and Disease Management Pilot and to address issues or concerns about the domain. Due to a lack of agenda items, this sub-workgroup is no longer active. DHCS released an email notification on September 9, 2020, to inform participants that this meeting series was cancelled, and any new issues and updates for Domain 2 would be discussed in the DTI Small Workgroup meetings.
- *DTI SNC Sub-workgroup*
DHCS created this sub-workgroup to collaborate with representatives from the California Rural Indian Health Board, California Consortium for Urban Indian Health, California Primary Care Association, Dental Managed Care plans, and the dental FI. This sub-workgroup was established in May 2016 for the purpose of identifying the best mechanism to collect beneficiary and service specific data from the SNCs, for the services rendered to Medi-Cal beneficiaries, which will then enable them to participate in the DTI. This sub-workgroup did not convene during PY 6 and is no longer active.
- *Domain 3 Sub-workgroup*
DHCS created this sub-workgroup in PY 2, comprised of representatives from the California Primary Care Association and the California Dental Association. The purpose of the sub-workgroup was to report on Domain 3 activities and discuss ways to increase participation from providers who are eligible to participate in Domain 3. This sub-workgroup did not convene during PY 6 and is no longer active.

- *Data Sub-workgroup*
DHCS created this sub-workgroup to garner stakeholder feedback regarding data being reported in annual DTI reports. In PY 6, this sub-workgroup did not convene because stakeholders did not share any feedback on the [PY 5 Annual Report](#). DHCS will continue data sub-workgroup meetings as needed to review and address stakeholder feedback on the final DTI PY 6 report.

DTI Outreach Venues

DHCS presented DTI information at 9 venues during PY 6. Please see the list of DTI outreach venues within the 1115 Waiver [Demonstration Year \(DY\) 16 Annual Report](#), [DY 17 Quarter 1 Progress Report](#), and [DY 17 Quarter 2 Progress Report](#) for additional information.

DTI Webpage

The DHCS [DTI webpage](#) contained general program information, Medi-Cal 2020 STCs, stakeholder engagement information, webinars, timelines, frequently asked questions (FAQs), and an email inbox to direct comments, questions, or suggestions. The DTI webpage was updated on an ongoing basis as new information becomes available. During PY 6, the postings included updates on the PY 6 extension, and to inform the public of the transition from DTI to CalAIM.

Provider Bulletins

DHCS also communicated DTI information through dental provider bulletins. Below are the bulletins that contained DTI updates and provider notifications related to PY 6.

Bulletin	Date	Topic
Volume 38, Number 25	August 2022	Medi-Cal Dental DTI Payment Release Dates
Volume 38, Number 22	July 2022	Medi-Cal Dental DTI Domain 3 Payment Delay
Volume 38, Number 11	March 2022	Upcoming Dental Transformation Initiative Domain 1 Calendar Year 2020 Payment
Volume 38, Number 6	February 2022	Modified Adjudication Reason Code for Dental Transformation Initiative Closeout
Volume 38, Number 4	January 2022	DTI Domain 1 Payment Delay
Volume 37, Number 30	December 2021	Dental Transformation Initiative Claim Submission Deadline and Pro-Rata Payments

Bulletin	Date	Topic
Volume 37,umber 29	December 2021	DTI Domain 2 Payment Delay
Volume 37,umber 27	December 2021	Dental Transformation Initiative Ends December 31 st .
Volume 37,umber 24	November 2021	Dental Transformation Initiative Ends December 31 st
Volume 37,umber 15	July 2021	DTI Domain 3 Payment Delay
Volume 37,umber 1	January 2021	Dental Transformation Initiative Extended through 2021 and Updated Adjudication Reason Code 002A

DTI Inboxes and Listserv

DHCS regularly monitored the [DTI Email Inbox](#) and [listserv](#) for comments and questions. DHCS also responded to inquiries from interested stakeholders such as advocates, consumers, counties, legislative staff, providers, and state associations. Most inquiries during this reporting period included, but were not limited to, the following categories: DTI extension, encounter data submission, opt-in form submission, payment status and calculations, resource documents, and Domain 2 billing and opt-in questions. The inbox served as a communication tool between DHCS and all parties who were interested in DTI. The listserv provided another opportunity for stakeholders to receive relevant and current DTI updates. DHCS also monitored the [DTI Domain 4 Inbox](#) for LDPPs to submit invoices as well as general inquiries as Domain 4 phased out in PY 6. Please refer to the 1115 Waiver [Demonstration Year \(DY\) 16 Annual Report](#), [DY 17 Quarter 1 Progress Report](#), and [DY 17 Quarter 2 Progress Report](#) progress reports for the number of inquiries received in each domain.

Program Integrity

DHCS maintained program integrity by performing cyclical assessments of services utilization, billing patterns, and shifts in enrollment for anomalies that may be the indicators of fraud, waste, or abuse. Any suspicious claim activity was tracked through the program's Surveillance Utilization Review System to prevent fraud and abuse. DHCS discovered no program integrity issues related to DTI during PY 6.

Monitoring Plan and Provisions

DHCS monitored 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 DTI payments from the California Dental Medicaid Management Information System (CD-MMIS) maintained by the dental FI.

DOMAIN 1: INCREASE PREVENTIVE SERVICES UTILIZATION FOR CHILDREN

In alignment with the CMS Oral Health Initiative, this program aimed to increase the statewide proportion of children ages one through twenty enrolled in Medi-Cal who receive at least one preventive dental service in a given year. DHCS's goal was to increase preventive dental services utilization among children ages one through twenty by at least ten percentage points over a five-year period. DHCS strived toward this goal, however, in PY 5 and PY 6, statewide preventive services utilization decreased because of the impacts of COVID-19 PHE when compared to previous PYs. Although PY 5 was severely impacted by the initial shelter in place mandates and suspension of all non-emergency dental services, PY 6 had seen a progress in increasing preventive dental services.

DHCS provided incentive payments to dental service office locations who met or exceeded the set annual utilization benchmarks – encompassing both delivery of preventive dental services to new and existing Medi-Cal children. FFS utilization was tracked and paid by claims information submitted by the service office location (billing provider). For DMC providers, there was no additional action required to participate in the program. DHCS facilitated the submission of DMC encounter data to the dental FI for DTI incentive payments. SNC providers were required to submit opt-in forms to participate in the DTI program and commit to submitting encounter data to the dental FI via the paper form or the Electronic Data Interchange.

The State Fiscal Year Budget for 2022/2023 authorized additional funding to complete all DTI payments. PY 6 Domain 1 payments were released on July 23, 2022, in the amount of \$57,675,477.75, which was the final payment for Domain 1.

Performance Metrics Analysis

CY 2014 was the baseline year for Domain 1 in accordance with the DTI STCs, which indicated the baseline year would consist of data from the most recent complete year preceding implementation of the waiver. 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 Dental FFS and DMC delivery systems. However, the baseline year data doesn't include dental services rendered at SNCs as the baseline year was prior

to the implementation of International Classification of Diseases 10 codes (ICD10), which became effective October 1, 2015. For this reason, DHCS has included in this report a breakdown between dental offices and SNCs in order to analyze the performance separately.

For reporting purposes, DHCS uses the CMS 416 reporting methodology (which uses 90 days continuous enrollment for beneficiaries to determine the denominator) but pays out incentives using unrestricted eligibility criteria, which means that children need not be continuously enrolled for 90 days or more to be included in provider incentive payment calculations. However, the reporting periods of this report and the CMS 416 report are different. This report measures CY (or PY) and the CMS 416 report measures Federal Fiscal Year (FFY).

Figure 1 demonstrates PY 5 and PY 6 performance. Compared to the baseline year, when excluding SNCs, preventive dental services utilization rate had slightly decreased by 0.02 percentage points for PY 6, whereas including SNCs utilization increased by 6.35 percentage points. Note that the baseline year CY 2014 data doesn't include dental services rendered at SNCs as the baseline year was prior to the implementation of the ICD10 codes, which became effective October 1, 2015. Based on *Figure 2*, statewide preventive dental utilization in beneficiaries ages one through twenty increased by nearly 5 percentage points from PY 5 to PY 6 after lifting some of the COVID-19 PHE restrictions. DHCS had strived to increase the preventive dental utilization; however, did not meet the Domain's goal of increasing it by 10 percentage points by the end of the demonstration period. Based on *Figure 2*, the preventive dental utilization from PY 1 to PY 4 increased by 5.94 percentage points and from PY 1 to PY 6, increased by 1.71 percentage points.

Figure 1: Percentage of Beneficiaries Ages One through Twenty Statewide Who Received Any Preventive Dental Service in Baseline Year, PY 5 and PY 6

Measure	Baseline Year: CY 2014 (Excluding SNCs)	PY 5 Excluding SNCs	PY 5 Including SNCs	PY 6 Excluding SNCs	PY 6 Including SNCs
Numerator	1,997,190	1,710,834	2,031,119	2,045,794	2,390,324
Denominator	5,279,035	5,204,581	5,204,581	5,410,873	5,410,873

Measure	Baseline Year: CY 2014 (Excluding SNCs)	PY 5 Excluding SNCs	PY 5 Including SNCs	PY 6 Excluding SNCs	PY 6 Including SNCs
Preventive Dental Services Utilization	37.83%	32.87%	39.03%	37.81%	44.18%
Percentage Points Change from Baseline Year	N/A	-4.96	1.20	-0.02	6.35

Figure 2: Statewide Preventive Dental Utilization for Ages One through Twenty across DTI Program Years with SNCs

Measure	PY 1	PY 2	PY 3	PY 4	PY 5	PY 6
Numerator including SNCs	2,466,173	2,572,561	2,527,147	2,555,180	2,031,119	2,390,324
Denominator	5,807,169	5,677,827	5,507,178	5,278,743	5,204,581	5,410,873
Preventive Dental Services Utilization	42.47%	45.31%	45.89%	48.41%	39.03%	44.18%

The data comparison in *Figure 3* shows the number of FFS and DMC office locations increased by 12.07 percentage points from the baseline year to PY 6. The number of unduplicated FFS and DMC providers rendering preventive dental services to at least ten beneficiaries from baseline year to PY 6 also increased 8.19 percentage points. Both increases indicate a positive correlation between provider incentive payments and preventive services provided to Medi-Cal beneficiaries through DTI.

Figure 3: Medi-Cal Dental Service Offices and Rendering Providers Providing Preventive Dental Services to Beneficiaries Ages One through Twenty

Measure	Baseline Year: CY 2014	PY 6	Percent Diff
Number of Service Office Locations Providing Preventive Dental Services to Beneficiaries Ages One through Twenty	5,600	6,276	12.07%
Number of Rendering Providers Providing Preventive Dental Services to at Least Ten Beneficiaries Ages One through Twenty	5,908	6,392	8.19%

Footnotes on Figures 1, 2 and 3:

- Data Source: DHCS MIS/DSS Data Warehouse as of August 2022.
- Numerator: Three months continuously enrolled beneficiaries who received any preventive dental service (Current Dental Terminology (CDT) codes D1000-D1999 or Current Procedural Terminology (CPT) Code 99188, excluding or including SNC dental encounters with ICD 10 codes: K023, K0251, K0261, K036, K0500, K0501, K051, K0510, K0511, Z012, Z0120, Z0121, Z293, Z299, Z98810) in the measure year.
- Denominator: Three months continuous enrollment - Number of beneficiaries, ages one through twenty, enrolled in the Medi-Cal Program for at least three continuous months in the same dental plan during the measure year.
- Service Offices: Includes both FFS and DMC offices.
- Rendering Providers: Unduplicated number of rendering providers in both FFS and DMC.
- The reporting period of this report (CY) is different from the reporting period of the CMS 416 report (FFY).

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Utilization of Preventive Dental Services by County

For purposes of ADA compliance, please see separate data attachments for appendices 1, 2, 3, and 4 pertaining to Domain 1. In Appendix 1 and 2, there is Domain 1 Utilization of Preventive Dental Services by County in PY 6 with and without SNCs. The spreadsheets show counts of eligible beneficiaries based on the county of residence, which may be different from where the beneficiaries received services. In PY 6, the utilization of beneficiaries enrolled in Medi-Cal for three months continuously and received preventive

dental services (including SNC data) increased in all counties when compared to the baseline year. Appendix 3 shows Domain 1 Utilization of Preventive Dental Services by County in Baseline Year CY 2014.

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Incentive Payments Analysis

Figure 4 displays the amount of incentives paid to service office locations for Domain 1 services provided in PY 5 as of March 2022. The total incentive payments disbursed for PY 5 was approximately \$35.2 million. The *Figure 5* displays PY 6 incentives paid to service office locations for Domain 1 services which was approximately \$57.7 million. Only one final payment was released for PY 6, not three payments as scheduled in prior program years. The grand total incentive payments for Domain 1 are \$307,556,080.64.

Figure 4: Domain 1 Incentive Payment Summary – PY 5 (Dollars in Thousands)

Delivery System	PY 5 First Payment (January 2021)	PY 5 Second Payment (July 2021)	PY 5 Third Payment (March 2022)	PY 5 Total Payment
FFS	\$31,909	\$851	\$49	\$32,809
DMC	\$926	\$549	\$22	\$1,497
SNC	\$236	\$622	\$89	\$947
Total	\$33,071	\$2,022	\$161	\$35,253

Figure 5: Domain 1 Incentive Payment Summary – PY 6 (Dollars in Thousands)

Delivery System	PY 6 Final Payment (August 2022)
FFS	\$54,575
DMC	\$1,524
SNC	\$1,576
Total	\$57,675

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Impact Assessment

Figure 6 and *Figure 7* describe the counts and expenditures on preventive dental services and dental treatment services. In *Figure 6*, the number of treatment services increased by approximately 8.47 percentage points from baseline year to PY 6, while the number of preventive dental services increased by 19.21 percentage points during the same period. In contrast with the PY 5 where preventive and treatment services decreased, the overall dental utilization in PY 6 is showing an increase. In *Figure 7*, the expenditures of treatment services increased by 115.38 percent from baseline year to PY 6, while the expenditures of preventive dental services increased by 192.09 percent during the same period.

Figure 6: Number of Preventive Dental Services and Dental Treatment Services for Beneficiaries Ages One through Twenty Statewide

Number of Services	Baseline Year: CY 2014	PY 6	Percent Diff
Preventive Dental Services	7,177,160	7,825,731	9.04%
Preventive Dental Encounters (ICD-10)	N/A	730,458	N/A
Preventive Dental Services Total	7,177,160	8,556,189	19.21%
Dental Treatment Services	5,624,637	5,812,706	3.34%
Dental Treatment Encounters (ICD-10)	N/A	288,558	N/A
Dental Treatment Services Total	5,624,637	6,101,264	8.47%
Total Count of Preventive and Treatment Services	12,801,797	14,657,453	14.50%

Figure 7: Expenditures of Preventive Dental Services and Dental Treatment Services for Beneficiaries Ages One through Twenty Statewide (Dollars in Thousands)

Expenditures	Baseline Year: CY 2014	PY 6	Percent Diff
Preventive Dental Services	\$123,328	\$177,046	43.56%
Preventive Dental Encounters (ICD-10)	N/A	\$183,188	N/A
Preventive Dental Services Total	\$123,328	\$360,234	192.09%
Dental Treatment Services	\$261,931	\$493,567	88.43%
Dental Treatment Encounters (ICD-10)	N/A	\$70,581	N/A
Dental Treatment Services Total	\$261,931	\$564,148	115.38%
Total Expenditure of Preventive and Treatment Services	\$385,259	\$924,382	139.94%

Footnotes for Figures 6 and 7:

- Data Source: DHCS MIS/DSS Data Warehouse as of September 2022.
- Preventive Dental Services: Any preventive dental service (CDT codes D1000-D1999 or CPT Code 99188) at a dental office.
- Preventive Dental Encounters (ICD-10): 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).

- Dental Treatment Services: Any dental treatment service (CDT codes D2000-D9999) at a dental office.
- Dental Treatment Services (ICD-10): Any dental treatment service at an SNC (dental encounter with ICD 10 codes on Appendix 4: ICD 10 CODES FOR DENTAL SERVICES, List A).
- N/A: Data was not available because ICD-10 was not implemented in baseline year.

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Effectiveness of the Activities

The performance metrics listed above, along with the appendixes 1 through 3, provide an indication of Domain 1 activities. These metrics demonstrate the efforts in increasing preventive dental services through Domain 1 and 3 incentive payments compared to restorations. DHCS observed quantifiable results in SNCs rendering the dental services from *Figures 1, 2, 6, and 7* to improve preventive services utilization during the COVID-19 PHE. SNCs continued to play an important role in providing dental services to Medi-Cal beneficiaries. SNC expenditures have increased continuously from PY 1 ([PY 2 Annual Report](#)) to PY 4 by 57.4 percentage. The payments decreased in PY 5 (*Figure 4*) due to lower utilization of services due to PHE but increased in PY 6.

Services Per Capita

DHCS added services per capita, *Figure 8*, comparing Domain 1 in baseline year and PY 6 to provide multiple perspectives on the impact of the program. This calculation used the number of preventive dental services provided to children ages one through twenty 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 one through twenty enrolled in Medi-Cal during the measurement year who had at least one preventive dental service. Based on *Figure 8*, on an average, every 10 beneficiaries received one additional dental service from the baseline year to PY 6. The increase in both the number of beneficiaries and preventive dental services was driven by both enrollment and utilization in dental offices and SNCs.

Figure 8: Domain 1 Services per Capita

Measure Year	Number of Beneficiaries	Number of Preventive Dental Services	Service Per Capita
Baseline Year: CY 2014	2,038,977	7,177,160	3.52
PY 6	2,372,182	8,556,189	3.61

Cost Per Capita

The cost per capita related to Domain 1 for baseline year and PY 6 are displayed below in *Figure 9*. 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 one through twenty, and enrolled in Medi-Cal during the measurement year who had at least one preventive dental service. The DMC delivery system was not included in this measure because DMC plans were paid by capitation rates for enrolled beneficiaries monthly. Expenditures for preventive dental services were not available in the DMC delivery system. Cost per capita increased in PY 6 compared to baseline year because of the DTI program incentives and Proposition 56 supplemental payments.

Figure 9: Domain 1 FFS Cost per Capita

Measures Year	Number of FFS Beneficiaries	Expenditures of FFS Preventive Dental Services	FFS Cost Per Capita
Baseline Year: CY 2014	1,894,607	\$123,327,664	\$65.09
PY 6	2,267,339	\$360,233,839	\$158.88

Footnotes for Figures 8 and 9:

- Data Source: DHCS MIS/DSS Data Warehouse as of September 2022.
- Number of Beneficiaries: Number of beneficiaries, ages one through twenty, enrolled in the Medi-Cal Program who received at least one preventive dental service in a dental office or an SNC.
- Number of FFS Beneficiaries: Number of FFS beneficiaries, ages one through twenty, enrolled in the Medi-Cal Program who received at least one preventive dental service in a dental office or an SNC.
- Number of Preventive Dental Services: Number of preventive dental services for beneficiaries ages one through twenty in a dental office or an SNC.
- Expenditures of FFS Preventive Dental Services: Expenditures of preventive dental services for FFS beneficiaries ages one through twenty.

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DOMAIN 2: CARIES RISK ASSESSMENT AND DISEASE MANAGEMENT PILOT

The goals for Domain 2, a four-year domain, were to assess risk of early childhood caries and to manage the disease of caries using preventive dental services and non-invasive treatment approaches instead of more invasive and costly restorative procedures. Beginning in PY 4, DHCS expanded this Domain to an additional 18 counties, along with the initial 11 counties bringing the total to 29 pilot counties: Contra Costa, Fresno, Glenn, Humboldt, Imperial, Inyo, Kern, Kings, Lassen, Los Angeles, Madera, Mendocino, Merced, Monterey, Orange, Plumas, Riverside, Sacramento, San Bernardino, San Diego, San Joaquin, Santa Barbara, Santa Clara, Sierra, Sonoma, Stanislaus, Tulare, Ventura and Yuba.

DHCS used dental claims, medical claims, and encounters from the previous PYs and baseline year to develop the performance measures for this domain. CY 2021 was the fifth PY of Domain 2. To keep consistency of this report, DHCS used PY 2, 3, 4, 5, and 6 to represent the first, second, third, fourth, fifth and fifth year of Domain 2, which was CY 2017, 2018, 2019, 2020, and 2021. This report separates the beneficiaries into five groups and presents their performance in five different sections. Incentive payment analysis contains all five groups of beneficiaries.

- Section One: *Figures 10* through *17* show the performance of beneficiaries who received a CRA for the first time in PY 6 in comparison with the control group. This section analyzes the performance of beneficiaries from the 29 pilot counties.
- Section Two: *Figures 18* through *25* show the performance of beneficiaries who received a CRA for the first time in PY 5 and their performance in PY 6. Some beneficiaries remained at the same risk levels, some beneficiaries changed to other risk levels, and the rest of the beneficiaries did not receive a CRA in PY 6. This section analyzes the performance of beneficiaries from the 29 pilot counties.
- Section Three: *Figures 26* through *33* show the performance of beneficiaries who received a CRA for the first time in PY 4 and returned in PY 5, and their performance in PY 6. Some beneficiaries remained at the same risk levels, some beneficiaries changed to other risk levels, and the rest of the beneficiaries did not receive a CRA in PY 6. This section analyzes the performance of beneficiaries from the 29 pilot counties.
- Section Four: *Figures 34* through *41* show the performance of beneficiaries who received a CRA in PY 3, PY 4, and PY 5, and their performance in PY 6. Some beneficiaries remained at the same risk levels, some beneficiaries changed to other risk levels, and the rest of the beneficiaries did not receive a CRA in PY 6. This

section analyzes the performance of beneficiaries from the original 11 counties.

- Section Five: *Figures 42* through *49* show the performance of beneficiaries who received a CRA in PY 2, PY 3, PY 4, PY 5 and their performance in PY 6. Some beneficiaries remained at the same risk levels, some beneficiaries changed to other risk levels, and the rest of the beneficiaries did not receive a CRA in PY 6. This section analyzes the performance of beneficiaries from the original 11 counties.
- *Figure 50* is the incentive payment analysis for all four groups of beneficiaries in PY 2, PY 3, PY 4, PY 5 and PY 6.

With the addition of data from the 18 expansion counties since the PY 4 report, data measures were not broken down by county in this report. Instead, the data is categorized by the following groups: control, low-risk, moderate-risk, and high-risk to provide a high-level overview of program performance. County level measures on Domain 2 performance are available in Appendices 5 through 47.

The age group of the following performance measures is zero to six. The age group (under two, three through four, and five through six) breakdowns for these measures can also be found in the Appendices 5 through 47. Although the STCs indicate Domain 2 performance measures to be broken down by age ranges of under one, one through two, three through four, and five through six, DHCS combined the age ranges to minimize suppression of data in compliance with the Health Insurance Portability and Accountability Act.

The control group consists of all beneficiaries who had at least one restorative service at a dental office or an SNC from the 29 pilot counties in PY 6 but did not receive a CRA. The control group is only used to see how the beneficiaries in this group without a CRA are utilizing preventive and restorative services when compared to the other CRA risk groups in the same PY. The low, moderate, and high-risk groups consist of beneficiaries who received a CRA and the associated treatment plan for their respective risk levels. This report presents the changes in service counts from PY 5 to PY 6 for each group. PY 5 is the baseline for the new or returned beneficiaries who received services in PY 6.

Section One: New CRA Beneficiaries in PY 6

The performance of beneficiaries who received a CRA for the first time in PY 6 are captured in this section. Beneficiaries in this new CRA group may have received dental services in the past; therefore, DHCS further categorized these beneficiaries into groups that received dental services in PY 5 versus those who did not receive dental services previously and received a CRA for the first time in PY 6.

Performance Metrics Analysis

Figure 10 reflects the number of new beneficiaries in the CRA and control group in PY 6 based on the beneficiary category.

- '01' category are beneficiaries who were not eligible for CRA in PY 5 due to age.
- '02' category are beneficiaries who were eligible for CRA in PY 5 but did not receive dental services in PY 5 or prior, making PY 6 the first visit to the dentist.
- '03' category are beneficiaries who were eligible for CRA in PY 5 but did not receive dental services in PY 5 and received dental services in prior program years.
- '04' category are beneficiaries who were eligible for CRA in PY 5 and received dental services in PY 5.
- '05' category is the total of 01, 02, 03, and 04 categories.
- '00' category is the total of 01, 02, and 03 categories.

DHCS summarized data in 00, 04, and 05 categories for comparison between the control and risk groups in Figure 11 through 16. Please see age and county breakdown in Appendix 5: Domain 2 Number of New CRA Beneficiaries and Control Group in PY 6 by County and Age Group.

Figure 10: Number of New CRA Beneficiaries and Control Group in PY 6

Group	Beneficiary Category in PY 6	Beneficiary Count	% Total
Control	01 Not Eligible in PY 5	1,516	3%
Control	02 Eligible in PY 5 did not receive services in PY 5	9,316	18%
Control	03 Eligible in PY 5 did not receive services in PY 5 but received services prior to PY 5	10,071	19%
Control	04 Received services in PY 5	32,238	61%
Control	05 Total PY 6 Beneficiaries	53,141	100%
Low Risk	01 Not Eligible in PY 5	2,695	5%
Low Risk	02 Eligible in PY 5 did not receive services in PY 5	31,404	62%
Low Risk	03 Eligible in PY 5 did not receive services in PY 5 but received services prior to PY 5	9,801	19%
Low Risk	04 Received services in PY 5	7,073	14%
Low Risk	05 Total PY 6 Beneficiaries	50,973	100%

Group	Beneficiary Category in PY 6	Beneficiary Count	% Total
Moderate Risk	01 Not Eligible in PY 5	1,963	4%
Moderate Risk	02 Eligible in PY 5 did not receive services in PY 5	29,729	64%
Moderate Risk	03 Eligible in PY 5 did not receive services in PY 5 but received services prior to PY 5	8,935	19%
Moderate Risk	04 Received services in PY 5	6,059	13%
Moderate Risk	05 Total PY 6 Beneficiaries	46,686	100%
High Risk	01 Not Eligible in PY 5	7,054	4%
High Risk	02 Eligible in PY 5 did not receive services in PY 5	71,979	46%
High Risk	03 Eligible in PY 5 did not receive services in PY 5 but received services prior to PY 5	46,712	30%
High Risk	04 Received services in PY 5	31,265	20%
High Risk	05 Total PY 6 Beneficiaries	157,010	100%

The total beneficiaries in PY 6 who received CRA for the first time included beneficiaries who were not eligible for CRA in PY 5 (01 category) and did not receive services in PY 5 (02 and 03 categories); therefore, including these beneficiaries may inflate the service count and introduce high percentage changes that could potentially mislead the service utilization shown in *Figure 11* through *16* unrelated to CRA. Consequently, services and percentage difference between the risk and control groups in *Figure 11* through *16* are broken down in various scenarios: 00 category - beneficiaries who did not receive dental services in PY 5, 04 category - beneficiaries who received dental services in PY 5, and 05 category - all beneficiaries who received CRA for the first time in PY 6 regardless if they received dental services in PY 5.

Figure 11 shows the comparison between the control group and the CRA risk groups in number of preventive dental services received in PY 5 and PY 6. Preventive services in the CRA risk groups increased on an average by 117 percentage points when compared to the control group for beneficiaries, who received dental services in PY 5. When comparing between groups regardless of the PY 5 dental history, preventive services increased on

average by 1,128 percentage points. Both data points show an overall increase in the preventive dental service utilization between the CRA risk groups versus the control group, which is a desired outcome for the Domain. Please see age and county breakdown in Appendix 6: Domain 2 Count of Preventive Dental Services for New CRA Beneficiaries and Control Group in PY 6 by County and Age Group.

Figure 11: Number and Percentage Change in Preventive Dental Services for New CRA Beneficiaries and Control Group in PY 6

Group	Beneficiary Category in PY 6	PY 5 Preventive	PY 6 Preventive	Percent Diff
Control	00 Did not receive services in PY 5	0	63,378	N/A
Control	04 Received services in PY 5	101,388	105,206	4%
Control	05 Total PY 6 Beneficiaries	101,388	168,584	66%
Low Risk	00 Did not receive services in PY 5	0	190,494	N/A
Low Risk	04 Received services in PY 5	19,280	37,044	92%
Low Risk	05 Total PY 6 Beneficiaries	19,280	227,538	1080%
Moderate Risk	00 Did not receive services in PY 5	0	192,211	N/A
Moderate Risk	04 Received services in PY 5	14,896	30,859	107%
Moderate Risk	05 Total PY 6 Beneficiaries	14,896	223,070	1398%
High Risk	00 Did not receive services in PY 5	0	714,966	N/A
High Risk	04 Received services in PY	76,139	201,654	165%
High Risk	05 Total PY 6 Beneficiaries	76,139	916,620	1104%

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Figure 12 shows that the restorative services for beneficiaries, who received dental services in PY 5 in the control group increased by 229 percent, which is significantly more than the risk level groups from PY 5 to PY 6. For the low and moderate-risk groups, restorative services decreased by 36 and 16 percent respectively, which demonstrates that the caries condition of the risk groups were better controlled and managed than the control group. The increase in the high-risk group is less than the control group by 139 percentage points, which is a desired outcome. The increase in high-risk group compared to low and moderate-risk groups can be attributed to beneficiaries diagnosed in the high-risk group who were treated for caries in PY 6. Overall, DHCS observed a positive trend among the risk level groups compared with the control group. Please see age and county breakdown in Appendix 7: Domain 2 Count of Restorative Dental Services for New CRA Beneficiaries and Control

Group in PY 6 by County and Age Group.

Figure 12: Number and Percentage Change in Restorative Dental Services for New CRA Beneficiaries and Control Group in PY 6

Group	Beneficiary Category in PY 6	PY 5 Restorative	PY 6 Restorative	Percent Diff
Control	00 Did not receive services in PY 5	0	122,475	N/A
Control	04 Received services in PY 5	48,628	160,109	229%
Control	05 Total PY 6 Beneficiaries	48,628	282,584	481%
Low Risk	00 Did not receive services in PY 5	0	12,589	N/A
Low Risk	04 Received services in PY 5	6,079	3,917	-36%
Low Risk	05 Total PY 6 Beneficiaries	6,079	16,506	172%
Moderate Risk	00 Did not receive services in PY 5	0	14,067	N/A
Moderate Risk	04 Received services in PY 5	4,459	3,745	-16%
Moderate Risk	05 Total PY 6 Beneficiaries	4,459	17,812	299%
High Risk	00 Did not receive services in PY 5	0	364,531	N/A
High Risk	04 Received services in PY	54,020	102,382	90%
High Risk	05 Total PY 6 Beneficiaries	54,020	466,913	764%

Figure 13 and *Figure 14* displays the number of ER visits that occurred within PY 5 and PY 6 for the different risk levels 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, moderate, and high-risk groups, equivalent to the preceding Domain 2 figures. In PY 6, GA is identified by CDT codes D9222 and D9223 and only includes GA billed through dental FFS and DMC delivery systems. D9222 is deep sedation/general anesthesia for the first 30 minutes; D9223 is for each subsequent 15-minute increments.

Each of the risk groups, as well as the control group, encountered a decrease in ER visits from PY 5 to PY 6. However, the ER visits in the risk groups decreased on an average by 61 percentage points when compared to the control group. DHCS expects the decrease in ER visits among the risk groups is attributed to beneficiaries' abilities to obtain dental services and increased utilization of preventive services for Medi-Cal children.

For GA services among the beneficiaries who received dental services in PY 5, the control

group experienced an increase by 852 percent while the low and moderate-risk groups decreased by 50 and 29 percent respectively. The increase in high-risk group is less than the control group by 742 percentage points. The GA case increase in the control group represents the baseline count of GA cases without DTI specific intervention.

Overall, those beneficiaries who participated in a caries risk assessment made fewer ER visits, and had significantly less need for GA services, than the control group. Therefore, the data presented in *Figure 13* and *Figure 14* show benefits of an increased focus on using preventive services to treat caries early on, rather than relying on restorative procedures. Please see age and county breakdown in Appendix 8: Domain 2 Count of ER Visits for New CRA Beneficiaries and Control Group in PY 6 by County and Age Group and Appendix 9: Domain 2 Count of GA Services for New CRA Beneficiaries and Control Group in PY 6 by County and Age Group.

Figure 13: Number and Percentage Change in ER Visits for New CRA Beneficiaries and Control Group in PY 6

Group	Beneficiary Category in PY 6	PY 5 ER	PY 6 ER	Percent Diff
Control	00 Did not receive services in PY 5	0	196	N/A
Control	04 Received services in PY 5	237	196	-17%
Control	05 Total PY 6 Beneficiaries	237	392	65%
Low Risk	00 Did not receive services in PY 5	0	227	N/A
Low Risk	04 Received services in PY 5	207	36	-83%
Low Risk	05 Total PY 6 Beneficiaries	207	263	27%
Moderate Risk	00 Did not receive services in PY 5	0	208	N/A
Moderate Risk	04 Received services in PY 5	225	22	-90%
Moderate Risk	05 Total PY 6 Beneficiaries	225	230	2%
High Risk	00 Did not receive services in PY 5	0	1,008	N/A
High Risk	04 Received services in PY	677	258	-62%
High Risk	05 Total PY 6 Beneficiaries	677	1,266	87%

Figure 14: Number and Percentage Change in GA for New CRA Beneficiaries and Control Group in PY 6

Group	Beneficiary Category in PY 6	PY 5 GA	PY 6 GA	Percent Diff
Control	00 Did not receive services in PY 5	0	8,534	N/A
Control	04 Received services in PY 5	1,250	11,905	852%
Control	05 Total PY 6 Beneficiaries	1,250	20,439	1535%
Low Risk	00 Did not receive services in PY 5	0	682	N/A
Low Risk	04 Received services in PY 5	448	224	-50%
Low Risk	05 Total PY 6 Beneficiaries	448	906	102%
Moderate Risk	00 Did not receive services in PY 5	0	641	N/A
Moderate Risk	04 Received services in PY 5	248	175	-29%
Moderate Risk	05 Total PY 6 Beneficiaries	248	816	229%
High Risk	00 Did not receive services in PY 5	0	18,496	N/A
High Risk	04 Received services in PY	2,515	5,289	110%
High Risk	05 Total PY 6 Beneficiaries	2,515	23,785	846%

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Impact Assessment

Figure 15 describes the provision of dental exams. The number of dental exams increased more than 50 percentage points in the CRA risk groups compared to the control group from PY 5 to PY 6 among beneficiaries who received dental services in PY 5. Please see age and county breakdown in Appendix 10: Domain 2 Count of Dental Exams for New CRA Beneficiaries and Control Group in PY 6 by County and Age Group.

Figure 15: Number and Percentage Change in Dental Exams for New CRA Beneficiaries and Control Group in PY 6

Group	Beneficiary Category in PY 6	PY 5 Exams	PY 6 Exams	Percent Diff
Control	00 Did not receive services in PY 5	0	27,210	N/A
Control	04 Received services in PY 5	40,895	42,330	4%
Control	05 Total PY 6 Beneficiaries	40,895	69,540	70%
Low Risk	00 Did not receive services in PY 5	0	59,921	N/A

Low Ri	04 Received services in PY 5	7,719	11,851	54%
Low Ri	05 Total PY 6 Beneficiaries	7,719	71,772	830%
Moderatisk	00 Did not receive services in PY 5		61,969	N/A
Moderatisk	04 Received services in PY 5	6,173	10,664	73%
Moderate Risk	05 Total PY 6 Beneficiaries	6,173	72,633	1077%
High Rk	00 Did not receive services in PY 5		223,292	N/A
High Rk	04 Received services in PY	35,490	66,991	89%
High Ri	05 Total PY 6 Beneficiaries	35,490	290,283	718%

Figure 16 shows the number of dental treatment services provided. The number of dental treatment services in the CRA risk groups decreased on an average by 81 percentage points when compared to the control group from PY 5 to PY 6 among beneficiaries who received dental services in PY 5, which aligns with the Domain goal. Please see age and county breakdown in Appendix 11: Domain 2 Count of Dental Treatment Services for New CRA Beneficiaries and Control Group in PY 6 by County and Age Group.

Figure 16: Number of, and Percentage Change in Dental Treatments for New CRA Beneficiaries and Control Group in PY 6

Group	Beneficiary Category in PY 6	PY 5 Treatment	PY 6 Treatment	Percent Diff
Control	00 Did not receive services in PY 5	0	213,613	N/A
Control	04 Received services in PY 5	97,363	280,311	188%
Control	05 Total PY 6 Beneficiaries	97,363	493,924	407%
Low Risk	00 Did not receive services in PY 5	0	85,400	N/A
Low Risk	04 Received services in PY 5	11,187	18,438	65%
Low Risk	05 Total PY 6 Beneficiaries	11,187	103,838	828%
Moderate Risk	00 Did not receive services in PY 5	0	87,692	N/A
Moderate Risk	04 Received services in PY 5	8,053	15,882	97%
Moderate Risk	05 Total PY 6 Beneficiaries	8,053	103,574	1186%
High Risk	00 Did not receive services in PY 5	0	872,252	N/A
High Risk	04 Received services in PY	93,150	240,498	158%
High Risk	05 Total PY 6 Beneficiaries	93,150	1,112,750	1095%

Lastly, *Figure 17* displays the expenditures for preventive dental services, dental treatment services, and GA for Domain 2. Expenditure of all service categories have increased from PY 5 to PY 6 for both the control and CRA groups. *Figure 17* provides further evidence of Domain 2's success in increasing the utilization of preventive services rather than the costly restorative dental services, with the expenditures reflecting many of the same trends that have been discussed in previous figures. The CRA groups experienced a larger increase in preventive services than the control group. For preventive dental services, the CRA group's expenditures increased by 615 percentage points more than the control group. For dental treatment services, the CRA group expenditure increased by 436 percentage points more than the control group likely due to the beneficiary's personalized treatment plan where they continued to attend their appointments through this period. For GA services, the CRA group experienced a significantly smaller percentage increase when compared to the control group.

Figure 17: Expenditures for New CRA Beneficiaries and Control Group in PY 6

Measure	Service Location	PY 5 Expenditures	PY 6 Expenditures	Percent Diff
Preventive Services	CRA Dental Offices	\$2,054,224	\$40,370,393	1865%
Preventive Services	CRA SNCs	\$4,086,780	\$7,254,261	78%
Preventive Services	Total CRA Locations	\$6,141,004	\$47,624,654	676%
Preventive Services	Control Group Dental Offices	\$2,379,885	\$4,304,393	81%
Preventive Services	Control Group SNCs	\$1,812,435	\$2,444,196	35%
Preventive Services	Total Control Group Locations	\$4,192,320	\$6,748,589	61%
Dental Treatment	CRA Dental Offices	\$9,790,542	\$106,466,044	987%
Dental Treatment	CRA SNCs	\$962,834	\$1,871,469	94%
Dental Treatment	Total CRA Locations	\$10,753,375	\$108,337,513	907%
Dental Treatment	Control Group Dental Offices	\$7,043,946	\$43,534,409	518%
Dental Treatment	Control Group SNCs	\$706,590	\$755,292	7%
Dental Treatment	Total Control Group Locations	\$7,750,536	\$44,289,701	471%

Measure	Service Location	PY 5 Expenditures	PY 6 Expenditures	Percent Diff
GA	CRA Dental Offices	\$1,050,845	\$8,057,294	667%
GA	Control Group Dental Offices	\$372,679	\$6,007,269	1512%

Footnotes for Figures 10 through 17:

- Data Source: DHCS MIS/DSS Data Warehouse and DTI Domain 2 Report as of September 2022.
- New CRA Beneficiaries: Beneficiaries that received a CRA (CDT code D0601, D0602, or D0603) in PY 6, but did not receive a CRA in PY 5.
- Control Group: Beneficiaries with at least one restorative dental service (CDT codes D2000-D2999) or ICD-10 restorative procedure (K0262, K029, K0252, K0263, K0253, K0381, Z98811, K027, K08531, K0850, K0851, K08530, K08539, K0859, K0852, K0856, K025) at an SNC in PY 6 that did not receive a CRA.
- Low Risk: Number of beneficiaries that received a low-risk CRA (CDT code D0601) for the first time in PY 6.
- Moderate Risk: Number of beneficiaries that received a moderate-risk CRA (CDT code D0602) for the first time in PY 6.
- High Risk: Number of beneficiaries that received a high-risk CRA (CDT code D0603) for the first time in PY 6.
- Beneficiary Category in PY 6: Beneficiaries included in the new CRA and Control groups are categorized based on previous eligibility or rendered dental services in the previous PY.
- 01 Not Eligible in PY 5: Beneficiaries included in the New CRA Beneficiaries group that had no valid eligibility in PY 5 due to age.
- 02 Eligible in PY 5 did not receive services in PY 5: Beneficiaries included in the New CRA Beneficiaries group who were eligible for CRA in PY 5 but did not receive dental services in PY 5 or prior, making PY 6 the first visit to the dentist.
- 03 Eligible in PY 5 did not receive services in PY 5 but received services prior to PY 5: Beneficiaries included in the New CRA Beneficiaries group who were eligible for CRA in PY 5 but did not receive dental services in PY 5 and received dentals services in prior program years.
- 04 Received services in PY 5: Beneficiaries included in the new CRA beneficiaries group who were eligible for CRA in PY 5 and received dental services in PY 5.
- 05 Total PY 6 Beneficiaries: Total of 01, 02, 03 and 04 beneficiary categories.
- 00 Did not receive services in PY 5: Total of 01, 02 and 03 beneficiary categories.
- Beneficiary Count: Unduplicated count of beneficiaries.
- Duplicates exist when a beneficiary had more than one CRA in the measurement

year.

- Percent Diff: Percentage increase/decrease of indicated dental services between PY 5 and PY 6.
- PY 5 Preventive: Number of preventive dental services or ICD-10 preventive dental procedures at an SNC received in PY 5 (Baseline Year for beneficiaries who received CRA for the first time in PY 6).
- PY 6 Preventive: Number of preventive dental services CDT codes D1000- D1999, or CPT Code 99188, or ICD-10 preventive dental procedures at an SNC received in PY 6.
- PY 5 Restorative: Number of restorative dental services or ICD-10 restorative procedures at an SNC received in PY 5 (Baseline Year for beneficiaries who received CRA first time in PY 6).
- PY 6 Restorative: Number of restorative dental services or ICD-10 preventive dental procedures at an SNC received in PY 6.
- PY 5 ER: Number of ER Visits for ACS Dental Conditions in PY 5 (Baseline Year for beneficiaries who received CRA for the first time in PY 6).
- PY 6 ER: Number of ER Visits for ACS Dental Conditions in PY 6.
- PY 5 GA: Number of GA services in PY 5 (Baseline Year for beneficiaries who received CRA for the first time in PY 6).
- PY 6 GA: Number of GA services in PY 6.
- PY 5 Exams: Number of dental exams or ICD-10 dental exam procedures at an SNC received in PY 5 (Baseline Year for beneficiaries who received CRA for the first time in PY 6).
- PY 6 Exams: Number of dental exams or ICD-10 dental exam procedures at an SNC received in PY 6.
- PY 5 Treatment: Number of dental treatment services or ICD-10 dental treatment procedures at an SNC received in PY 5 (Baseline Year for beneficiaries who received CRA for the first time in PY 6).
- PY 6 Treatment: Number of dental treatment services or ICD-10 dental treatment procedures at an SNC received in PY 6.
- Preventive Expenditures: Expenditures for preventive dental services CDT codes D1000-D1999, or CPT code 99188, or SNC encounters with ICD-10 codes (K023, K0251, K0261, K036, K0500, K0501, K051, K0510, K0511, Z012, Z0120, Z0121, Z293, Z299, Z98810).
- Treatment Expenditures: Expenditures for dental treatment services (CDT codes D2000-D9999) or SNC encounters with ICD-10 codes on Appendix 4: ICD-10 CODES FOR DENTAL SERVICES, List A.
- GA Expenditures: Expenditures for GA (CDT codes D9222 and D9223).
- Dental Offices: Any Medi-Cal enrolled office that provides and bills dental services (CDT code D0100-D9999 or CPT code 99188).

- SNCs: Any Medi-Cal enrolled Safety Net Clinic that provides and bills dental encounters (CPT code 00003).

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Section Two: Beneficiaries Who Received CRA for the First Time in PY 5

The performance of beneficiaries who received a CRA for the first time in PY 5 is captured in this section.

Performance Metrics Analysis

Figure 18 and *19* show the continuity and risk level movement of CRA in PY 6 for beneficiaries who received a CRA for the first time during PY 5. For beneficiaries who received a low-risk CRA for the first time in PY 5, 65 percent also received a CRA in PY 6, 12 percent aged out and 23 percent did not continue the CRA treatment in PY 6. Among those 30,453 beneficiaries who received a low-risk CRA for the first time in PY 5, 34 percent became high risk, 16 percent became moderate risk and 50 percent remained low risk in PY 6.

For beneficiaries who received a moderate-risk CRA the first time in PY 5, 66 percent also received a CRA in PY 6, while 11 percent aged out and 23 percent did not continue the CRA treatment. Among those 30,180 beneficiaries who received a moderate-risk CRA for the first time in PY 5, 43 percent became high risk, 41 percent remained moderate risk and 16 percent became low risk in PY 6.

For beneficiaries who received a high-risk CRA the first time in PY 5, 58 percent also received a CRA in PY 6, while 20 percent aged out and 22 percent did not continue the CRA treatment. Among those 78,534 beneficiaries who received a high-risk CRA for the first time in PY 5, 85 percent remained high risk, 8 percent became moderate risk and 7 percent became low risk in PY 6.

The data in *Figure 18* and *19* demonstrate that a patient's caries risk level is not necessarily something that can significantly improve over a short period of time from PY 5 to PY 6. In order to see the impact in reducing the caries risk level of beneficiaries, both the beneficiary and the provider must adhere to their respective treatment plan over a longer period of time. Although more than 58 percent of the beneficiaries continued with CRA in each of the respective risk categories in PY 6, 34 percent of beneficiaries moved from low-risk level to a high-risk level and 16 percent from low to moderate-risk level. The data also shows many beneficiaries did not continue the CRA treatment in PY 6. As stated earlier, the long-term commitment of beneficiaries and providers to the CRA treatment was crucial to the effectiveness of the program and DHCS continuously worked with the ASO contractor on outreach activities regarding CRA continuity.

Please see age and county breakdown in the following three appendices:

- Appendix 12: Domain 2 CRA Movement from PY 5 to PY 6 for Beneficiaries in High-Risk in PY 5
- Appendix 13: Domain 2 CRA Movement from PY 5 to PY 6 for Beneficiaries in Moderate-Risk in PY 5
- Appendix 14: Domain 2 CRA Movement from PY 5 to PY 6 for Beneficiaries in Low-Risk in PY 5

Figure 18: CRA Continuity from PY 5 to PY 6

Risk Level in PY 5	Received CRA in PY 5	Received CRA in PY 5, not in PY 6	Received CRA in PY 5, aged out in PY 6	Received CRA in PYs 5 & 6
Low Risk	47,017	11,060	5,504	30,453
Low Risk	100%	23%	12%	65%
Moderate Risk	45,531	10,286	5,065	30,180
Moderate Risk	100%	23%	11%	66%
High Risk	135,850	30,036	27,280	78,534
High Risk	100%	22%	20%	58%

Figure 19: CRA Risk Level Movement from PY 5 to PY 6

Risk Level in PY 5	Received CRA in PYs 5 & 6	Move to/ Remained in High Risk in PY 6	Move to/ Remained in Moderate Risk in PY 6	Move to/ Remained in Low Risk in PY 6
Low Risk	30,453	10,241	4,903	15,309
Low Risk	100%	34%	16%	50%
Moderate Risk	30,180	12,907	12,522	4,751
Moderate Risk	100%	43%	41%	16%
High Risk	78,534	66,991	6,319	5,224
High Risk	100%	85%	8%	7%

Figure 20 shows an increase in the number of preventive dental services from PY 5 to PY 6 for beneficiaries who received a CRA for the first time in PY 5 and returned in PY 6. As a general goal, the state expects to see an increase in preventive services attributed to each

risk category. *Figure 20* demonstrated an increase in preventive services attributed to each risk category meeting the expectations for this measure in PY 6. Please see age and county breakdown in Appendix 15: Domain 2 Count of Preventive Dental Services for Beneficiaries Who Received CRA for the First Time in PY 5 and Returned in PY 6 by County and Age Group.

Figure 20: Number and Percentage Change in Preventive Dental Services for Beneficiaries Who Received CRA for the First Time in PY 5 and Returned in PY 6

Group	PY 5 Preventive	PY 6 Preventive	Percent Diff
Low Risk	108,699	125,481	15%
Moderate Risk	105,940	130,024	23%
High Risk	440,730	533,279	21%

Figure 21 shows a sharp reduction in the number of restorative dental services performed from PY 5 to PY 6 for beneficiaries who received a low and moderate-risk CRA and a slight reduction for those who received a high-risk CRA. The values presented in *Figure 21* represent a significant success for Domain 2 in its aim to reduce reliance on restorative dental services. These values, as well as the values in *Figure 20* demonstrate that Domain 2 had made progress towards its objective of increasing utilization of preventive services, rather than the more invasive and costly restorative procedures. Please see age breakdown in Appendix 16: Domain 2 Count of Restorative Dental Services for Beneficiaries Who Received CRA for the First Time in PY 5 and Returned in PY 6 by County and Age Group.

Figure 21: Number and Percentage Change in Restorative Dental Services for Beneficiaries Who Received CRA for the First Time in PY 5 and Returned in PY 6

Group	PY 5 Restorative	PY 6 Restorative	Percent Diff
Low Risk	16,653	10,832	-35%
Moderate Risk	17,890	11,213	-37%
High Risk	181,284	178,435	-2%

Figure 22 shows a reduction in ER visits across each of the risk groups. The fact that ER visits decreased for each of the risk groups provides further evidence of the success of Domain 2 in PY 6. Due to more beneficiaries undergoing preventive services, they are usually able to receive treatment before their condition worsens to the point that an ER visit becomes necessary. GA visits showed a decrease for the low and moderate-risk levels, but an increase for the high-risk group. DHCS’ analysis suggested that the reason GA visits increased for the high-risk group in PY 6 is due to returning high-risk beneficiaries from PY 5

utilizing restorative services in PY 6. Please see the age and county breakdown in Appendix 17: Domain 2 Count of ER Visits for Beneficiaries Who Received CRA for the First Time in PY 5 and Returned in PY 6 by County and Age Group and Appendix 18: Domain 2 Count of GA Services for Beneficiaries Who Received CRA for the First Time in PY 5 and Returned in PY 6 by County and Age Group.

Figure 22: Number and Percentage Change in ER Visits and GA for Beneficiaries Who Received CRA for the First Time in PY 5 and Returned in PY 6

Measure	Groups	PY 5	PY 6	Percent Diff
ER	Low Risk	134	44	-67%
ER	Moderate Risk	105	46	-56%
ER	High Risk	542	423	-22%
GA	Low Risk	971	674	-31%
GA	Moderate Risk	697	503	-28%
GA	High Risk	6,834	10,135	48%

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Figure 23 describes the provision of dental exams. From PY 5 to PY 6, all CRA groups experienced an increase in the provision of dental exams which is a desired outcome for returning beneficiaries. Please see age and county breakdown in Appendix 19: Domain 2 Count of Dental Exams for Beneficiaries Who Received CRA for the First Time in PY 5 and Returned in PY 6 by County and Age Group.

Figure 23: Number and Percentage Change in Dental Exams for Beneficiaries Who Received CRA for the First Time in PY 5 and Returned in PY 6

Group	PY 5 Exams	PY 6 Exams	Percent Diff
Low Risk	34,416	38,077	11%
Moderate Risk	33,859	40,221	19%
High Risk	138,125	157,990	14%

Figure 24 shows the number of dental treatment services provided for returning beneficiaries from PY 5. Most of the CRA groups experienced a decrease in the count of dental treatment services being provided in PY 6, which demonstrates further evidence that Domain 2 made progress towards meeting its objectives. As stated earlier, under Domain 2,

providers were able to assess a patient’s caries risk level and subsequently determine a preventive treatment plan suitable to their risk level. Consequently, they greatly reduced the need for patients to undergo many of the invasive dental treatments. Please see age and county breakdown in Appendix 20: Domain 2 Count of Dental Treatments for Beneficiaries Who Received CRA for the First Time in PY 5 and Returned in PY 6 by County and Age Group.

Figure 24: Number and Percentage Change in Dental Treatments for Beneficiaries Who Received CRA for the First Time in PY 5 and Returned in PY 6

Groups	PY 5 Treatment	PY 6 Treatment	Percent Diff
Low Risk	64,956	60,112	-7%
Moderate Risk	64,918	62,842	-3%
High Risk	460,343	494,513	7%

Figure 25 displays the expenditures for preventive dental services, dental treatment services, and GA for beneficiaries who received a CRA for the first time in PY 5 and returned in PY 6. For preventive dental services, the CRA group’s expenditures increased by 16 percent. For dental treatment, the CRA group’s expenditures increased by 2 percent. GA services for the CRA groups increased by 26 percent. The increase in preventive dental services expenditure demonstrates Domain 2’s success in incentivizing providers to increase utilization of preventive services, rather than restorative procedures for beneficiaries returning from PY 5. However, the increase in the GA expenditure can be linked back to the high-risk beneficiaries returning from PY 5 to PY 6 for their treatment plan, which may require GA to treat their caries condition.

Figure 25: Expenditures for Beneficiaries Who Received CRA for the First Time in PY 5 and Returned in PY 6

Measure	Service Location	PY 5	PY 6	Percent Diff
Preventive Services	CRA Dental Offices	\$19,639,908	\$23,720,512	21%
Preventive Services	CRA SNCs	\$2,502,358	\$1,887,145	-25%
Preventive Services	Total CRA Locations	\$22,142,265	\$25,607,657	16%
Dental Treatment	CRA Dental Offices	\$46,044,039	\$47,244,804	3%

Measure	Service Location	PY 5	PY 6	Percent Diff
Dental Treatment	CRA SNCs	\$733,805	\$479,347	-35%
Dental Treatment	Total CRA Locations	\$46,777,843	\$47,724,151	2%
GA	CRA Dental Offices	\$2,935,363	\$3,705,172	26%

Footnote for Figures 18 through 25:

- Data Source: DHCS MIS/DSS Data Warehouse and DTI Domain 2 Report as of September 2022.
- Received CRA in PY 5: Beneficiaries that received a CRA (CDT code D0601, D0602, or D0603) in PY 5 for the first time.
- Received CRA in PY 5 but not in PY 6: Beneficiaries that received a CRA (CDT codes D0601-D0603) in PY 5 for the first time but did not receive a CRA in PY 6.
- Received CRA in PY 5 but aged out in PY 6: Beneficiaries that received a CRA (CDT codes D0601-D0603) in PY 5 for the first time but were over age 6 in PY 6.
- Received CRA in PY 5 & PY 6: Beneficiaries that received a CRA (CDT codes D0601-D0603) in PY 5 and PY 6.
- Moved to/ Remained in High Risk in PY 6: Total beneficiaries that moved from low or moderate risk to high risk or remained in high risk.
- Moved to/ Remained in Moderate Risk in PY 6: Total beneficiaries that moved from low or high risk to moderate risk or remained in moderate risk.
- Moved to/ Remained in Low Risk in PY 6: Total beneficiaries that moved from moderate or high risk to low risk or remained in low risk.
- Low Risk: Number of beneficiaries that received a low-risk CRA (CDT code D0601) in PY 6.
- Moderate Risk: Number of beneficiaries that received a moderate-risk CRA (D0602) in PY 6.
- High Risk: Number of beneficiaries that received a high-risk CRA (CDT code D0603) in PY 6.
- Beneficiary Count: Unduplicated count of beneficiaries.
- Duplicates exist when a beneficiary had more than one CRA in the measurement year.
- Percentage Diff: Percentage increase/decrease of indicated dental services between PY 5 and PY 6.
- PY 5 Preventive: Number of preventive dental services or ICD-10 preventive dental procedures at an SNC received in PY 5 (Baseline Year for beneficiaries who received CRA in PY 5 and PY 6).

- PY 6 Preventive: Number of preventive dental services CDT codes D1000-D1999, or CPT Code 99188, or ICD-10 preventive dental procedures at an SNC received in PY 6.
- PY 5 Restorative: Number of restorative dental services or ICD-10 restorative procedures at an SNC received in PY 5 (Baseline Year for beneficiaries who received CRA in PY 5 and PY 6).
- PY 6 Restorative: Number of restorative dental services or ICD-10 preventive dental procedures at an SNC received in PY 6.
- PY 5 ER: Number of ER Visits for ACS Dental Conditions in PY 5 (Baseline Year for beneficiaries who received CRA in PY 5 and PY 6).
- PY 6 ER: Number of ER Visits for ACS Dental Conditions in PY 6.
- PY 5 GA: Number of GA services in PY 5 (Baseline Year for beneficiaries who received CRA in PY 5 and PY 6).
- PY 6 GA: Number of GA services in PY 6.
- PY 5 Exams: Number of dental exams or ICD-10 dental exam procedures at an SNC received in PY 5 (Baseline Year for beneficiaries who received CRA in PY 5 and PY 6).
- PY 6 Exams: Number of dental exams or ICD-10 dental exam procedures at an SNC received in PY 6.
- PY 5 Treatment: Number of dental treatment services or ICD-10 dental treatment procedures at an SNC received in PY 5 (Baseline Year for beneficiaries who received CRA in PY 5 and PY 6).
- PY 6 Treatment: Number of dental treatment services or ICD-10 dental treatment procedures at an SNC received in PY 6.
- Preventive Expenditures: Expenditures for preventive dental services CDT D1000-D1999, or CPT Code 99188, or SNC encounters with ICD-10 codes (K023, K0251, K0261, K036, K0500, K0501, K051, K0510, K0511, Z012, Z0120, Z0121, Z293, Z299, Z98810).
- Treatment Expenditures: Expenditures for dental treatment services (D2000-D9999) or SNC encounters with ICD-10 codes on Appendix 4: ICD 10 CODES FOR DENTAL SERVICES, List A.
- GA Expenditures: Expenditures for GA (CDT codes D9222 and D9223).
- Dental Offices: Any Medi-Cal enrolled office that provides and bills dental services (CDT code D0100-D9999 or CPT Code 99188).
- SNCs: Any Medi-Cal enrolled Safety Net Clinic that provides and bills dental encounters (CPT code 00003).

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Section Three: Beneficiaries Who Received a CRA for the First Time in PY 4 and Received a CRA in PY 5

The performance of beneficiaries who received a CRA for the first time in PY 4 and returned for a CRA in PY 5 are captured in this section.

Performance Metrics Analysis

Figure 26 and *27* show the continuity and risk level movement of CRA in PY 6 for beneficiaries who received a CRA during PY 4 and PY 5. The continuity and risk level movement of CRA from PY 4 to PY 5 was analyzed in the [PY 5 Annual Report](#).

For beneficiaries who received a low-risk CRA in PY 4 and any CRA in PY 5, 70 percent also received a CRA in PY 6, while 17 percent aged out and 13 percent did not continue the CRA treatment in PY 6. Among those 28,357 beneficiaries who received a low-risk CRA in PY 4 and continued any CRA in PY 5, 38 percent became high risk, 15 percent became moderate risk and 47 percent remained low risk in PY 6.

For beneficiaries who received a moderate-risk CRA in PY 4 any CRA in PY 5, 72 percent also received a CRA in PY 6, while 15 percent aged out and 13 percent did not continue the CRA treatment in PY 6. Among those 30,713 beneficiaries who received a moderate-risk CRA in PY 4 and continued any CRA in PY 5, 50 percent became high risk, 36 percent remained moderate risk and 14 percent became low risk in PY 6.

For beneficiaries who received a high-risk CRA in PY 4 any CRA in PY 5, 65 percent also received a CRA in PY 6, while 23 percent aged out and 12 percent did not continue the CRA treatment in PY 6. Among those 88,852 beneficiaries who received a high-risk CRA in PY 4 and continued any CRA in PY 5, 85 percent remained high risk, 9 percent became moderate risk and 6 percent became low risk in PY 6.

The data in *Figure 26* and *27* demonstrates that more than 65 percent of the beneficiaries continued with CRA in their respective risk categories in PY 6, 38 percent of beneficiaries moved from low to high-risk level, 15 percent from low to moderate-risk level, and 50 percent of beneficiaries moved from moderate to high-risk level. Some beneficiaries moved to a higher risk level early in the program and subsequently remained in the higher risk group as opposed to moving to a higher risk group after three years of treatment.

Please see age and county breakdown in the following three appendices:

- Appendix 21: Domain 2 CRA Movement from PY 4 to PY 6 for Beneficiaries in High-Risk in PY 4
- Appendix 22: Domain 2 CRA Movement from PY 4 to PY 6 for Beneficiaries in Moderate-Risk in PY 4

- Appendix 23: Domain 2 CRA Movement from PY 4 to PY 6 for Beneficiaries in Low-Risk in PY 4

Figure 26: CRA Continuity from PY 4 to PY 6

Risk Level in PY 4	Received CRA in PYs 4 & 5	Received CRA in PYs 4 & 5, not in PY 6	Received CRA in PYs 4 & 5, aged out in PY 6	Received CRA in PYs 4, 5, & 6
Low Risk	40,197	5,080	6,760	28,357
Low Risk	100%	13%	17%	70%
Risk Level in PY 4	Received CRA in PYs 4 & 5	Received CRA in PYs 4 & 5, not in PY 6	Received CRA in PYs 4 & 5, aged out in PY 6	Received CRA in PYs 4, 5, & 6
Moderate Risk	42,636	5,493	6,430	30,713
Moderate Risk	100%	13%	15%	72%
High Risk	136,493	16,350	31,291	88,852
High Risk	100%	12%	23%	65%

Figure 27: CRA Risk Level Movement from PY 4 to PY 6

Risk Level in PY 4	Received CRA in PYs 4, 5, & 6	Move to/ Remained in High Risk in PY 6	Move to/ Remained in Moderate Risk in PY 6	Move to/ Remained in Low Risk in PY 6
Low Risk	28,357	10,875	4,350	13,132
Low Risk	100%	38%	15%	47%
Moderate Risk	30,713	15,248	11,110	4,355
Moderate Risk	100%	50%	36%	14%
High Risk	88,852	75,490	7,658	5,704
High Risk	100%	85%	9%	6%

Figure 28 shows an increase in the number of preventive dental services from PY 5 to PY 6 for beneficiaries who received a CRA in all three years. The state generally expects to see an increase in preventive services attributed to each risk category to ensure beneficiaries are effectively getting the preventive services they need. *Figure 28* demonstrates that there was an increase in preventive services attributed to each risk category. Please see age and

county breakdown in Appendix 24: Domain 2 Count of Preventive Dental Services for Beneficiaries Who Received CRA in PY 4, PY 5, and Returned in PY 6 by County and Age Group.

Figure 28: Number and Percentage Change in Preventive Dental Services for Beneficiaries Who Received CRA in PY 4, PY 5, and Returned in PY 6

Group	PY 5 Preventive	PY 6 Preventive	Percent Diff
Low Risk	109,039	126,516	16%
Moderate Risk	116,795	139,488	19%
High Risk	552,984	658,884	19%

Figure 29 shows a reduction in the number of restorative dental services performed from PY 5 to PY 6 for beneficiaries who received a CRA in all three years. The values presented in *Figure 29* represents the Domain’s progress in reducing the reliance on restorative services for beneficiaries who continued with the program in all three years. Please see age and county breakdown in Appendix 25: Domain 2 Count of Restorative Dental Services for Beneficiaries Who Received CRA in PY 4, PY 5, and Returned in PY 6 by County and Age Group.

Figure 29: Number and Percentage Change in Restorative Dental Services for Beneficiaries Who Received CRA in PY 4, PY 5 and Returned in PY 6

Group	PY 5 Restorative	PY 6 Restorative	Percent Diff
Low Risk	14,447	10,180	-30%
Moderate Risk	15,639	12,923	-17%
High Risk	153,310	183,717	20%

Figure 30 shows that ER visits decreased in the low-risk group and increased for moderate and high-risk groups for beneficiaries who received a CRA in all three years. GA services have decreased across the low and moderate-risk levels representing a significant success for Domain 2 in PY 6. Please see age and county breakdown in Appendix 26: Domain 2 Count of ER Visits for Beneficiaries Who Received a CRA in PY 4, PY 5 and Returned in PY 6 by County and Age Group and Appendix 27: Domain 2 Count of GA Services for Beneficiaries Who Received a CRA in PY 4, PY 5 and Returned in PY 6 by County and Age Group.

Figure 30: Number and Percentage Change in ER Visits and GA for Beneficiaries Who Received CRA in PY 4, PY 5 and Returned in PY 6

Measure	Groups	PY 5	PY 6	Percent Diff
ER	Low Risk	73	44	-40%
ER	Moderate Risk	37	87	135%
ER	High Risk	316	411	30%
GA	Low Risk	652	411	-37%
GA	Moderate Risk	364	322	-12%
Measure	Groups	PY 5	PY 6	Percent Diff
GA	High Risk	5,050	7,418	47%

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Figure 31 describes the provision of dental exams. From PY 5 to PY 6, all CRA groups experienced an increase of up to 20 percent in dental exams for returning beneficiaries as desired. Please see age and county breakdown in Appendix 28: Domain 2 Count of Dental Exams for Beneficiaries Who Received a CRA in PY 4, PY 5 and Returned in PY 6 by County and Age Group.

Figure 31: Number and Percentage Change in Dental Exams for Beneficiaries Who Received a CRA in PY 4, PY 5 and Returned in PY 6

Group	PY 5 Exams	PY 6 Exams	Percent Diff
Low Risk	32,733	38,092	16%
Moderate Risk	34,766	41,522	19%
High Risk	162,730	195,609	20%

Figure 32 shows the number of dental treatment services provided for beneficiaries who received a CRA in all three years. Low-risk CRA groups experienced a decrease in the count of dental treatment services being provided in PY 6, while there was an increase in moderate and high-risk CRA groups. The slight increase in the moderate and high-risk levels can be attributed to the fact that beneficiaries have returned to offices as a part of their treatment plan in these years. DHCS also presumes that the DTI program has incentivized the Medi-Cal dental provider population to treat more children ages zero to six. With an increased number of children being treated, it may uncover more patients in the

high-risk group in need of dental treatment services. Please see age and county breakdown in Appendix 29: Domain 2 Count of Dental Treatment Services for Beneficiaries Who Received CRA in PY 4, PY 5 and Returned in PY 6 by County and Age Group.

Figure 32: Number and Percentage Change in Dental Treatments for Beneficiaries Who Received a CRA in PY 4, PY 5 and Returned in PY 6

Groups	PY 5 Treatment	PY 6 Treatment	Percent Diff
Low Risk	61,696	58,654	-5%
Moderate Risk	65,508	67,604	3%
Groups	PY 5 Treatment	PY 6 Treatment	Percent Diff
High Risk	446,432	531,894	19%

Figure 33 displays the expenditures for preventive dental services, dental treatment services, and GA for beneficiaries who received a CRA in PY 4, PY 5 and returned in PY 6. The total expenditures for the CRA locations increased across preventive dental, dental treatment and GA services as desired for the returning beneficiaries.

Figure 33: Expenditures for Beneficiaries who received a CRA in PY 4, PY 5 and Returned in PY 6

Measure	Service Location	PY 5	PY 6	Percent Diff
Preventive Services	CRA Dental Offices	\$23,388,043	\$27,362,584	17%
Preventive Services	CRA SNCs	\$1,556,393	\$1,627,020	5%
Preventive Services	Total CRA Locations	\$24,944,437	\$28,989,604	16%
Dental Treatment	CRA Dental Offices	\$41,878,743	\$47,999,714	15%
Dental Treatment	CRA SNCs	\$342,162	\$411,179	20%
Dental Treatment	Total CRA Locations	\$42,220,906	\$48,410,892	15%
GA	CRA Dental Offices	\$2,111,909	\$2,669,477	26%

Footnotes for Figures 26 through 33:

- Data Source: DHCS MIS/DSS Data Warehouse and DTI Domain 2 Report as of September 2022.
- Received CRA in PY 4 & PY 5: Beneficiaries that received a CRA (CDT codes D0601-D0603) in PY 4 and PY 5.
- Received CRA in PY 4 & PY 5 but not in PY 6: Beneficiaries that received a CRA

(CDT Code D0601, D0602, or D0603) in PY 4 and PY 5 but did not receive a CRA in PY 6.

- Received CRA in PY 4 & PY 5 but aged out in PY 6: Beneficiaries that received a CRA (CDT codes D0601-D0603) in PY 4 and PY 5 but were over age 6 in PY 6.
- Received CRA in PY 4 & PY 5 & PY 6: Beneficiaries that received a CRA (CDT codes D0601-D0603) in PY 4, PY 5 and PY 6.
- Moved to/ Remained in High Risk in PY 6: Total beneficiaries that moved from low or moderate risk to high risk or remained in high risk.
- Moved to/ Remained in Moderate Risk in PY 6: Total beneficiaries that moved from low or high-risk to moderate-risk or remained in moderate-risk.
- Moved to/ Remained in Low Risk in PY 6: Total beneficiaries that moved from moderate or high risk to low risk or remained in low risk.
- Low Risk: Number of beneficiaries that received a low-risk CRA (CDT code D0601) in PY 6.
- Moderate Risk: Number of beneficiaries that received a moderate-risk CRA (CDT code D0602) in PY 6.
- High Risk: Number of beneficiaries that received a high-risk CRA (CDT code D0603) in PY 6.
- Beneficiary Count: Unduplicated count of beneficiaries.
- Duplicates exist when a beneficiary had more than one CRA in the measurement year.
- Percentage Diff: Percentage increase/decrease of indicated dental services between PY 5 and PY 6.
- PY 5 Preventive: Number of preventive dental services or ICD-10 preventive dental procedures at an SNC received in PY 5 (Baseline Year for beneficiaries who received CRA in PY 4, PY 5 and PY 6).
- PY 6 Preventive: Number of preventive dental services CDT codes D1000-D1999, or CPT code 99188, or ICD-10 preventive dental procedures at an SNC received in PY 6.
- PY 5 Restorative: Number of restorative dental services or ICD-10 restorative procedures at an SNC received in PY 5 (Baseline Year for beneficiaries who received CRA in PY 4, PY 5 and PY 6)
- PY 6 Restorative: Number of restorative dental services or ICD-10 preventive dental procedures at an SNC received in PY 6.
- PY 5 ER: Number of ER Visits for ACS Dental Conditions in PY 5 (Baseline Year for beneficiaries who received CRA in PY 4, PY 5 and PY 6).
- PY 6 ER: Number of ER Visits for ACS Dental Conditions in PY 6.
- PY 5 GA: Number of GA services in PY 5 (Baseline Year for beneficiaries who received CRA in PY 4, PY 5 and PY 6).
- PY 6 GA: Number of GA services in PY 6.

- PY 5 Exams: Number of dental exams or ICD-10 dental exam procedures at an SNC received in PY 5 (Baseline Year for beneficiaries who received CRA in PY 4, PY 5 and PY 6).
- PY 6 Exams: Number of dental exams or ICD-10 dental exam procedures at an SNC received in PY 6.
- PY 5 Treatment: Number of dental treatment services or ICD-10 dental treatment procedures at an SNC received in PY 5 (Baseline Year for beneficiaries who received CRA in PY 4, PY 5 and PY 6).
- PY 6 Treatment: Number of dental treatment services or ICD-10 dental treatment procedures at an SNC received in PY 6.
- Preventive Expenditures: Expenditures for preventive dental services CDT codes D1000-D1999, or CPT Code 99188, or SNC encounters with ICD-10 codes (K023, K0251, K0261, K036, K0500, K0501, K051, K0510, K0511, Z012, Z0120, Z0121, Z293, Z299, Z98810).
- Treatment Expenditures: Expenditures for dental treatment services (D2000-D9999) or SNC encounters with ICD-10 codes on Appendix 4: ICD 10 CODES FOR DENTAL SERVICES, List A.
- GA Expenditures: Expenditures for GA (CDT codes D9222 and D9223).
- Dental Offices: Any Medi-Cal enrolled office that provides and bills dental services (CDT code D0100-D9999 or CPT code 99188).
- SNCs: Any Medi-Cal enrolled SNC that provides and bills dental encounters (CPT code 00003).

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Section Four: Beneficiaries Who Received a CRA in PY 3, PY 4, and PY 5

The performance of beneficiaries who received a CRA for the first time in PY 3 and returned for a CRA in PY 4, PY 5, and PY 6 are captured in this section.

Performance Metrics Analysis

Figure 34 and *35* show the continuity and risk level movement of CRA in PY 6 for beneficiaries who received a CRA during PY 3, PY 4, and PY 5. The continuity and risk level movement of CRA from PY 3 to PY 5 was analyzed in the [PY 5 Annual Report](#).

For beneficiaries who received a low-risk CRA in PY 3, and any CRA in PY 4 and PY 5, 54 percent also received a CRA in PY 6, while 23 percent aged out and 23 percent did not continue the CRA treatment. Among those 353 beneficiaries who received a low-risk CRA in PY 3 and continued any CRA in PY 4 and PY 5, 35 percent became high risk, 21 percent became moderate risk and 44 percent remained low risk in PY 6.

For beneficiaries who received a moderate-risk CRA in PY 3 any CRA in PY 4 and PY 5, 61 percent also received a CRA in PY 6, while 20 percent aged out and 19 percent did not continue the CRA treatment. Among those 769 beneficiaries who received a moderate-risk CRA in PY 3 and continued any CRA in PY 4 and PY 5, 48 percent became high risk, 39 percent remained moderate risk and 13 percent became low risk in PY 6.

For beneficiaries who received a high-risk CRA in PY 3 any CRA in PY 4 and PY 5, 60 percent also received a CRA in PY 6, while 25 percent aged out and 15 percent did not continue the CRA treatment. Among those 2,288 beneficiaries who received a high-risk CRA in PY 3 and continued any CRA in PY 4 and PY 5, 85 percent remained high risk, 10 percent became moderate risk and 5 percent became low risk in PY 6.

The data in *Figures 34* and *35* demonstrates that at least 54 percent of the beneficiaries continued with CRA in the respective risk categories for four years out of which 35 percent of beneficiaries moved from low to high-risk level, 21 percent moved from low to moderate-risk level, and 48 percent of beneficiaries moved from moderate to high-risk level. Some beneficiaries moved to a higher risk level early in the program and subsequently remained in the higher risk group as opposed to moving to a higher risk group after four years of treatment.

Please see age and county breakdown in the following three appendices:

- Appendix 30: Domain 2 CRA Movement from PY 3 to PY 6 for Beneficiaries in High Risk in PY 3
- Appendix 31: Domain 2 CRA Movement from PY 3 to PY 6 for Beneficiaries in Moderate Risk in PY 3
- Appendix 32: Domain 2 CRA Movement from PY 3 to PY 6 for Beneficiaries in Low Risk in PY 3

Figure 34: CRA Continuity from PY 3 to PY 6

Risk Level in PY 3	Received a CRA in PYs 3, 4, & 5	Received a CRA in PYs 3, 4, & 5, not in PY 6	Received a CRA in PYs 3, 4, & 5, aged out in PY 6	Received a CRA in PYs 3, 4, 5, & 6
Low Risk	651	151	147	353
Low Risk	100%	23%	23%	54%
Moderate Risk	1,268	236	263	769
Moderate Risk	100%	19%	20%	61%
High Risk	3,810	581	941	2,288
High Risk	100%	15%	25%	60%

Figure 35: CRA Risk Level Movement from PY 3 to PY 6

Risk Level in PY 3	Received a CRA in PYs 3, 4, 5, & 6	Move to/ Remained in High Risk in PY 6	Move to/ Remained in Moderate Risk in PY 6	Move to/ Remained in Low Risk in PY 6
Low Risk	353	123	74	156
Low Risk	100%	35%	21%	44%
Moderate Risk	769	369	302	98
Moderate Risk	100%	48%	39%	13%
High Risk	2,288	1,940	238	110
High Risk	100%	85%	10%	5%

Figure 36 shows an increase in all CRA risk groups for preventive dental services from PY 5 to PY 6 for beneficiaries who received a CRA in all four years. The state generally expects to see an increase in preventive services attributed to each risk category to ensure beneficiaries are effectively getting the preventive services they need. *Figure 36* demonstrates that there was an increase in preventive services attributed to all risk categories. Please see age and county breakdown in Appendix 33: Domain 2 Count of Preventive Dental Services for Beneficiaries Who Received a CRA in PY 3, PY 4, PY 5, and Returned in PY 6 by County and Age Group

Figure 36: Number and Percentage Change in Preventive Dental Services for Beneficiaries Who Received a CRA in PY 3, PY 4, PY 5, and Returned in PY 6

Group	PY 5 Preventive	PY 6 Preventive	Percent Diff
Low Risk	1,902	1,968	3%
Moderate Risk	3,330	3,687	11%
High Risk	14,700	15,267	4%

Figure 37 shows a sharp reduction in the number of restorative dental services performed from PY 5 to PY 6 for beneficiaries who received a CRA in all four years. The values presented in *Figure 37* represents the Domain’s progress in reducing the reliance on restorative services for beneficiaries who continued with the program in all four years. Please see age and county breakdown in Appendix 34: Domain 2 Count of Restorative Dental Services for Beneficiaries Who Received a CRA in PY 3, PY 4, PY 5, and Returned in PY 6 by County and Age Group.

Figure 37: Number and Percentage Change in Restorative Dental Services for Beneficiaries Who Received a CRA in PY 3, PY 4, PY 5, and Returned in PY 6

Group	PY 5 Restorative	PY 6 Restorative	Percent Diff
Low Risk	357	174	-51%
Group	PY 5 Restorative	PY 6 Restorative	Percent Diff
Moderate Risk	584	247	-58%
High Risk	3,378	3,543	5%

Figure 38 shows that the number of ER visits reduced among all risk groups. Suppression (*) and complementary suppression (**) is applied to beneficiaries less than 11 in each risk category. *Figure 38* also shows a sharp reduction in GA service across low and moderate-risk groups and a slight increase in the high-risk group. DHCS’ analysis suggests that the reason GA visits increased for high-risk groups is due to returning high-risk beneficiaries utilizing restorative services with GA as a part of their treatment plan. Due to more beneficiaries undergoing preventive services, they are usually able to receive treatment before their condition worsens to the point that an ER visit or GA service becomes necessary. Please see age and county breakdown in Appendix 35: Domain 2 Count of ER Visits for Beneficiaries Who Received CRA in PY 3, PY 4, PY 5 and Returned in PY 6 by County and Age Group and Appendix 36: Domain 2 Count of GA Services for Beneficiaries Who Received CRA in PY 3, PY 4, PY 5, and Returned in PY 6 by County and Age Group.

Figure 38: Number and Percentage Change in ER Visits and GA for Beneficiaries Who Received a CRA in PY 3, PY 4, PY 5, and Returned in PY 6

Measure	Groups	PY 5	PY 6	Percent Diff
ER	Low Risk	0	*	N/A
ER	Moderate Risk	0	0	N/A
ER	High Risk	*	**	-50%
GA	Low Risk	94	45	-52%
GA	Moderate Risk	139	36	-74%
GA	High Risk	404	431	7%

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Figure 39, on the next page, describes the provision of dental exams. From PY 5 to PY 6, all CRA groups experienced an increase of up to 8 percent in dental exams to diagnose the

condition as a part of their prescribed treatment plan. Please see age and county breakdown in Appendix 37: Domain 2 Count of Dental Exams for Beneficiaries Who Received CRA in PY 3, PY 4, PY 5, and Returned in PY 6 by County and Age Group.

Figure 39: Number and Percentage Change in Dental Exams for Beneficiaries Who Received a CRA in PY 3, PY 4, PY 5, and Returned in PY 6

Group	PY 5 Exams	PY 6 Exams	Percent Diff
Low Risk	532	560	5%
Moderate Risk	876	942	8%
High Risk	3,932	4,256	8%

Figure 40 shows the number of dental treatment services provided to beneficiaries who received a CRA in all four years. Low and moderate CRA groups experienced a decrease in the count of dental treatment services being provided in PY 6 which is evidence that Domain 2 made progress towards meeting its objectives. As stated earlier, under Domain 2, providers were able to assess a patient’s caries risk level, and subsequently determine a preventive treatment plan suitable to their risk level. Please see age and county breakdown in Appendix 38: Domain 2 Count of Dental Treatment Services for Beneficiaries Who Received a CRA in PY 3, PY 4, PY 5, and Returned in PY 6 by County and Age Group.

Figure 40: Number and Percentage Change in Dental Treatments for Beneficiaries Who Received a CRA in PY 3, PY 4, PY 5, and Returned in PY 6

Groups	PY 5 Treatment	PY 6 Treatment	Percent Diff
Low Risk	1,272	913	-28%
Moderate Risk	2,168	1,525	-30%
High Risk	10,729	11,054	3%

Figure 41 displays the expenditures for preventive dental services, dental treatment services, and GA for beneficiaries who received a CRA in PY 3, PY 4, PY 5, and returned in PY 6. The total expenditures for the CRA locations increased for preventive dental services and decreased for dental treatment services and GA. The overall decrease in treatment services and GA expenditure reflects the fact that as beneficiaries continued with the program, the need for treatment services decreased over the course of four years while adhering to their basic treatment plan.

Figure 41: Expenditures for Beneficiaries who received a CRA in PY 3, PY 4, PY 5, and Returned in PY 6

Measure	Service Location	PY 5	PY 6	Percent Diff
Preventive Services	CRA Dental Offices	\$451,434	\$478,134	6%
Preventive Services	CRA SNCs	\$45,417	\$50,526	11%
Preventive Services	Total CRA Locations	\$496,851	\$528,660	6%
Dental Treatment	CRA Dental Offices	\$970,982	\$920,791	-5%
Dental Treatment	CRA SNCs	\$37,668	\$38,377	2%
Dental Treatment	Total CRA Locations	\$1,008,651	\$959,168	-5%
GA	CRA Dental Offices	\$113,856	\$103,886	-9%

Footnotes for Figures 34 through 41:

- Data Source: DHCS MIS/DSS Data Warehouse and DTI Domain 2 Report as of September 2022.
- Received CRA in PY 3, PY 4 & PY 5: Beneficiaries that received a CRA (CDT codes D0601-D0603) in PY 3, PY 4 and PY 5.
- Received CRA in PY 3, PY 4 & PY 5 but not in PY 6: Beneficiaries that received a CRA (CDT Code D0601, D0602, or D0603) in PY 3, PY 4 and PY 5 but did not receive a CRA in PY 6.
- Received CRA in PY 3, PY 4 & PY 5 but aged out in PY 6: Beneficiaries that received a CRA (CDT codes D0601-D0603) in PY 3, PY 4 and PY 5 but were over age 6 in PY 6.
- Received CRA in PY 3, PY 4 & PY 5 & PY 6: Beneficiaries that received a CRA (CDT codes D0601-D0603) in PY 3, PY 4, PY 5 and PY 6.
- Moved to/ Remained in High Risk in PY 6: Total beneficiaries that moved from low or moderate risk to high risk or remained in high risk.
- Moved to/ Remained in Moderate Risk in PY 6: Total beneficiaries that moved from low or high risk to moderate risk or remained in moderate risk.
- Moved to/ Remained in Low Risk in PY 6: Total beneficiaries that moved from moderate or high risk to low risk or remained in low risk.
- Low Risk: Number of beneficiaries that received a low-risk CRA (CDT code D0601) in PY 6.
- Moderate Risk: Number of beneficiaries that received a moderate-risk CRA (CDT code D0602) in PY 6.
- High Risk: Number of beneficiaries that received a high-risk CRA (CDT code D0603) in PY 6.

- Beneficiary Count: Unduplicated count of beneficiaries.
- Duplicates exist when a beneficiary had more than one CRA in the measurement year.
- Percentage Diff: Percentage increase/decrease of indicated dental services between PY 5 and PY 6.
- PY 5 Preventive: Number of preventive dental services or ICD-10 preventive dental procedures at an SNC received in PY 5 (Baseline Year for beneficiaries who received CRA in PY 3, PY 4, PY 5 and PY 6).
- PY 6 Preventive: Number of preventive dental services CDT codes D1000-D1999, or CPT code 99188, or ICD-10 preventive dental procedures at an SNC received in PY 6.
- PY 5 Restorative: Number of restorative dental services or ICD-10 restorative procedures at an SNC received in PY 5 (Baseline Year for beneficiaries who received CRA in PY 3, PY 4, PY 5 and PY 6).
- PY 6 Restorative: Number of restorative dental services or ICD-10 preventive dental procedures at an SNC received in PY 6.
- PY 5 ER: Number of ER Visits for ACS Dental Conditions in PY 5 (Baseline Year for beneficiaries who received CRA in PY 3, PY 4, PY 5 and PY 6).
- PY 6 ER: Number of ER Visits for ACS Dental Conditions in PY 6.
- PY 5 GA: Number of GA services in PY 5 (Baseline Year for beneficiaries who received CRA in PY 3, PY 4, PY 5 and PY 6).
- PY 6 GA: Number of GA services in PY 6.
- PY 5 Exams: Number of dental exams or ICD-10 dental exam procedures at an SNC received in PY 5 (Baseline Year for beneficiaries who received CRA in PY 3, PY 4, PY 5 and PY 6).
- PY 6 Exams: Number of dental exams or ICD-10 dental exam procedures at an SNC received in PY 6.
- PY 5 Treatment: Number of dental treatment services or ICD-10 dental treatment procedures at an SNC received in PY 5 (Baseline Year for beneficiaries who received CRA in PY 3, PY 4, PY 5 and PY 6).
- PY 6 Treatment: Number of dental treatment services or ICD-10 dental treatment procedures at an SNC received in PY 6.
- Preventive Expenditures: Expenditures for preventive dental services CDT codes D1000-D1999, or CPT Code 99188, or SNC encounters with ICD-10 codes (K023, K0251, K0261, K036, K0500, K0501, K051, K0510, K0511, Z012, Z0120, Z0121, Z293, Z299, Z98810).
- Treatment Expenditures: Expenditures for dental treatment services (D2000-D9999) or SNC encounters with ICD-10 codes on Appendix 4: ICD 10 CODES FOR DENTAL SERVICES, List A.
- GA Expenditures: Expenditures for GA (CDT codes D9222 and D9223).

- Dental Offices: Any Medi-Cal enrolled office that provides and bills dental services (CDT code D0100-D9999 or CPT code 99188).
- SNCs: Any Medi-Cal enrolled SNC that provides and bills dental encounters (CPT code 00003).

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Section Five: Beneficiaries Who Received a CRA in PY 2, PY 3, PY 4, PY 5, and PY 6

The performance of beneficiaries who received a CRA for the first time in PY 2 and returned for a CRA in PY 3, PY 4, PY 5 and PY 6 are captured in this section.

Performance Metrics Analysis

Figure 42 and *43* show the continuity and risk level movement of CRA in PY 6 for beneficiaries who received a CRA during PY 2, PY 3, PY 4 and PY 5.

For beneficiaries who received a low-risk CRA in PY 2, and any CRA in PY 3, PY 4, and PY 5, 52 percent also received a CRA in PY 6, while 40 percent aged out and 8 percent did not continue the CRA treatment. Among those 194 beneficiaries who received a low-risk CRA in PY 2 and continued any CRA in PY 3, PY 4, and PY 5, 41 percent became high risk, 29 percent became moderate risk and 30 percent remained low risk in PY 6.

For beneficiaries who received a moderate-risk CRA in PY 2 any CRA in PY 3, PY 4, and PY 5, 65 percent also received a CRA in PY 6, while 28 percent aged out and 7 percent did not continue the CRA treatment. Among those 512 beneficiaries who received a moderate-risk CRA in PY 2 and continued any CRA in PY 3, PY 4, and PY 5, 53 percent became high risk, 32 percent remained moderate risk and 15 percent became low risk in PY 6.

For beneficiaries who received a high-risk CRA in PY 2 any CRA in PY 3, PY 4, and PY 5, 57 percent also received a CRA in PY 6, while 34 percent aged out and 9 percent did not continue the CRA treatment. Among those 1,293 beneficiaries who received a high-risk CRA in PY 2 and continued any CRA in PY 3, PY 4, and PY 5, 86 percent remained high risk, 10 percent became moderate risk and 4 percent became low risk in PY 6.

The data in *Figure 42* and *43* demonstrates that at least 52 percent of the beneficiaries continued with CRA in the respective risk categories in PY 6 out of which 41 percent of beneficiaries moved from low to high-risk level, 29 percent moved from low to moderate-risk level, and 53 percent of beneficiaries moved from moderate to high-risk level. Some beneficiaries moved to a higher risk level early in the program and subsequently remained in the higher risk group as opposed to moving to a higher risk group after five years of treatment.

Please see age and county breakdown in the following three appendices:

- Appendix 39: Domain 2 CRA Movement from PY 2 to PY 6 for Beneficiaries in High Risk in PY 2
- Appendix 40: Domain 2 CRA Movement from PY 2 to PY 6 for Beneficiaries in Moderate Risk in PY 2
- Appendix 41: Domain 2 CRA Movement from PY 2 to PY 6 for Beneficiaries in Low Risk in PY 2

Figure 42: CRA Continuity from PY 2 to PY 6

Risk Level in PY 2	Received a CRA in PYs 2, 3, 4, 5, & 6	Received a CRA in PYs 2, 3, 4, & 5, not in PY 6	Received a CRA in PYs 2, 3, 4, & 5, aged out in PY 6	Received a CRA in PYs 2, 3, 4, 5, & 6
Low Risk	376	31	151	194
Low Risk	100%	8%	40%	52%
Moderate Risk	787	53	222	512
Moderate Risk	100%	7%	28%	65%
High Risk	2,279	205	781	1,293
High Risk	100%	9%	34%	57%

Figure 43: CRA Risk Level Movement from PY 2 to PY 6

Risk Level in PY 2	Received a CRA in PYs 2, 3, 4, 5, & 6	Move to/ Remained in High Risk in PY 6	Move to/ Remained in Moderate Risk in PY 6	Move to/ Remained in Low Risk in PY 6
Low Risk	194	80	56	58
Low Risk	100%	41%	29%	30%
Moderate Risk	512	272	163	77
Moderate Risk	100%	53%	32%	15%
High Risk	1,293	1,113	126	54
High Risk	100%	86%	10%	4%

Figure 44 showed a decrease in the number of preventive dental services from PY 5 to PY 6 for beneficiaries who received a CRA in all five years who are at the end of their treatment plan. Please see age and county breakdown in Appendix 42: Domain 2 Count of Preventive

Dental Services for Beneficiaries Who Received a CRA in PY 2, PY 3, PY 4, PY 5, and Returned in PY 6 by County and Age Group.

Figure 44: Number and Percentage Change in Preventive Dental Services for Beneficiaries Who Received a CRA in PY 2, PY 3, PY 4, PY 5, and Returned in PY 6

Group	PY 5 Preventive	PY 6 Preventive	Percent Diff
Low Risk	1,108	1,042	-6%
Moderate Risk	2,068	2,039	-1%
High Risk	8,846	8,891	1%

Figure 45 shows a reduction in the number of restorative dental services performed from PY 5 to PY 6 for moderate and high-risk CRA beneficiaries who received a CRA in all five years. The values presented in *Figure 45* represents the Domain’s progress in reducing the reliance on restorative services for beneficiaries who continued with the program in all five years. Please see age and county breakdown in Appendix 43: Domain 2 Count of Restorative Dental Services for Beneficiaries Who Received a CRA in PY 2, PY 3, PY 4, PY 5, and Returned in PY 6 by County and Age Group.

Figure 45: Number and Percentage Change in Restorative Dental Services for Beneficiaries Who Received a CRA in PY 2, PY 3, PY 4, PY 5, and Returned in PY 6

Group	PY 5 Restorative	PY 6 Restorative	Percent Diff
Low Risk	98	100	2%
Moderate Risk	250	59	-76%
High Risk	2,112	2,058	-3%

Figure 46, on the next page, shows that the number of ER visits among low and moderate groups remained at zero, and demonstrates a decrease among the high-risk group. *Figure 46* also shows a reduction in GA service across moderate-risk groups and an increase in the low and high-risk group. DHCS’ analysis suggests that the reason GA visits increased for high-risk groups in PY 6 is due to returning high-risk beneficiaries utilizing restorative services with GA as a part of their treatment plan. Suppression (*) and complementary suppression (**) is applied to beneficiaries less than 11 in each risk category. Please see age and county breakdown in Appendix 44: Domain 2 Count of ER Visits for Beneficiaries Who Received CRA in PY 2, PY 3, PY 4, PY 5, and Returned in PY 6 by County and Age Group and Appendix 45: Domain 2 Count of GA Services for Beneficiaries Who Received CRA in PY 2, PY 3, PY 4, PY 5, and Returned in PY 6 by County and Age Group.

Figure 46: Number and Percentage Change in ER Visits and GA for Beneficiaries Who Received a CRA in PY 2, PY 3, PY 4, PY 5, and Returned in PY 6

Measure	Groups	PY 5	PY 6	Percent Diff
ER	Low Risk	0	0	N/A
ER	Moderate Risk	0	0	N/A
ER	High Risk	*	*	-33%
GA	Low Risk	*	16	**
GA	Moderate Risk	35	0	-100%
GA	High Risk	137	150	9%

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Figure 47 showed a decreased in dental exams from PY 5 to PY 6 for beneficiaries who received a CRA in all five years who are at the end of their treatment plan as their allotted frequencies for dental exams might have reduced. Please see age and county breakdown in Appendix 46: Domain 2 Count of Dental Exams for Beneficiaries Who Received CRA in PY 2, PY 3, PY 4, PY 5, and Returned in PY 6 by County and Age Group

Figure 47: Number and Percentage Change in Dental Exams for Beneficiaries Who Received a CRA in PY 2, PY 3, PY 4, PY 5 and Returned in PY 6

Group	PY 5 Exams	PY 6 Exams	Percent Diff
Low Risk	343	311	-9%
Moderate Risk	639	625	-2%
High Risk	2,721	2,663	-2%

Figure 48 shows the number of dental treatment services provided to beneficiaries who received a CRA in all five years. All CRA groups experienced a decrease in the count of dental treatment services being provided in PY 6 which is evidence that Domain 2 made progress towards meeting its objectives. As stated earlier, under Domain 2 providers were able to assess a patient’s caries risk level, and subsequently determine a preventive treatment plan suitable to their risk level. Consequently, they greatly reduced the need for patients to undergo many of the invasive dental treatments. Please see age and county breakdown in Appendix 47: Domain 2 Count of Dental Treatment Services for Beneficiaries Who Received a CRA in PY 2, PY 3, PY 4, PY 5, and Returned in PY 6 by County and Age Group.

Figure 48: Number and Percentage Change in Dental Treatment for Beneficiaries Who Received a CRA in PY 2, PY 3, PY 4, PY 5 and Returned in PY 6

Groups	PY 5 Treatment	PY 6 Treatment	Percent Diff
Low Risk	562	530	-6%
Moderate Risk	1,119	771	-31%
High Risk	6,605	6,527	-1%

Figure 49 displays the expenditures for preventive dental services, dental treatment services, and GA for beneficiaries who received a CRA in PY 2, PY 3, PY 4, PY 5, and returned in PY 6. The total expenditures for the CRA locations decreased for all categories. The overall decrease in preventive dental service, treatment service and GA expenditure reflects the fact that as beneficiaries continued with the program, the need for preventive, treatment and GA services decreased over the course of five years while adhering to their basic treatment plan.

Figure 49: Expenditures for Beneficiaries who received a CRA in PY 2, PY 3, PY 4, PY 5, and Returned in PY 6

Measure	Service Location	PY 5	PY 6	Percent Diff
Preventive Services	CRA Dental Offices	\$336,619	\$315,391	-6%
Preventive Services	CRA SNCs	\$3,192	\$8,877	178%
Preventive Services	Total CRA Locations	\$339,811	\$324,268	-5%
Dental Treatment	CRA Dental Offices	\$593,313	\$553,341	-7%
Dental Treatment	CRA SNCs	\$1,819	\$1,452	-20%
Dental Treatment	Total CRA Locations	\$595,132	\$554,793	-7%
GA	CRA Dental Offices	\$45,416	\$41,238	-9%

Footnotes for Figures 42 through 49:

- Data Source: DHCS MIS/DSS Data Warehouse and DTI Domain 2 Report as of September 2022.
- Received CRA in PY 2, PY 3, PY 4 and PY 5: Beneficiaries that received a CRA (CDT codes D0601-D0603) in PY 2, PY 3, PY 4 and PY 5.
- Received CRA in PY 2, PY 3, PY 4 and PY 5 but not in PY 6: Beneficiaries that received a CRA (CDT Code D0601, D0602, or D0603) in PY 2, PY 3, PY 4 and PY 5 but did not receive a CRA in PY 6.
- Received CRA in PY 2, PY 3, PY 4 and PY 5 but aged out in PY 6: Beneficiaries that received a CRA (CDT codes D0601-D0603) in PY 2, PY 3, PY 4 and PY 5 but were

- over age 6 in PY 6.
- Received CRA in PY 2, PY 3, PY 4, PY 5 and PY 6: Beneficiaries that received a CRA (CDT codes D0601-D0603) in PY 2, PY 3, PY 4, PY 5 and PY 6.
 - Moved to/ Remained in High Risk in PY 6: Total beneficiaries that moved from low or moderate risk to high risk or remained in high risk.
 - Moved to/ Remained in Moderate Risk in PY 6: Total beneficiaries that moved from low or high risk to moderate risk or remained in moderate risk.
 - Moved to/ Remained in Low Risk in PY 6: Total beneficiaries that moved from moderate or high risk to low risk or remained in low risk.
 - Low Risk: Number of beneficiaries that received a low-risk CRA (CDT code D0601) in PY 6.
 - Moderate Risk: Number of beneficiaries that received a moderate-risk CRA (CDT code D0602) in PY 6.
 - High Risk: Number of beneficiaries that received a high-risk CRA (CDT code D0603) in PY 6.
 - Beneficiary Count: Unduplicated count of beneficiaries.
 - Duplicates exist when a beneficiary had more than one CRA in the measurement year.
 - Percentage Diff: Percentage increase/decrease of indicated dental services between PY 5 and PY 6.
 - PY 5 Preventive: Number of preventive dental services or ICD-10 preventive dental procedures at an SNC received in PY 5 (Baseline Year for beneficiaries who received CRA in PY 2, PY 3, PY 4, PY 5 and PY 6).
 - PY 6 Preventive: Number of preventive dental services CDT codes D1000-D1999, or CPT code 99188, or ICD-10 preventive dental procedures at an SNC received in PY 6.
 - PY 5 Restorative: Number of restorative dental services or ICD-10 restorative procedures at an SNC received in PY 5 (Baseline Year for beneficiaries who received CRA in PY 2, PY 3, PY 4, PY 5 and PY 6).
 - PY 6 Restorative: Number of restorative dental services or ICD-10 preventive dental procedures at an SNC received in PY 6.
 - PY 5 ER: Number of ER Visits for ACS Dental Conditions in PY 5 (Baseline Year for beneficiaries who received CRA in PY 2, PY 3, PY 4, PY 5 and PY 6).
 - PY 6 ER: Number of ER Visits for ACS Dental Conditions in PY 6.
 - PY 5 GA: Number of GA services in PY 5 (Baseline Year for beneficiaries who received CRA in PY 2, PY 3, PY 4, PY 5 and PY 6).
 - PY 6 GA: Number of GA services in PY 6.
 - PY 5 Exams: Number of dental exams or ICD-10 dental exam procedures at an SNC received in PY 5 (Baseline Year for beneficiaries who received CRA in PY 2, PY 3, PY 4, PY 5 and PY 6).

- PY 6 Exams: Number of dental exams or ICD-10 dental exam procedures at an SNC received in PY 6.
- PY 5 Treatment: Number of dental treatment services or ICD-10 dental treatment procedures at an SNC received in PY 5 (Baseline Year for beneficiaries who received CRA in PY 2, PY 3, PY 4, PY 5 and PY 6).
- PY 6 Treatment: Number of dental treatment services or ICD-10 dental treatment procedures at an SNC received in PY 6.
- Preventive Expenditures: Expenditures for preventive dental services CDT codes D1000-D1999, or CPT Code 99188, or SNC encounters with ICD-10 codes (K023, K0251, K0261, K036, K0500, K0501, K051, K0510, K0511, Z012, Z0120, Z0121, Z293, Z299, Z98810).
- Treatment Expenditures: Expenditures for dental treatment services (D2000-D9999) or SNC encounters with ICD-10 codes on Appendix 4: ICD 10 CODES FOR DENTAL SERVICES, List A.
- GA Expenditures: Expenditures for GA (CDT codes D9222 and D9223).
- Dental Offices: Any Medi-Cal enrolled office that provides and bills dental services (CDT code D0100-D9999 or CPT code 99188).
- SNCs: Any Medi-Cal enrolled SNC that provides and bills dental encounters (CPT code 00003).

Incentive Payments Analysis

Figure 50 displays payments issued for Domain 2 from PY 4 through PY 6 for claims received through October 2022. As of October 2022, DHCS issued approximately \$56.6 million in payments for services in PY 4, approximately \$70.0 million for services in PY 5, and approximately \$103.6 million for services in PY 6. The grand total payment issued for this Domain is approximately \$236 million.

Figure 50: Domain 2 Incentive Payment Summary

Delivery System	PY 4	PY 5	Year to Date PY 6
FFS	\$49,989,510	\$65,198,887	\$98, 561,962
DMC	\$2,494,443	\$2,061,817	\$2, 436,569
SNC	\$4,104,934	\$2,757,950	\$2,627,716
Total	\$56,588,887	\$70,018,644	\$103,626,247

Footnotes for Figures 50:

- Data Source: DHCS Dental FI Domain 2 Incentive Payment Summary as of October 2022.

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DOMAIN 3: INCREASE CONTINUITY OF CARE

Domain 3 aimed 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. Beginning PY 4, DHCS expanded this Domain to an additional 19 counties, along with the initial 17 counties bringing the total to 36 pilot counties: Alameda, Butte, Contra Costa, Del Norte, El Dorado, Fresno, Imperial, Kern, Madera, Marin, Merced, Modoc, Monterey, Napa, Nevada, Orange, Placer, Riverside, San Bernardino, San Diego, San Francisco, San Joaquin, San Luis Obispo, San Mateo, Santa Barbara, Santa Clara, Santa Cruz, Shasta, Solano, Sonoma, Stanislaus, Sutter, Tehama, Tulare, Ventura and Yolo. Incentive payments were 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, six and seven continuous years.

Additionally, Domain 3 annual incentive payment amounts increased by \$60 per beneficiary with dates of service of January 1, 2019, or later. The revised payment scale was reflected starting with the June 2020 incentive payment. The first payment for PY 6 was released in August 2022 and the PY 6 final payment has been approved in the SFY 2023-24 budget to be released in July 2023.

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Performance Metrics Analysis

For PY 6, DHCS analyzed the number of beneficiaries who have remained with the same service office location for two, three, four, five, six, and seven continuous years in the 17 initial pilot counties. Expansion counties are only eligible for the two, three, and four year continuity analysis as they were implemented in PY 4. DHCS established this domain's baseline year as CY 2015, however, the baseline year data doesn't include dental services rendered at SNCs as the baseline year was prior to the implementation of the ICD10 codes, which became effective October 1, 2015. The performance measure for this domain is similar to the Dental Quality Alliance measures, Usual Source of Services² (also known as Usual Source of Care) and Care Continuity³ (also known as Continuity of Care), with the exception that DHCS incentivizes over a longer continuous period.

² [DQA Measure Specifications: Administrative Claims-Based Measures Usual Source of Care, Dental Services](#). Description: Percentage of all children enrolled in two consecutive years who visited the same practice or clinical entity in both years.

³ [DQA Measure Technical Specifications Care Continuity, Dental Services](#). Description: Percentage of all children enrolled in two consecutive years who received a comprehensive or periodic oral evaluation in both years.

Figure 51 shows continuity of care from the 17 initial pilot counties. From baseline year to PY 6, beneficiaries receiving two-year continuity of care changed from 13.73 to 14.78 percentage which is a 1.05 percentage points increase compared to the baseline – CY 2014 to CY 2015. Similarly, the three-year continuity of care increased by 1.81 percentage points, four-year continuity of care increased by 2.32 percentage points, five-year continuity of care increased by 1.79 percentage points, six-year continuity of care increased by 1.38 percentage points and the seven-year continuity of care increased by 1.43 percentage points compared to the baseline year with no gap. Note that the baseline year data doesn't include services rendered at SNCs as the baseline year was prior to the implementation of the ICD10 codes. This data shows a steady increase in beneficiaries returning to their dental home from the baseline year until PY 4. The increase in PY 5 and PY 6 are affected by COVID-19 PHE, however, the return rates in both PY 5 and PY 6 are greater than the baseline year but less than PY 4.

Figure 51: Domain 3 Continuity of Care in 17 Initial Pilot Counties (Number of Beneficiaries Returning to the Same Service Location)

Measure	Baseline Year: CY 2015 (Excluding SNCs)	PY 1	PY 2	PY 3	PY 4	PY 5	PY 6
Claims Range	CY 2009 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	CY 2015 to CY 2021
Denominator	1,544,373	1,603,314	1,589,345	1,558,457	1,529,753	1,484,784	1,527,566
Numerator 2 nd Year	211,981	245,290	264,677	272,224	278,449	225,682	225,837
Percentage 2 nd Year	13.73%	15.30%	16.65%	17.47%	18.20%	15.20%	14.78%
Numerator 3 rd Year	119,956	N/A	157,963	164,530	172,401	142,523	146,316
Percentage 3 rd Year	7.77%	N/A	9.94%	10.56%	11.27%	9.60%	9.58%
Numerator 4 th Year	63,603	N/A	N/A	107,049	112,118	94,870	98,415
Percentage 4 th Year	4.12%	N/A	N/A	6.87%	7.33%	6.39%	6.44%
Numerator 5 th Year	40,819	N/A	N/A	N/A	76,104	62,563	67,696

Measure	Baseline Year: CY 2015 (Excluding SNCs)	PY 1	PY 2	PY 3	PY 4	PY 5	PY 6
Percentage 5 th Year	2.64%	N/A	N/A	N/A	4.97%	4.21%	4.43%
Numerator 6 th Year	25,206	N/A	N/A	N/A	N/A	42,635	45,981
Percentage 6 th Year	1.63%	N/A	N/A	N/A	N/A	2.87%	3.01%
Numerator 7 th Year	9,953	N/A	N/A	N/A	N/A	N/A	31,679
Percentage 7 th Year	0.64%	N/A	N/A	N/A	N/A	N/A	2.07%

Similar to above, *Figure 52* shows continuity of care from the 19 expansion counties. From baseline year to PY 6, beneficiaries receiving two-year continuity of care changed from 17.27 to 17.63 percentage which is a 0.36 percentage points increase compared to the baseline – CY 2014 to CY 2015. Similarly, the three-year and four-year continuity of care increased by 1.98 and 3.25 percentage points respectively when compared to the baseline with no gap. Note that the baseline year data doesn't include services rendered at SNCs as the baseline year was prior to the implementation of the ICD10 codes.

Figure 52: Domain 3 Continuity of Care in 19 Expansion Counties (Number of Beneficiaries Returning to the Same Service Location)

Measure	Baseline Year: CY 2015 (Excluding SNCs)	PY 4	PY 5	PY 6
Claims Range	CY 2012 to CY 2015	CY 2018 to CY 2019	CY 2018 to CY 2020	CY 2018 to CY 2021
Denominator	2,603,258	2,498,979	2,441,127	2,508,785
Numerator 2 nd Year	449,528	521,109	442,477	442,195
Percentage 2 nd Year	17.27%	20.85%	18.13%	17.63%
Numerator 3 rd Year	264,711	N/A	293,063	304,855
Percentage 3 rd Year	10.17%	N/A	12.01%	12.15%
Numerator 4 th Year	136,110	N/A	N/A	212,730
Percentage 4 th Year	5.23%	N/A	N/A	8.48%

Footnotes for Figures 51 and 52:

- Data Source: DHCS Dental FI Domain 3 Incentive Payment Summary as of July 2022.
- Baseline Year: DHCS determined CY 2015 to be the baseline year. SNC data was not available in the baseline year.
- Denominator: Number of beneficiaries ages 20 and under enrolled for at least one month in the FFS delivery system during the measurement years.
- Numerator: Number of beneficiaries ages 20 and under who received an examination from the same service office location with no gap in service for two, three, four, five, six or seven continuous years. Beneficiaries who visited participating SNCs were included.

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Incentive Payments Analysis

Figures 53 and 54 show the number of service office locations that were issued incentive payments for services conducted during PY 5 and PY 6. PY 5 payment includes both the first and final payments issued in July 2021 and August 2022, respectively. The first payment of PY 6 was issued in August 2022 and is included with this report. The final payment of PY 6 will be issued in July 2023.

DHCS also included the number of active service office locations in CY 2020 and CY 2021 for PY 5 and PY 6, respectively in *Figures 53 and 54*. The additional details help analyze the proportion of service office locations that received incentive payments. Due to the \$60 rate increase and expansion counties effective January 2019, an inference based on incentive amounts compared to previous PYs cannot be made to determine program successes.

Figure 53: Domain 3 Incentive Payment by County for PY 5

Provider County	Total Number of Service Office Locations	Number of Service Office Locations that Received Incentive Payment	Total Incentive Payment
Alameda	136	116	\$2,393,950
Butte	17	*	**
Contra Costa	62	45	\$1,213,270
Del Norte	0	0	\$0
El Dorado	12	*	**
Fresno	149	121	\$4,572,780
Imperial	15	12	\$217,410
Kern	100	80	\$5,060,600
Madera	19	15	\$725,020

Provider County	Total Number of Service Office Locations	Number of Service Office Locations that Received Incentive Payment	Total Incentive Payment
Marin	*	*	**
Merced	29	21	\$837,650
Modoc	0	*	**
Monterey	28	23	\$2,418,340
Napa	*	*	**
Nevada	*	*	**
Orange	859	682	\$9,869,680
Placer	30	20	\$601,040
Riverside	400	295	\$7,584,640
San Bernardino	466	373	\$8,104,640
San Diego	432	289	\$6,848,460
San Francisco	83	45	\$1,284,610
San Joaquin	80	69	\$2,489,380
San Luis Obispo	13	*	**
San Mateo	28	27	\$967,590
Santa Barbara	35	27	\$1,664,540
Santa Clara	201	177	\$2,846,650
Santa Cruz	18	11	\$792,060
Shasta	*	*	**
Solano	41	32	\$998,620
Sonoma	18	15	\$509,390
Stanislaus	65	52	\$2,666,580
Sutter	15	11	\$1,496,130
Tehama	0	*	**
Tulare	58	46	\$2,198,040
Ventura	131	110	\$3,187,480
Yolo	15	12	\$101,180
Total	3,580	2,769	\$73,181,230

Figure 54: Domain 3 Incentive Payment by County for PY 6

Provider County	Total Number of Service Office Locations	Number of Service Office Locations that Received Incentive Payment	Total Incentive Payment
Alameda	136	110	\$2,456,850
Butte	17	*	**

Provider County	Total Number of Service Office Locations	Number of Service Office Locations that Received Incentive Payment	Total Incentive Payment
Contra Costa	62	46	\$1,301,650
Del Norte	0	0	\$0
El Dorado	12	*	**
Fresno	149	124	\$4,618,460
Imperial	15	12	\$176,160
Kern	100	79	\$5,123,990
Madera	19	15	\$701,690
Marin	*	*	**
Merced	29	23	\$952,340
Modoc	0	*	**
Monterey	28	21	\$2,216,400
Napa	*	*	**
Nevada	*	*	**
Orange	859	699	\$10,632,860
Placer	30	22	\$562,230
Riverside	400	310	\$7,880,930
San Bernardino	466	310	\$7,880,930
San Diego	432	322	\$7,419,480
San Francisco	83	46	\$1,358,630
San Joaquin	80	73	\$2,599,920
San Luis Obispo	13	11	\$604,830
San Mateo	28	21	\$1,040,190
Santa Barbara	35	29	\$1,706,350
Santa Clara	201	173	\$2,881,230
Santa Cruz	18	11	\$789,930
Shasta	*	*	**
Solano	41	31	\$1,024,280
Sonoma	18	16	\$455,430
Stanislaus	65	53	\$2,775,850
Sutter	15	11	\$1,566,820
Tehama	0	0	\$0
Tulare	58	48	\$2,172,240
Ventura	131	119	\$3,423,120
Yolo	15	14	\$106,080
Total	3,580	2,865	\$75,877,890

Footnotes for Figures 53 and 54:

- Data Source: DHCS Dental FI Domain 3 Incentive Payment Summary as of July 2022.
- Total Number of Service Office Locations: includes FFS Dental offices regardless of DTI participation.
- Number of Service Office Locations that received Incentive Payments: includes participating FFS Dental offices and SNCs.
- Total Incentive Payment: includes the total incentives disbursed.
- Offices less than 11 are suppressed (*) and complementary suppression is also applied (**).

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Continuity of Care Analysis

Figure 55 shows the number of unduplicated beneficiaries in PY 5 who received a dental examination D0120, D0150, or D0145 from the same dental office or SNC for two, three, four, five, and six consecutive years. The additional details on beneficiaries in the 36 counties who received at least one dental exam in PY 5 along with the county breakdown help analyze the proportion of beneficiaries returning to the same office in PY 5. Please note that the beneficiaries returning to services in the two, three, four, five, and six consecutive year categories are mutually exclusive and there is no duplication of beneficiaries.

For PY 5:

- Six consecutive years mean the number of beneficiaries who received dental exams in CY 2015, CY 2016, CY 2017, CY 2018, CY 2019, and CY 2020. This category is not applicable to the 19 expansion counties (represented by *) considering the program implementation.
- Five consecutive years mean the number of beneficiaries who received dental exams in CY 2016, CY 2017, CY 2018, CY 2019, and CY 2020. This category is not applicable to the 19 expansion counties (represented by *) considering the program implementation.
- Four consecutive years mean the number of beneficiaries who received dental exams in CY 2017, CY 2018, CY 2019, and CY 2020. This category is not applicable to the 19 expansion counties (represented by *) considering the program implementation.
- Three consecutive years mean the number of beneficiaries who received dental exams in CY 2018, CY 2019, and CY 2020. This category is applicable to both initial pilot and expansion counties.
- Two consecutive years mean the number of beneficiaries who received dental exams in CY 2019 and CY 2020. This category is applicable to both initial pilot and expansion counties.

Based on *Figure 55*, 9 percent of the beneficiaries in PY 5 from the initial 17 pilot counties had dental exams for six consecutive years, which indicates the relative steadiness of this population and that the incentive payments are positively affecting this domain's goal of continuity of care. Similarly, 35.9 percent of the beneficiaries in PY 5 from the 19 expansion counties had a dental exam for three consecutive years.

Figure 55: Number of Beneficiaries Continuously Returned to the Same Dental Offices or SNC by County in PY 5 for Dental Exams

Provider County	Dental exams in PY 5	Dental exams in 2 years (2019 and 2020)	Dental exams in 3 years (2018 through 2020)	Dental exams in 4 years (2017 through 2020)	Dental exams in 5 years (2016 through 2020)	Dental exams in 6 years (2015 through 2020)
Alameda	51,232	7,326	4,181	3,422	1,812	3,966
Butte*	4,570	569	1,230	0	0	0
Contra Costa*	27,686	4,755	6,707	0	0	0
Del Norte	990	0	0	0	0	0
El Dorado	4,855	1,546	679	72	**	29
Fresno	77,180	15,568	9,123	6,219	2,477	6,744
Imperial*	5,703	765	1,281	0	0	0
Kern	70,893	13,788	8,797	5,892	4,601	10,064
Madera	16,137	1,884	961	774	595	1,862
Marin	7,695	33	*	14	*	*
Merced*	20,704	3,058	4,835	0	0	0
Modoc	79	13	*	*	0	*
Monterey*	37,122	5,435	17,044	0	0	0
Napa*	4,186	673	1,998	0	0	0
Nevada	1,564	132	15	*	0	*
Orange*	152,393	30,489	61,994	12	0	0
Placer	9,422	1,816	1,205	1,018	481	730
Riverside	141,674	25,538	13,789	9,579	6,065	11,258
San Bernardino*	136,679	29,797	46,586	*	0	0
San Diego*	137,896	22,060	41,348	735	46	0
San Francisco*	22,908	3,374	8,611	0	0	0
San Joaquin*	44,611	9,914	13,618	0	0	0
San Luis Obispo	11,205	1,168	833	739	515	1,572

Provider County	Dental exams in PY 5	Dental exams in 2 years (2019 and 2020)	Dental exams in 3 years (2018 through 2020)	Dental exams in 4 years (2017 through 2020)	Dental exams in 5 years (2016 through 2020)	Dental exams in 6 years (2015 through 2020)
San Mateo*	17,595	2,494	6,529	0	0	0
Santa Barbara*	29,293	4,123	11,384	0	0	0
Santa Clara*	48,761	8,426	18,187	29	0	0
Santa Cruz	14,855	3,005	1,174	403	416	1,857
Shasta	6,297	631	531	36	23	18
Solano*	17,360	3,461	5,932	0	0	0
Sonoma	14,494	1,315	1,009	552	472	995
Stanislaus	41,049	8,688	5,194	3,525	2,396	3,514
Sutter*	19,812	3,650	10,283	0	0	0
Tehama*	3,193	198	413	*	0	0
Tulare*	38,226	7,555	13,114	0	0	0
Ventura*	46,214	8,618	21,136	*	0	0
Yolo	3,850	708	151	51	47	11
Total	1,288,383	232,573	339,883	33,094	19,974	42,635

Figure 56 shows the number of unduplicated beneficiaries in PY 6 from the 17 initial pilot counties who received a dental examination D0120, D0150, or D0145 from the same dental office or SNC for two, three, four, five, six, and seven consecutive years along with the four consecutive years from the 19 expansion counties identified by asterisk (*). The additional details on beneficiaries who received at least one dental exam in PY 6 along with the county breakdown help analyze the proportion of beneficiaries returning to the same office in PY 6. Please note that the beneficiaries returning to services in the two, three, four, five, six, and seven consecutive year categories are mutually exclusive and there is no duplication of beneficiaries.

For PY 6:

- Seven consecutive years mean the number of beneficiaries who received dental exams in CY 2015, CY 2016, CY 2017, CY 2018, CY 2019, CY 2020, and CY 2021. This category is not applicable to the 19 expansion counties (represented by *) considering the program implementation.
- Six consecutive years mean the number of beneficiaries who received dental exams in CY 2016, CY 2017, CY 2018, CY 2019, CY 2020, and CY 2021. This category is not applicable to the 19 expansion counties (represented by *)

considering the program implementation.

- Five consecutive years mean the number of beneficiaries who received dental exams in CY 2017, CY 2018, CY 2019, CY 2020, and CY 2021. This category is not applicable to the 19 expansion counties (represented by *) considering the program implementation.
- Four consecutive years mean the number of beneficiaries who received dental exams in CY 2018, CY 2019, CY 2020, and CY 2021. This category is applicable to both initial pilot and expansion counties.
- Three consecutive years mean the number of beneficiaries who received dental exams in CY 2019, CY 2020, and CY 2021. This category is applicable to both initial pilot and expansion counties.
- Two consecutive years mean the number of beneficiaries who received dental exams in CY 2020 and CY 2021. This category is applicable to both initial pilot and expansion counties.

Based on *Figure 56*, 5.7 percent of the beneficiaries in PY 6 from the initial 17 pilot counties had dental exams for seven consecutive years. Similarly, 21.9 percent of the beneficiaries in PY 6 from the 19 expansion counties had a dental exam for four consecutive years.

Figure 56: Number of Beneficiaries Continuously Returned to the Same Dental Offices or SNC by County in PY 6 for Dental Exams

Provider	Dental exams in PY 6	Dental exams in 2 years (2020 and 2021)	Dental exams in 3 years (2019 through 2021)	Dental exams in 4 years (2018 through 2021)	Dental exams in 5 years (2017 through 2021)	Dental exams in 6 years (2016 through 2021)	Dental exams in 7 years (2015 through 2021)
Alameda	59,279	8,821	3,828	2,289	1,862	1,362	2,975
Butte*	8,190	490	323	896	0	0	0
Contra Costa*	34,620	4,615	2,733	4,496	0	0	0
Del Norte	1,226	0	0	0	0	0	0
El Dorado	4,983	589	1,105	514	38	18	21
Fresno	91,457	13,347	8,845	6,019	4,409	1,814	5,076
Imperial*	7,688	647	290	663	0	0	0
Kern	86,350	13,212	8,228	5,951	4,211	3,499	7,642
Madera	17,205	1,446	1,018	635	558	483	1,525
Marin	9,924	13	*	*	*	*	*
Merced*	25,373	2,983	2,048	3,573	0	0	0
Modoc	104	34	*	*	*	0	*

Provider	Dental exams in PY 6	Dental exams in 2 years (2020 and 2021)	Dental exams in 3 years (2019 through 2021)	Dental exams in 4 years (2018 through 2021)	Dental exams in 5 years (2017 through 2021)	Dental exams in 6 years (2016 through 2021)	Dental exams in 7 years (2015 through 2021)
Monterey*	40,777	4,822	3,616	11,137	0	0	0
Napa*	5,271	489	374	1,523	0	0	0
Nevada	2,101	158	47	*	*	0	*
Orange*	180,684	28,726	20,025	46,305	*	0	0
Placer	9,948	1,613	1,004	658	639	354	526
Riverside	160,818	25,647	14,733	8,856	6,338	4,131	8,204
San Bernardino*	169,029	26,589	17,333	32,424	*	0	0
San Diego*	160,888	22,673	13,330	30,668	44	24	0
San Francisco*	28,042	3,101	2,295	6,634	0	0	0
San Joaquin*	53,637	8,781	5,406	9,393	0	0	0
San Luis Obispo	11,452	1,165	794	626	574	420	1,283
San Mateo*	22,399	2,154	1,737	5,281	0	0	0
Santa Barbara*	34,359	3,923	2,683	8,491	0	0	0
Santa Clara*	56,419	7,636	5,175	12,875	26	0	0
Santa Cruz	17,108	2,342	1,670	732	243	255	1,446
Shasta	6,674	378	343	351	18	*	12
Solano*	21,189	2,556	2,140	4,444	0	0	0
Sonoma	20,093	2,248	477	457	226	206	434
Stanislaus	50,467	7,984	5,444	3,552	2,556	1,726	2,523
Sutter*	20,968	3,037	2,496	8,238	0	0	0
Tehama*	2,861	0	0	0	0	0	0
Tulare*	42,487	5,703	4,506	9,219	0	0	0
Ventura*	55,254	8,415	5,615	16,361	*	0	0
Yolo	5,237	524	350	63	28	22	*
Total	1,524,561	216,861	140,026	243,340	21,800	14,326	31,679

Footnotes for Figures 55 and 56:

Data Source: DHCS Dental FI Domain 3 Incentive Payment Summary as of July 2022.

Provider County: The 19 expansion counties were identified by asterisk (*) in PY 5 and PY 6. Suppression applied (*) for the number of beneficiaries that are lower than 11 along with

complementary suppression (**) for the second lowest number of beneficiaries.

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Impact Assessment

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 the metrics for this domain are useful in understanding the effectiveness of the activities undertaken.

Based on *Figure 57*, from the baseline year CY 2014 to PY 6 (CY 2021), DHCS observed increases of 31.31 percent and 34.13 percent in the number of dental exams and preventive dental services and an increase of 18.06 percent in the number of treatment services performed for beneficiaries ages zero through twenty. The expenditures for dental exams increased by 581.54 percent, the expenditures of preventive dental services increased by 202.24 percent, and the expenditures of dental treatment services increased by 116.48 percent. When compared with PY 5, dental exams increased by 26.18 percent, preventive dental services increased by 29.36 percent and treatment services increased by 31.67 percent, which was a desired outcome in PY 6.

Figure 57: Domain 3 Counties’ Number of Services on Dental Exam, Preventive, and Treatment Services

Number of Services	Baseline Year: CY 2014	PY 5	PY 6	Percent Change from Baseline to PY 6
Dental Exams	1,676,000	1,371,722	1,807,190	7.83%
Dental Exams (ICD-10)	N/A	372,445	393,585	N/A
Dental Exams Total	1,676,000	1,744,167	2,200,775	31.31%
Preventive Dental Services	4,102,840	3,771,831	4,969,942	21.13%
Preventive Dental Encounters (ICD-10)	N/A	482,107	533,060	N/A
Preventive Dental Total	4,102,840	4,253,938	5,503,002	34.13%
Dental Treatment Services	3,384,804	2,824,589	3,779,301	11.65%
Dental Treatment Services (ICD-10)	N/A	210,347	216,699	N/A
Dental Treatment Services Total	3,384,804	3,034,936	3,996,000	18.06%

Number of Services	Baseline Year: CY 2014	PY 5	PY 6	Percent Change from Baseline to PY 6
Total Count of Exams, Preventive and Treatment Services	9,163,644	9,033,041	11,699,777	27.68%

Figure 58: Domain 3 Counties' Expenditures on Dental Exam, Preventive and Treatment Services (Dollars in thousands)

Expenditures	Baseline Year: CY 2014	PY 5	PY 6	Percent Change from Baseline to PY 6
Dental Exams	\$28,797	\$72,312	\$97,310	237.92%
Dental Exams (ICD-10)	N/A	\$90,280	\$98,953	N/A
Dental Exams Total	\$28,797	\$162,593	\$196,263	581.54%
Preventive Dental Services	\$82,483	\$88,090	\$119,057	44.34%
Preventive Dental Encounters (ICD-10)	N/A	\$114,449	\$130,242	N/A
Preventive Dental Total	\$82,483	\$202,540	\$249,299	202.24%
Dental Treatment Services	\$182,019	\$252,181	\$341,390	87.56%
Dental Treatment Services (ICD-10)	N/A	\$51,722	\$52,635	N/A
Dental Treatment Services Total	\$182,019	\$303,904	\$394,025	116.48%
Total Expenditure of Exams, Preventive and Treatment Services	\$293,299	\$669,038	\$839,588	186.26%

Footnotes for Figures 57 and 58:

- Data Source: DHCS MIS/DSS Data Warehouse as of September 2022.
- Dental Exams: Any comprehensive or period exam (CDT codes D0120 and D0150) for beneficiaries ages zero through twenty or an oral evaluation and counseling with the primary caregiver (CDT code D0145) for beneficiaries under three (3) years of

- age at a dental office.
- Dental Exams (ICD-10): Any comprehensive or period exam at an SNC (dental encounter with ICD 10 codes on Appendix 4: ICD 10 CODES FOR DENTAL SERVICES, List B) for beneficiaries ages zero through twenty.
- Preventive Dental Services: Any preventive dental service (CDT codes D1000-D1999 or CPT code 99188) at a dental office for beneficiaries ages zero through twenty.
- Preventive Dental Encounters (ICD-10): 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) for beneficiaries ages zero through twenty.
- Dental Treatment Services: Any dental treatment service (CDT codes D2000-D9999) at a dental office for beneficiaries ages zero through twenty.
- Dental Treatment Services (ICD-10): Any dental treatment service at an SNC (dental encounter with ICD 10 codes on Appendix 4: ICD 10 CODES FOR DENTAL SERVICES, List A) for beneficiaries ages zero through twenty.
- N/A: Data was not available because ICD-10 was not implemented in baseline year.

Figure 59 compares Domain 3 (initial and expansion counties) and non-Domain 3 counties' utilization of preventive dental services in PY 6 with the baseline year. Note that the baseline year data doesn't include encounters rendered at SNCs as the baseline year was prior to the implementation of the ICD10 codes. Overall, when excluding the SNC encounters, non-Domain 3 counties had higher increase in preventive service utilization than the Domain 3 counties when compared to the baseline year. When including SNC encounters, the preventive dental services utilization of Domain 3 counties increased by 7.29 percentage points, while the non-Domain 3 counties increased by 4.63 percentage points when compared to the baseline year. Moreover, DHCS and its ASO contractor conducted outreach and training to providers during the COVID-19 PHE, including, but not limited to, offices re-opening and safety practices, and the importance of increasing preventive services and recall exams.

Figure 59: Preventive Dental Services Utilization Increase in Domain 3 and Non-Domain 3 Counties Including and Excluding SNCs

Year	Measure	D3 Counties	Non-D3 Counties
Baseline Year: CY 2014	Numerator Excluding SNCs	1,255,723	741,467
Baseline Year: CY 2014	Denominator	3,418,732	1,860,303

Year	Measure	D3 Counties	Non-D3 Counties
Baseline Year: CY 2014	Utilization Excluding SNCs	36.73%	39.86%
PY 6	Numerator Excluding SNCs	1,319,124	726,670
PY 6	Denominator	3,594,181	1,816,692
PY 6	Utilization Excluding SNCs	36.70%	40.00%
Baseline Year to PY 6	Change of Percentage Points Excluding SNCs	-0.03	0.14
PY 6	Numerator Including SNCs	1,582,077	808,247
PY 6	Denominator	3,594,181	1,816,692
PY 6	Utilization Including SNCs	44.02%	44.49%
Baseline Year to PY 6	Change of Percentage Points Including SNCs	7.29	4.63

Footnotes for Figure 59:

- Data Source: DHCS MIS/DSS Data Warehouse as of September 2022.
- Numerator: Three months continuously enrolled beneficiaries who received any preventive dental service (CDT codes D1000-D1999 or CPT code 99188, excluding or including SNC dental encounters with ICD-10 codes: K023, K0251, K0261, K036, K0500, K0501, K051, K0510, K0511, Z012, Z0120, Z0121, Z293, Z299, Z98810) in the measure year.
- Denominator: Three months continuous enrollment - Number of beneficiaries, ages one through twenty, enrolled in the Medi-Cal program for at least three continuous months in the same dental plan during the measure year.

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