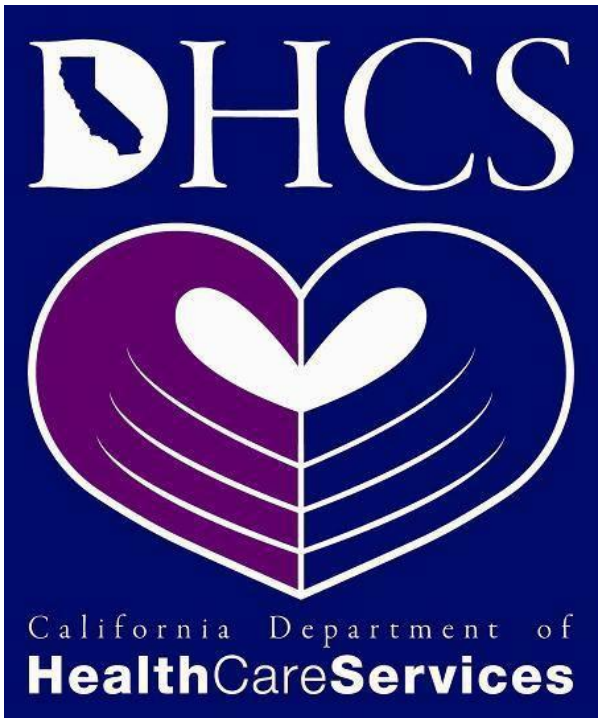
CALIFORNIA'S MEDI-CAL 2020 DEMONSTRATION (11-W-00103/9)



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

Final Annual Report Period:

Program Year (PY) 4 (01/01/2019 – 12/31/2019)

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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 aims to increase, for children, the use of preventive dental services, prevention and treatment of early childhood caries, and continuity of care. Given the importance of oral health to the overall health of an individual, California views improvements in dental care as critical to achieving better health outcomes overall for Medi-Cal children.

The DTI covers four domains. The first three domains are strategically designed to cover different areas/scopes of Medi-Cal dental services: (1) preventive dental services, (2) Caries Risk Assessment (CRA) and management in the selected 11 counties, and (3) continuity of care in the selected 17 counties. Domain 4 addresses the aforementioned domains through Local Dental Pilot Programs (LDPP). Implementation details are described in Fact Sheets for each domain. The key goals for all DTI domains are listed in the Evaluation Plan published on the Department of Health Care Services (DHCS) website.

Effective January 1, 2019, DHCS expanded Domain 2 and Domain 3 to include an additional 18 and 19 expansion counties respectively. Additionally, Domain 3 annual incentive payment amounts increased by $60 per beneficiary with dates of service of January 1, 2019 or later. Please refer to Domain 2 and Domain 3 sections of the report for more details on program expansion.

DHCS is optimistic regarding the potential outcomes for DTI over this five-year period and works diligently to achieve these goals. This annual report contains results for these goals, to the extent available. In addition, the DTI Evaluation Plan addresses the goals and hypotheses of the DTI in further detail. This evaluation design was approved by the Centers for Medicare and Medicaid Services (CMS) on September 12, 2017 (Approval Letter).

The Medi-Cal 2020 Waiver (Waiver) Special Terms and Conditions (STC) require 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) is due for CMS' internal review no later than six months following the end of the applicable PY. An updated report is 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:

- 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

The content of this annual report includes, but is not limited to, performance metrics, a description of DTI operations, payment summary, dental utilization analysis, effectiveness of domain activities, and program integrity. In compliance with the Americans with Disabilities Act (ADA), this report includes appendices in a separate attachment.

Key Findings

Domain 1

- The preventive dental services utilization rate for children ages one through twenty increased by 10.58 percentage points from baseline year CY 2014 to PY 4. (*Figure 1*)
- The number of unduplicated FFS and DMC Medi-Cal providers rendering preventive dental services to at least ten children ages one through twenty increased by 8.11 percentage points from baseline year CY 2014 to PY 4. (*Figure 2*)
- DHCS issued a total of $54.5 million in PY 3 (total payment) incentive payments and $55.8 million for PY 4 incentive payments, as of July 2020. (*Figure 3* and *Figure 4*)

Domain 2

- Children ages zero through six who received CRA for the first time in PY 4 from the 11 original pilot and 18 additional counties had a 109 percentage point increase in preventive dental services compared to the control group, who had a restorative service in PY 4 but did not receive a CRA. (*Figure 10*)
- DHCS issued incentive payments of more than: $2 million for PY 2, $4 million for PY 3, and $56 million for PY 4 – increase due to the expansion counties – as of October 2020. (*Figure 32*)

Domain 3

- From baseline year CY 2015 to PY 4 across the 17 initial pilot counties, the percentage of children ages 20 and under receiving:
  - Two-year continuity of care increased by 4.47 percentage points,
  - Three-year continuity of care increased by 3.50 percentage points,
  - Four-year continuity of care increased by 3.21 percentage points, and
  - Five-year continuity of care increased by 2.33 percentage points. (*Figure 33*)
- The percentage of children ages 20 and under receiving two-year continuity of care increased by 3.58 percentage points across the 19 expansion counties. (*Figure 34*)
- The final PY 3 and first PY 4 payments were issued in July 2020 in the total amount of $83,912,510. (*Figures 35* and *36*)
- Utilization of preventive dental services in PY 4 increased by 11.66 percentage points from CY 2014 in Domain 3 counties (initial pilot and expansion) and 8.57 percentage points in non-Domain 3 counties. (*Figure 41*)

Domain 4

- The 13 pilot counties have demonstrated efforts through care coordination, Virtual Dental Home (VDH) and local outreach during PY 4.
- Each LDPP tracks their specific self-reporting metrics and provided quarterly and annual updates to DHCS during PY 4.
- Based on the quarterly invoices LDPPs submitted, DHCS issued a total of $80.9 million payments to LDPPs for all PYs as of September 2020. (*Figure 42*)

Overall, DTI Domains 1-3 have made significant progress in improving the overall dental health in children by increasing the preventive services utilization, prevention and treatment of early childhood caries, and in establishing dental homes with two to five years of continuity of care. Domains 1-3 have met their goals with the expansion of additional counties and the increase in expenditures from baseline year to PY 4. Domain 4 faced some early setbacks in establishing operations but in PY 4, LDPPs contributed to Domain 1-3 goals with local outreach, virtual dental homes, and care coordination efforts. This overall progress and improvement in the dental health of Medi-Cal children should carry forward into the next PY.

DTI Program Implementation

For DTI implementation, DHCS worked closely with its Fiscal Intermediary (FI) contractor, DXC Technology Services, the Administrative Services Organization (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 (LA) 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 allows Safety Net Clinics (SNC) 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 can participate in all Domains of the DTI. DMC providers can participate in Domains 1 and 2 and not 3.

Program Awareness

DHCS collaborated with stakeholders to implement and promote awareness of DTI's four 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 sub-workgroups to concentrate on specific DTI efforts;
3) Hosted webinars for provider education and communication;

4) Published program related material on a centralized webpage at the DHCS website;
5) Maintained a listserv for sharing information globally with interested stakeholders;
6) Maintained a DTI email inbox and responded to inquiries from external parties; and,
7) Leveraged the dental ASO to publish provider bulletins with specific DTI information and perform DTI outreach efforts to the beneficiary and provider communities.

The collective operational activities to create awareness described in this report generally apply to all four domains. This report will discuss domain-specific activities in 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 4.

Stakeholder Workgroups

In PY 4, DHCS continued to facilitate 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 including Domains 2 and 3 expansions. As envisioned, this workgroup has continued to collaborate with DHCS on various changes and updates to the DTI program necessary to ensure its success. Their collaboration and input provide additional information for DTI and the outcomes of each domain. DTI work products are shared as they are finalized with the larger set of interested dental stakeholders and the provider community via webinars and other communication methods. In PY 4, the workgroup met bi-monthly on January 17 and September 19, 2019 and did not convene in March, May, or July 2019 as there were no discussion items for the meetings. In lieu of those meetings, DHCS shared updates via email. The November 21, 2019, meeting was repurposed to discuss the state's new multi-year initiative, California Advancing and Innovating Medi-Cal, and address questions regarding the oral health components.

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 did not meet in PY 4 and is no longer active. DHCS released an email notification on September 9, 2020 to inform participants that this meeting series is canceled, and any new issues and updates for Domain 2 can 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 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 last met on May 28, 2019, where DHCS addressed questions about payment schedules, delayed payments and the claim submission process for each domain.

- *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 meeting was to report on Domain 3 activities and discuss ways to increase participation from providers who are eligible to participate in Domain 3. This meeting did not convene during PY 4.

- *Domain 4 Sub-workgroup*
  DHCS continued bi-monthly teleconferences with the contracted LDPPs in PY 4 and held additional teleconferences to discuss specific topics as needed. The purpose of these meetings is to answer questions and encourage collaboration between the LDPPs. The teleconferences expanded to include rotating presentations by the LDPPs to share their best practices, outcomes, and challenges, if any, with other LDPP entities. In PY 4, this meeting occurred on the following dates: February 20, April 17, June 24, August 22, September 23, November 4, and December 18, 2019.

- *Data Sub-workgroup*
  This sub-workgroup is established to garner stakeholder feedback regarding data being reported in annual DTI reports. In PY 4, stakeholders have not shared any feedback on the PY 3 Annual Report. DHCS will continue these meetings as needed to discuss future reports.

DTI Outreach Venues

DHCS presented DTI information at 30 venues during PY 4. Please see the list of DTI outreach venues within the 1115 Waiver Demonstration Year (DY) 14 Annual Report, DY 15 Quarter 1 progress report, and DY 15 Quarter 2 progress report for additional information.

DTI Webpage

The DHCS DTI webpage contains 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 is updated on an ongoing basis as new information becomes available. During PY 4, the postings included updates to Domain 2 and Domain 3 fact sheets, DTI PY 2 Annual Report, Domain 3 incentives payments for PY 1 and PY 2 and the DTI Interim Evaluation Report.

Provider Bulletins

DHCS also communicated DTI information through dental provider bulletins. Below are eight bulletins that contain DTI updates and notification to providers in PY 4.

Bulletin	Date	Topic
Volume 35, Number 33	November 2019	DTI Resources
Volume 35, Number 31	October 2019	DTI Evaluation
Volume 35, Number 19	June 2019	DTI Domain 1 Update
Volume 35, Number 14	May 2019	DTI Evaluation
Volume 35, Number 10	March 2019	DTI Domain 1 PY 3 Rebaseline Update
Volume 35, Number 8	February 2019	DTI Domain 2: Periodic Exams and Caries Risk
Volume 35, Number 7	February 2019	DTI Domains 2 & 3 Expansion
Volume 35, Number 6	February 2019	DTI Domain 1 Payment Delay

DTI Inboxes and Listserv

DHCS regularly monitors the DTI Email Inbox and listserv for comments and questions. DHCS also responds 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: county expansion, encounter data submission, opt-in form submission, payment status and calculations, resource documents, and Domain 2 billing and opt-in questions. The inbox serves as a communication tool between DHCS and all parties who are interested in DTI. The listserv provides another opportunity for stakeholders to receive relevant and current DTI updates. DHCS also monitors the DTI Domain 4 Inbox for LDPPs to submit invoices as well as general inquiries. Please refer to the 1115 Waiver DY 14, DY 15 Quarter 1 and DY 15 Quarter 2 progress reports for the number of inquiries received in each domain.

Program Integrity

DHCS maintains program integrity by performing cyclical assessments of services utilization, billing patterns, and shifts in enrollment for anomalies that may be indicators of fraud, waste, or abuse. Any suspicious claim activity is tracked through the program's

Surveillance Utilization Review System to prevent fraud and abuse. DHCS discovered no program integrity issues related to DTI during PY 4.

Monitoring Plan and Provisions

DHCS monitors actively participating service office locations, rendering providers and dental services utilization statewide and by county via claims utilization from the DHCS Data Warehouse – Management Information System/Decision Support System (MIS/DSS) and 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 aims 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 is to increase preventive dental services utilization among children ages one through twenty by at least ten percentage points over a five-year period. DHCS continued to strive towards this goal in PY 4. DHCS uses the CMS 416 methodology for reporting purposes, but pays out incentives using unrestricted eligibility criteria, which means children need not be continuously enrolled for 90 days or more to be included in provider incentive payment calculations.

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

Performance Metrics Analysis

DHCS calculated a CY 2014 baseline measure for beneficiaries' utilization of preventive dental services statewide and for each service office location within the Medi-Cal Dental FFS and DMC delivery systems, both including SNC encounters. DHCS also calculated the number of service locations that provided preventive dental services to an increased number of beneficiaries in PY 4. 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 also included within this report, beneficiaries who received preventive dental services at SNCs to align with the CMS 416 reporting methodology. However, the reporting periods of these two reports are different. This report measures CY (or PY) and the CMS 416 report measures Federal Fiscal Year (FFY). DHCS has included in this report a breakdown between dental offices and SNCs in order to analyze the performance separately.

DHCS believes that as the program continues its ongoing DTI promotion through outreach efforts, provider information sharing, and distribution of provider incentive payments, utilization will continue to increase in PY 5.

Figure 1 demonstrates statewide Domain 1 performance. Compared to baseline year, the figure indicates both an increase in the number of beneficiaries who received preventive dental services in PY 4, as well as an increase in the utilization rate in PY 4. When including SNCs, the preventive dental services utilization rate for beneficiaries increased by 10.58 percentage points in PY 4 compared to the baseline year. DHCS expects this utilization rate to increase slightly after the run-out period for claims submission ending on December 31, 2020.

The preventive dental services utilization showed a continuous increase over the PYs compared to the baseline year when including encounter data from the SNCs. The annual percentages are as follows: 37.83 percent (baseline year), 42.47 percent, 45.31 percent, 45.89 percent, and 48.41 percent for each respective PY. The preventive dental services utilization without SNCs shows an increase from the baseline year to PY 4. The annual percentages are as follows: 37.83 percent (baseline year), 37.46 percent, 38.41 percent, 38.19 percent, and 40.19 percent for each respective PY. Since the baseline year is prior to the implementation of International Classification of Diseases 10 codes (ICD-10), which became effective October 1, 2015, DHCS still provides the analysis including and excluding SNC data for comparison purposes.

Figure 1: Percent of Beneficiaries Ages One through Twenty Statewide Who Received Any Preventive Dental Service

Measure	Baseline Year: CY 2014	PY 4 Excluding SNCs	PY 4 Including SNCs
Numerator	1,997,190	2,121,640	2,555,180
Denominator	5,279,035	5,278,743	5,278,743
Preventive Dental Services Utilization	**37.83%**	**40.19%**	**48.41%**
Percentage Changes from Baseline Year	**N/A**	**2.36%**	**10.58%**

The data comparison in *Figure 2* shows the number of FFS and DMC office locations increased by 7.11 percent from the baseline year to PY 4. The number of unduplicated FFS and DMC providers rendering preventive dental services to at least ten beneficiaries from baseline year to PY 4 increased by 8.11 percent. Both increases indicate a positive correlation between provider incentive payments and preventive services provided to Medi-Cal beneficiaries through DTI.

Figure 2: Number of FFS and DMC Service Office Locations Providing Preventive Dental Services to Beneficiaries Ages One through Twenty and Number of Deduplicated FFS and DMC Rendering Providers Providing Preventive Dental Services to at Least Ten Beneficiaries Ages One through Twenty

Measure	Baseline Year: CY 2014	PY 4	Percent Change
Number of FFS and DMC Service Office Locations Providing Preventive Dental Services to Beneficiaries Ages One through Twenty	5,600	5,998	7.11%
Number of Unduplicated FFS and DMC Rendering Providers Providing Preventive Dental Services to at Least Ten Beneficiaries Ages One through Twenty	5,908	6,387	8.11%

Footnotes on Figures 1 and 2:

- Data Source: DHCS MIS/DSS Data Warehouse as of October 2020.
- 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.
- 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 attachment for appendices 1, 2, 3, and 4 pertaining to Domain 1. In Appendix 1: Domain 1 Utilization of Preventive Dental Services by County in PY 4 Excluding SNCs and Appendix 2: Domain 1 Utilization of Preventive Dental Services by County in PY 4 Including SNCs, the count of eligible beneficiaries is based on the county a beneficiary is enrolled in Medi-Cal, which may be different from where they received services. In PY 4, 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. The number of beneficiaries who received preventive dental services in dental offices increased in most counties. However, due to the increase of beneficiary enrollment which is the denominator, the utilization (with no SNC encounters) percentage decreased in some counties. In conclusion, capturing the SNC data is critical in assessing the true outcomes of dental utilization between baseline year and PY 4. Overall, preventive service utilization excluding and including SNCs increased by 2.36 percent points and 10.58 percent points respectively in PY 4 compared with the baseline year. DHCS expects this utilization rate to increase slightly after the run-out period for claims submission ends on December 31, 2020. DHCS also anticipates potential increase in preventive services utilization in the next PY due in part to the expansion of Domain 3 to 19 expansion counties. Due to this expansion, which focuses on continuity of care, DHCS expects beneficiaries to return in the next PY for a preventive service after the dental exam.

Compared to the baseline year, the preventive dental services utilization in children ages one through twenty increased by 4.64, 7.48, 8.06 and 10.58 percent points when including SNC encounters in each respective PY. This increase demonstrates the effectiveness in meeting the Domain's goal to increase preventive dental services utilization in children ages one through twenty by at least ten percentage points over a five-year period.

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Incentive Payments Analysis

The total incentive payments disbursed for PY 2 was $53.6 million as discussed in the PY 3 Annual Report. *Figure 3* and *Figure* 4 display the amount of incentives paid to service office locations for Domain 1 services provided in PY 3 and PY 4 as of July 2020. The total incentive payments disbursed for PY 3 and PY 4 was approximately $54.5 million and $55.8 million respectively. There will be one final payment for PY 4 made in January 2021 and will be discussed in the next annual report for PY 5. The total payments per PY in Domain 1 have increased on average by $1.1 million dollars per year. This is reflective of achieving and exceeding the Domain 1 goal of increasing preventative services utilization by two percentage points each year by beneficiaries ages one through twenty.

Figure 3: Domain 1 Incentive Payment Summary – PY 3 (Dollars in Thousands)

Delivery System	PY 3 First Payment (June 2019)	PY 3 Second Payment (July 2019)	PY 3 Third Payment (January 2020)	PY 3 Total Payment
FFS	$45,825	$1,703	$97	$47,625
DMC	$1,887	$1,096	$11	$2,994
SNC	$1,011	$1,502	$1,329	$3,842
Total	**$48,723**	**$4,301**	**$1,437**	**$54,461**

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

Delivery System	PY 4 First Payment (January 2020)	PY 4 Second Payment (July 2020)
FFS	$49,161	$1,076
DMC	$1,485	$1,269
SNC	$1,346	$1,501
Total	**$51,993**	**$3,846**

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Impact Assessment

Figure 5 and *Figure 6* describe the counts and expenditures on preventive dental services and dental treatment services. In *Figure 5*, the number of treatment services increased by approximately 6.85 percent from baseline year to PY 4 while the number of preventive dental services increased by 24.83 percent during the same period. This result met DHCS's expectation that preventive dental services increased more than dental treatment services. In *Figure 6*, the expenditures of treatment services increased by 113.71 percent from baseline year to PY 4 while the expenditures of preventive dental services increased by 226.63 percent during the same period.

Figure 5: Number of Preventive Dental Services and Dental Treatment Services for Beneficiaries Ages One through Twenty Statewide

Number of Services	Baseline Year: CY 2014	PY 4	Percent Change
Preventive Dental Services	7,177,160	7,955,877	10.85%
Preventive Dental Encounters (ICD-10)	N/A	1,003,058	N/A
Preventive Dental Services Total	**7,177,160**	**8,958,935**	**24.83%**
Dental Treatment Services	5,624,637	5,573,448	-0.91%
Dental Treatment Encounters (ICD-10)	N/A	436,688	N/A
Dental Treatment Services Total	**5,624,637**	**6,010,136**	**6.85%**
Total Count of Preventive and Treatment Services	**12,801,797**	**14,969,071**	**16.93%**

Figure 6: 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 4	Percent Change
Preventive Dental Services	$123,328	$167,844	36.10%
Preventive Dental Encounters (ICD-10)	N/A[1]	$234,980	N/A
Preventive Dental Services Total	**$123,328**	**$402,824**	**226.63%**
Dental Treatment Services	$261,931	$458,672	75.11%
Dental Treatment Encounters (ICD-10)	N/A	$101,105	N/A
Dental Treatment Services Total	**$261,931**	**$559,777**	**113.71%**
Total Expenditure of Preventive and Treatment Services	**$385,259**	**$962,601**	**149.86%**

Footnotes for Figures 5 and 6:

- Data Source: DHCS MIS/DSS Data Warehouse as of October 2020.
- Preventive Dental Services: Any preventive dental service (CDT codes D1000-D1999 or CPT Code 99188) at a dental office.

[1] Data was not available because ICD-10 was not implemented in CY 2014.

- 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, in the appendixes, as well as *Figure 41* under Domain 3, provide an indication of the effectiveness of Domain 1 activities. These metrics demonstrate improvement 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*, *5,* and *6*. When excluding SNC encounters, utilization of preventive dental services among all counties changed between -11.81 to 12.84 percentage points with a total of 2.36 percentage point increase from baseline year to PY 4 statewide (Appendix 1). When including SNC encounters, all counties increased utilization between 4.90 to 57.45 percentage points (Appendix 2). 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 3 (*Figure 3*) by 87.6 percent, and demonstrates positive trends from PY 3 to PY 4 till date (*Figures 3* and *4*).

Services Per Capita

DHCS added services per capita, *Figure 7,* comparing Domain 1 in baseline year and PY 4 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. Compared to the baseline year, services per capita remained consistent with a 0.08 difference in PY 4, which means, on average, each beneficiary received 0.08 fewer dental service from the baseline year to PY 4. The increase of both the number of beneficiaries and preventive dental services was driven by both dental offices and SNCs. Service per capita did not affect the goal of Domain 1. The increase in the number of beneficiaries who received preventive services is consistent with Domain 1 progress.

Figure 7: 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 4	2,605,040	8,958,935	3.44

Cost Per Capita

The cost per capita related to Domain 1 for baseline year and PY 4 are displayed below in *Figure 8*. 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 FFS during the measurement year who had at least one preventive dental service. 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 this delivery system. The increase in cost per capita is primarily driven by the inclusion of SNC expenditures for dental services and the increase in number of preventive services performed.

Figure 8: 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 4	2,475,258	$402,834,080	$162.74

Footnotes for Figures 7 and 8:

- Data Source: DHCS MIS/DSS Data Warehouse as of October 2020.
- 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, are 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. During PY 2 and 3, this domain was only available for services performed on children ages six and under in the 11 original pilot counties: Glenn, Humboldt, Inyo, Kings, Lassen, Mendocino, Plumas, Sacramento, Sierra, Tulare, and Yuba.

Effective January 1, 2019, DHCS expanded Domain 2 to include 18 additional counties: Contra Costa, Fresno, Imperial, Kern, Los Angeles, Madera, Merced, Monterey, Orange, Riverside, San Bernardino, San Diego, San Joaquin, Santa Barbara, Santa Clara, Sonoma, Stanislaus, and Ventura.

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

- Section One: *Figure 9* through *Figure 15* show the performance of beneficiaries who received a CRA for the first time in PY 4 in comparison with the control group.

- Section Two: *Figure 16* through *Figure 23* show the performance of beneficiaries who received a CRA for the first time in PY 3 and their performance in PY 4. 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 4.

- Section Three: *Figure 24* through *Figure 31* show the performance of beneficiaries who received a CRA in both PY 2 and PY 3, and their performance in PY 4. 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 4.

- *Figure 32* is the incentive payment analysis for all three groups of beneficiaries.

With the expansion of DTI Domain 2, DHCS was successful in increasing the utilization of the CRA services in the expansion counties. With the addition of data from the 18 expansion counties in the PY 4 report, the data measures were not broken down by county. 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.

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 be found in the Appendices. 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 (HIPAA).

The control group consists of all beneficiaries who had at least one restorative service at a dental office or an SNC from the 11 pilot and 18 expansion counties in PY 4 but did not receive a CRA. The low, moderate, and high risk groups consist of beneficiaries who received a CRA and associated treatment plan for their respective risk levels. This report presents the changes in service counts from PY 3 to PY 4 for each group.

PY 3 is the baseline for the new or returned beneficiaries who received services in PY 4. For example, *Figure 10* demonstrates 415,466 preventive dental services were provided to the control group in PY 4. Compared to PY 3, these same beneficiaries received 240,931 preventive dental services, which demonstrates an increase in preventive dental services.

Section One: New CRA Beneficiaries in PY 4

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

Performance Metrics Analysis

Figure 9 reflects the number of beneficiaries in the CRA group (those who received at least one CRA) and control groups (those who received at least one restorative dental service without a CRA) in PY 4. The control group population is higher than the low and moderate risk groups but lower than the high risk group. Low and moderate risk groups have similar population size. Please see age and county breakdown in Appendix 5: Domain 2 Number of New CRA Beneficiaries and Control Group in PY 4 by County and Age Group.

Figure 9: Number of New CRA Beneficiaries and Control Group in PY 4

Groups	Beneficiary Count
Control	119,864
Low Risk	74,321
Moderate Risk	77,391
High Risk	184,672

Figure 10 shows the comparison between the control group and the CRA categories in number of preventive dental services received by the same beneficiaries from PY 3 to PY 4 beneficiaries. The increase in preventive dental services for the three risk categories are significantly higher than the control group. The Domain 2 county expansion was effective as of January 1, 2019, which was also the first day of PY 4. Therefore, the significant increase in preventive dental services for the three risk categories suggests that the county expansion was successful in increasing participation in DTI Domain 2. 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 4 by County and Age Group.

Figure 10: **Number of, and Percentage Change in Preventive Dental Services for New CRA Beneficiaries and Control Group in PY 4**

Group	PY 3 Preventive	PY 4 Preventive	Percent Diff
Control	240,931	415,466	72%
Low Risk	122,291	330,638	170%
Moderate Risk	121,707	352,742	190%
High Risk	353,379	999,475	183%

Figure 11 shows that the restorative services for beneficiaries for the control group increased by 284 percent, which is significantly more than the risk level groups from PY 3 to PY 4. In comparison, the high-risk group increased by only 109 percent, the moderate risk group slightly increased by 7 percent, and the low risk group decreased by 12 percent.

DHCS observed a positive trend among the risk level groups compared with the control group. It appears that the caries condition of the risk level groups were better controlled and managed than the control group. *Figure 11* also shows lower increase, and in some cases, even a decrease of restorative services compared to the control group. The data in *Figure 11* along with *Figure 10* suggests that following the expansion of Domain 2, the program has made significant progress towards meeting its objective of increasing utilization of preventive

services to treat caries among children ages six and under, as opposed to more invasive and costly restorative procedures.

Based on the trends, the expectation is that the count of preventive dental services will continue to increase as the count of restorative services decrease in PY 5. 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 4 by County and Age Group.

Figure 11: Number of, and Percentage Change in Restorative Dental Services for New CRA Beneficiaries and Control Group in PY 4

Group	PY 3 Restorative	PY 4 Restorative	Percent Diff
Control	155,345	595,825	284%
Low Risk	28,406	25,060	-12%
Moderate Risk	36,424	38,884	7%
High Risk	242,414	507,783	109%

Figure 12 displays the number of ER visits that occurred within PY 3 and PY 4 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 categories, equivalent to the preceding Domain 2 figures. Currently, GA is identified by CDT codes D9220 and D9221.

The control group encountered a higher increase in ER visits from PY 3 to PY 4 than the high risk group. The low risk group experienced a decrease from PY 3 to PY 4, while the moderate risk group experienced a significantly smaller increase than the control group. For GA services, the control group experienced a sharp increase by 937 percent. In comparison, the low-risk group showed a decrease by 24 percent. The moderate-risk group slightly increased by 20 percent and the high-risk group increased by 123 percent. 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 far fewer ER visits, and had significantly less need for GA services, than the control group. Therefore, the data presented in *Figure 12* clearly shows one of the many 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 4 by County and Age Group and Appendix 9: Domain 2 Count of GA Services for New CRA Beneficiaries and Control Group in PY 4 by County and Age Group.

Figure 12: Number of, and Percentage Change in ER Visits and GA for New CRA Beneficiaries and Control Group in PY 4

Measure	Group	PY 3	PY 4	Percent Diff
ER	Control	902	1,237	37%
ER	Low Risk	450	443	-2%
ER	Moderate Risk	504	534	6%
ER	High Risk	1,444	1,778	23%
GA	Control	1,782	18,488	937%
GA	Low Risk	671	513	-24%
GA	Moderate Risk	576	689	20%
GA	High Risk	3,925	8,752	123%

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Figure 13 describes the provision of dental exams. The control, low, moderate, and high-risk groups are intended to be viewed individually. The number of dental exams increased among all groups from PY 3 to PY 4. The CRA groups experienced higher increases. DHCS anticipates the number of dental exams performed on CRA groups to continue increasing 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 4 by County and Age Group.

Figure 13: Number of, and Percentage Change in Dental Exams for New CRA Beneficiaries and Control Group in PY 4

Group	PY 3 Exams	PY 4 Exams	Percent Diff
Control	118,783	176,837	49%
Low Risk	59,944	109,127	82%
Moderate Risk	60,170	119,800	99%
High Risk	179,798	333,099	85%

Similar to *Figures 10*, *Figure* 11, and *Figure* 13, *Figure 14* shows the number of dental treatment services provided. The control group experienced the highest increase compared to the other categories, which provided further evidence of the effectiveness of the CRA in reducing dental treatment services. Under Domain 2, providers are able to assess their patient's caries risk level, and subsequently determine a preventive treatment plan suitable to their risk level. Consequently, they are able to greatly reduce the need for their patients to undergo many of the costly and invasive restorative dental treatments delivered to the control group in PY 4. DHCS expects the data and metrics demonstrated in *Figure 14* along with *Figure 10* and *Figure 11* (preventive and restorative services) will prove favorable in determining the domain's effectiveness in PY 5. 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 4 by County and Age Group.

Figure 14: Number of, and Percentage Change in Dental Treatments for New CRA Beneficiaries and Control Group in PY 4

Group	PY 3 Treatment	PY 4 Treatment	Percent Diff
Control	257,084	1,006,519	292%
Low	48,576	139,085	186%
Moderate	61,120	166,538	172%
High	401,862	1,148,827	186%

Lastly, *Figure 15* displays the expenditures for preventive dental services, dental treatment services, and GA for Domain 2. Expenditure of all service categories have increased from PY 3 to PY 4 for both the control and CRA groups. The *Figure 15* provides further evidence of Domain 2's success in increasing the utilization of preventive services rather than the more 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 108 percentage points more than the control group. The large increase in the CRA group's expenditures on preventive services from PY 3 to PY 4 reflects the effectiveness of the 2019 county expansion in increasing participation in Domain 2. The CRA groups experienced a smaller increase in dental treatment services. For dental treatment services, the CRA group increased by 169 percentage points less than the control group. For GA services, the CRA group experienced a smaller percentage point increase when compared to the control group.

Figure 15: Expenditures for New CRA Beneficiaries and Control Group in PY 4

Measure	Service Location	PY 3	PY 4	Percent Diff
Preventive Services	CRA Dental Offices	$13,138,159	$47,044,934	258%
Preventive Services	CRA SNCs	$8,224,631	$11,902,671	45%
Preventive Services	**Total CRA Locations**	**$21,362,790**	**$58,947,605**	**176%**
Preventive Services	Control Group Dental Offices	$5,199,093	$10,135,856	95%
Preventive Services	Control Group SNCs	$3,353,926	$4,228,435	26%
Preventive Services	**Total Control Group Locations**	**$8,553,019**	**$14,364,291**	**68%**
Dental Treatment	CRA Dental Offices	$39,804,642	$107,347,996	170%
Dental Treatment	CRA SNCs	$1,687,802	$2,848,286	69%
Dental Treatment	**Total CRA Locations**	**$41,492,445**	**$110,196,282**	**166%**
Dental Treatment	Control Group Dental Offices	$18,469,439	$83,365,182	351%
Dental Treatment	Control Group SNCs	$980,849	$1,200,086	22%
Dental Treatment	**Total Control Group Locations**	**$19,450,288**	**$84,565,269**	**335%**
GA	**CRA Dental Offices**	**$1,048,464**	**$3,358,331**	**220%**
GA	**Control Group Dental Offices**	**$334,592**	**$6,139,493**	**1735%**

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

Footnotes for Figures 9 through 15:

- Data Source: DHCS MIS/DSS Data Warehouse and DTI Domain 2 Report as of October 2020.
- New CRA Beneficiaries: Beneficiaries that received a CRA (CDT code D0601,

D0602, or D0603) in PY 4, but did not receive a CRA in PY 3.

- 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 4 that did not receive a CRA.
- Low Risk: Number of beneficiaries that received a CRA with a low risk (CDT code D0601) for the first time in PY 4.
- Moderate Risk: Number of beneficiaries that received a CRA with a moderate risk (CDT code D0602) for the first time in PY 4.
- High Risk: Number of beneficiaries that received a CRA with a high risk (CDT code D0603) for the first time in PY 4.
- 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 3 and PY 4.
- PY 3 Preventive: Number of preventive dental services or ICD-10 preventive dental procedures at an SNC received in PY 3 (Baseline Year for beneficiaries who received CRA for the first time in PY 4).
- PY 4 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 4.
- PY 3 Restorative: Number of restorative dental services or ICD-10 restorative procedures at an SNC received in PY 3 (Baseline Year for beneficiaries who received CRA first time in PY 4).
- PY 4 Restorative: Number of restorative dental services or ICD-10 preventive dental procedures at an SNC received in PY 4.
- PY 3 ER: Number of ER Visits for ACS Dental Conditions in PY 3 (Baseline Year for beneficiaries who received CRA for the first time in PY 4).
- PY 4 ER: Number of ER Visits for ACS Dental Conditions in PY 4.
- PY 3 GA: Number of GA services in PY 3 (Baseline Year for beneficiaries who received CRA for the first time in PY 4).
- PY 4 GA: Number of GA services in PY 4.
- PY 3 Exams: Number of dental exams or ICD-10 dental exam procedures at an SNC received in PY 3 (Baseline Year for beneficiaries who received CRA for the first time in PY 4).
- PY 4 Exams: Number of dental exams or ICD-10 dental exam procedures at an SNC received in PY 4.
- PY 3 Treatment: Number of dental treatment services or ICD-10 dental treatment procedures at an SNC received in PY 3 (Baseline Year for beneficiaries who received

CRA for the first time in PY 4).

- PY 4 Treatment: Number of dental treatment services or ICD-10 dental treatment procedures at an SNC received in PY 4.
- 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 D9220-D9221).
- 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 3
The performance of beneficiaries who received a CRA for the first time in PY 3 is captured in this section.

Performance Metrics Analysis
Figure 16 and *Figure 17* show the continuity and risk level movement of CRA in PY 4 for beneficiaries who received a CRA for the first time during PY 3.

For beneficiaries who received a low risk CRA for the first time in PY 3, 54 percent also received a CRA in PY 4, 14 percent aged out and 32 percent did not continue the CRA treatment in PY 4. Among those 1,660 beneficiaries who received low risk CRA for the first time in PY 3, 29 percent became high risk, 23 percent became moderate risk and 48 percent stayed in low risk in PY 4.

For beneficiaries who received a moderate risk CRA the first time in PY 3, 61 percent also received a CRA PY 4, 11 percent aged out and 27 percent did not continue the CRA treatment in PY 4. Among those 2,811 beneficiaries who received moderate risk CRA for the first time in PY 3, 43 percent became high risk, 45 percent stayed in moderate risk and 12 percent became low risk in PY 4.

For beneficiaries who received a high risk CRA the first time in PY 3, 45 percent also received a CRA PY 4, 20 percent aged out and 35 percent did not continue the CRA treatment in PY 4. Among those 5,661 beneficiaries who received high risk CRA for the first

time in PY 3, 81 percent stayed in high risk, 12 percent became moderate risk and 7 percent became low risk in PY 4.

The data in *Figures 16* and *17* demonstrate that a patient's caries risk level is not necessarily something that can significantly improve over a short period of time. In order to see 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 45 percent of the beneficiaries continued with CRA in the respective risk categories in PY 4, 29 percent of beneficiaries are moving from low risk level to a high risk level and 23 percent from low to moderate risk level. The data also shows many beneficiaries did not continue the CRA treatment in PY 4. As stated earlier, the long term commitment of beneficiaries and providers to the CRA treatment is crucial to the effectiveness of the program.

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

- Appendix 12: Domain 2 CRA Movement from PY 3 to PY 4 for Beneficiaries in High-Risk in PY 3
- Appendix 13: Domain 2 CRA Movement from PY 3 to PY 4 for Beneficiaries in Moderate-Risk in PY 3
- Appendix 14: Domain 2 CRA Movement from PY 3 to PY 4 for Beneficiaries in Low-Risk in PY 3

Figure 16: CRA Continuity from PY 3 to PY 4

Risk Level in PY 3	Received CRA in PY 3	Received CRA in PY 3 but not in PY 4	Received CRA in PY 3 but aged out in PY 4	Received CRA in PY 3 & PY 4
Low Risk	3,075	994	421	1,660
Low Risk	100%	32%	14%	54%
Moderate Risk	4,580	1,255	514	2,811
Moderate Risk	100%	27%	11%	61%
High Risk	12,568	4,350	2,557	5,661
High Risk	100%	35%	20%	45%

Figure 17: CRA Risk Level Movement from PY 3 to PY 4

Risk Level in PY 3	Received CRA in PY 3 & PY 4	Move to/ Remained in High Risk in PY 4	Move to/ Remained in Moderate Risk in PY 4	Move to/ Remained in Low Risk in PY 4
Low Risk	1,660	477	381	802
Low Risk	100%	29%	23%	48%
Moderate Risk	2,811	1,197	1,279	335
Moderate Risk	100%	43%	45%	12%
High Risk	5,661	4,605	664	392
High Risk	100%	81%	12%	7%

Figure 18 shows an increase in the number of preventive dental services from PY 3 to PY 4 for beneficiaries who received a CRA for the first time in PY 3 and returned in PY 4. As a general goal, the state expects to see an increase in preventive services attributed to each risk category. *Figure 18* demonstrates that there was an increase in preventive services attributed to each risk category meeting the expectations for this measure in PY 4. 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 3 and Returned in PY 4 by County and Age Group.

Figure 18: Number of, and Percentage Change in Preventive Dental Services for Beneficiaries Who Received CRA for the First Time in PY 3 and Returned in PY 4

Group	PY 3 Preventive	PY 4 Preventive	Percent Diff
Low Risk	7,300	8,734	20%
Moderate Risk	10,663	13,581	27%
High Risk	32,477	37,879	17%

Figure 19 shows a sharp reduction in the number of restorative dental services performed from PY 3 to PY 4 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 19* represent a significant success for the Domain 2 program in its aim to reduce reliance on restorative dental services. These values, as well as the values in *Figure 18*, demonstrate Domain 2 is making notable 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 3 and Returned in PY 4 by County and Age Group.

Figure 19: Number of, and Percentage Change in Restorative Dental Services for Beneficiaries Who Received CRA for the First Time in PY 3 and Returned in PY 4

Group	PY 3 Restorative	PY 4 Restorative	Percent Diff
Low Risk	1,934	762	-61%
Moderate Risk	2,466	1,401	-43%
High Risk	16,308	14,090	-14%

Figure 20 shows a reduction in ER visits in the moderate and high risk groups. For ER visits in the low risk group, the count remained less than 11 and is suppressed (*). DHCS also considers a percent change statistically unstable when the denominator is lower than 30. The fact that ER visits decreased for the moderate and high risk groups, and remained constant for the low risk group, provides further evidence of the success of Domain 2 in PY 4. 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' initial analysis suggests that the reason GA visits increased for high-risk groups in PY 4 is due to returning high-risk beneficiaries from PY 3 utilizing restorative services in PY 4. Please see age and county breakdown in Appendix 17: Domain 2 Count of ER Visits for Beneficiaries Who Received CRA for the First Time in PY 3 and Returned in PY 4 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 3 and Returned in PY 4 by County and Age Group.

Figure 20: Number of, and Percentage Change in ER Visits and GA for Beneficiaries Who Received CRA for the First Time in PY 3 and Returned in PY 4

Measure	Groups	PY 3	PY 4	Percent Diff
ER	Low Risk	*	*	0%
ER	Moderate Risk	23	12	-48%
ER	High Risk	60	59	-2%
GA	Low Risk	73	22	-70%
GA	Moderate Risk	83	49	-41%

Measure	Groups	PY 3	PY 4	Percent Diff
GA	High Risk	420	617	47%

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Figure 21 describes the provision of dental exams. From PY 3 to PY 4, all CRA groups experienced an increase of up to 11 percent. DHCS does not expect low risk group to increase dental exams significantly in PY 5 as there are no additional frequency procedures allotted for this risk level. 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 3 and Returned in PY 4 by County and Age Group.

Figure 21: Number of, and Percentage Change in Dental Exams for Beneficiaries Who Received CRA for the First Time in PY 3 and Returned in PY 4

Group	PY 3 Exams	PY 4 Exams	Percent Diff
Low Risk	2,321	2,485	7%
Moderate Risk	3,392	3,773	11%
High Risk	9,761	10,794	11%

Figure 22 shows the number of dental treatment services provided. All CRA groups experienced a decrease in the count of dental treatment services being provided in PY 4. Dental exams increased for each caries risk level group, as shown in *Figure 21*, and all CRA groups experienced a decrease in the count of dental treatment services provided in PY 4, demonstrates further evidence that Domain 2 is making progress towards meeting its' objectives. As stated earlier, under Domain 2, providers are able to assess their patient's caries risk level, and subsequently determine a preventive treatment plan suitable to their risk level. Consequently, they are able to greatly reduce the need for their patients to undergo many of the more costly and invasive restorative 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 3 and Returned in PY 4 by County and Age Group.

Figure 22: Number of, and Percentage Change in Dental Treatments for Beneficiaries Who Received CRA for the First Time in PY 3 and Returned in PY 4

Groups	PY 3 Treatment	PY 4 Treatment	Percent Diff
Low Risk	5,435	3,890	-28%
Moderate Risk	7,223	6,510	-10%
High Risk	37,724	36,911	-2%

The increase in preventive dental services expenditure, as well as the decrease in dental treatment expenditure, demonstrates Domain 2's success in incentivizing providers to increase utilization of preventive services, rather than restorative procedures. However, GA services for the CRA groups increased so much in PY 4 will be monitored and further investigated to confirm causes for concern.

Figure 23 displays the expenditures for preventive dental services, dental treatment services, and GA for beneficiaries who received a CRA for the first time in PY 3 and returned in PY 4. Preventive dental services increased, while dental treatment services decreased from PY 3 to PY 4. For preventive dental services, the CRA group's expenditures increased by 9 percent. For dental treatment, the CRA group's expenditures decreased by 13 percent. GA services for the CRA groups increased by 66 percent. The increase in preventive dental services expenditure, as well as the decrease in dental treatment expenditure, demonstrates Domain 2's success in incentivizing providers to increase utilization of preventive services, rather than restorative procedures. However, GA services for the CRA groups increased so much in PY 4 will be monitored and further investigated to confirm causes for concern.

Figure 23: Expenditures for Beneficiaries Who Received CRA for the First Time in PY 3 and Returned in PY 4

Measure	Service Location	PY 3	PY 4	Percent Diff
Preventive Services	CRA Dental Offices	$1,048,283	$1,207,591	15%
Preventive Services	CRA SNCs	$258,118	$219,990	-15%
Preventive Services	**Total CRA Locations**	**$1,306,401**	**$1,427,581**	**9%**
Dental Treatment	CRA Dental Offices	$3,183,265	$2,759,055	-13%

Measure	Service Location	PY 3	PY 4	Percent Diff
Dental Treatment	CRA SNCs	$167,171	$141,780	-15%
Dental Treatment	**Total CRA Locations**	**$3,350,436**	**$2,900,835**	**-13%**
GA	**CRA Dental Offices**	**$74,390**	**$123,305**	**66%**

Footnote for Figures 16 through 23:

- Data Source: DHCS MIS/DSS Data Warehouse and DTI Domain 2 Report as of October 2020.
- Received CRA in PY 3: Beneficiaries that received a CRA (CDT code D0601, D0602, or D0603) in PY 3 for the first time.
- Received CRA in PY 3 but not in PY 4: Beneficiaries that received a CRA (CDT codes D0601-D0603) in PY 3 for the first time, but did not received a CRA in PY 4.
- Received CRA in PY 3 but aged out in PY 4: Beneficiaries that received a CRA (CDT codes D0601-D0603) in PY 3 for the first time, but were over age 6 in PY 4.
- Received CRA in PY 3 & PY 4: Beneficiaries that received a CRA (CDT codes D0601-D0603) in PY 3 and PY 4.
- Moved to/ Remained in High Risk in PY 4: 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 4: 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 4: 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 CRA with a low risk (CDT code D0601) in PY 4.
- Moderate Risk: Number of beneficiaries that received a CRA with a moderate risk (D0602) in PY 4.
- High Risk: Number of beneficiaries that received a CRA with a high risk (CDT code D0603) in PY 4.
- 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 3 and PY 4.
- PY 3 Preventive: Number of preventive dental services or ICD-10 preventive dental procedures at an SNC received in PY 3 (Baseline Year for beneficiaries who received

CRA in PY 3 and PY 4).

- PY 4 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 4.
- PY 3 Restorative: Number of restorative dental services or ICD-10 restorative procedures at an SNC received in PY 3 (Baseline Year for beneficiaries who received CRA in PY 3 and PY 4).
- PY 4 Restorative: Number of restorative dental services or ICD-10 preventive dental procedures at an SNC received in PY 4.
- PY 3 ER: Number of ER Visits for ACS Dental Conditions in PY 3 (Baseline Year for beneficiaries who received CRA in PY 3 and PY 4) and is suppressed (*) as the number is lower than 11.
- PY 4 ER: Number of ER Visits for ACS Dental Conditions in PY 4 and is suppressed (*) as the number is lower than 11.
- PY 3 GA: Number of GA services in PY 3 (Baseline Year for beneficiaries who received CRA in PY 3 and PY 4).
- PY 4 GA: Number of GA services in PY 4.
- PY 3 Exams: Number of dental exams or ICD-10 dental exam procedures at an SNC received in PY 3 (Baseline Year for beneficiaries who received CRA in PY 3 and PY 4).
- PY 4 Exams: Number of dental exams or ICD-10 dental exam procedures at an SNC received in PY 4.
- PY 3 Treatment: Number of dental treatment services or ICD-10 dental treatment procedures at an SNC received in PY 3 (Baseline Year for beneficiaries who received CRA in PY 3 and PY 4).
- PY 4 Treatment: Number of dental treatment services or ICD-10 dental treatment procedures at an SNC received in PY 4.
- 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 D9220-D9221).
- 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 CRA in PY 2 and PY 3
The performance of beneficiaries who received a CRA for the first time in PY 2 and returned for a CRA in PY 3 are captured in this section.

Performance Metrics Analysis
Figure 24: CRA Continuity from PY 2 to PY 4 and *Figure 25* show the continuity and risk level movement of CRA in PY 4 for beneficiaries who received a CRA during PY 2 and PY 3. The continuity and risk level movement of CRA from PY 2 to PY 3 is analyzed in the PY 3 Annual Report.

For beneficiaries who received a low risk CRA in PY 2 and any CRA in PY 3, 63 percent also received a CRA in PY 4, 18 percent aged out and 19 percent did not continue the CRA treatment in PY 4. Among those 974 beneficiaries who received low risk CRA in PY 2 and continued any CRA in PY 3, 34 percent became high risk, 25 percent became moderate risk and 40 percent stayed in low risk in PY 4.

For beneficiaries who received a moderate risk CRA in PY 2 any CRA in PY 3, 67 percent also received a CRA PY 4, 18 percent aged out and 16 percent did not continue the CRA treatment in PY 4. Among those 1,552 beneficiaries who received moderate risk CRA in PY 2 and continued any CRA in PY 3, 50 percent became high risk, 39 percent stayed in moderate risk and 11 percent became low risk in PY 4.

For beneficiaries who received a high risk CRA in PY 2 any CRA in PY 3, 54 percent also received a CRA PY 4, 24 percent aged out and 21 percent did not continue the CRA treatment in PY 4. Among those 2,934 beneficiaries who received high risk CRA in PY 2 and continued any CRA in PY 3, 80 percent stayed in high risk, 14 percent became moderate risk and 6 percent became low risk in PY 4.

The data in *Figures 24* and *25* demonstrates that a patient's caries risk level is not necessarily something that can significantly improve over a short period of time. In order for this program to be effective in reducing the caries risk levels of beneficiaries, both the beneficiary and the provider must adhere to their respective treatment plan over a longer period of time. Although more than 50 percent of the beneficiaries continued with CRA in the respective risk categories in PY 4, 34 percent of beneficiaries moved from low to high risk level and 25 percent from low to moderate risk level (25 percent), and 50 percent of beneficiaries are moved from moderate to high risk level, is also being monitored for concern.

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

- Appendix 21: Domain 2 CRA Movement from PY 2 to PY 4 for Beneficiaries in High-Risk in PY 2
- Appendix 22: Domain 2 CRA Movement from PY 2 to PY 4 for Beneficiaries in Moderate-Risk in PY 2
- Appendix 23: Domain 2 CRA Movement from PY 2 to PY 4 for Beneficiaries in Low-Risk in PY 2

Figure 24: CRA Continuity from PY 2 to PY 4

Risk Level in PY 2	Received CRA in PY 2 & PY 3	Received CRA in PY 2 & PY 3 but not in PY 4	Received CRA in PY 2 & PY 3 but aged out in PY 4	Received CRA in PY 2 & PY 3 & PY 4
Low Risk	1,549	289	286	974
Low Risk	100%	19%	18%	63%
Moderate Risk	2,331	368	411	1,552
Moderate Risk	100%	16%	18%	67%
High Risk	5,392	1,142	1,316	2,934
High Risk	100%	21%	24%	54%

Figure 25: CRA Risk Level Movement from PY 2 to PY 4

Risk Level in PY 2	Received CRA in PY 2 & PY 3 & PY 4	Move to/ Remained in High Risk in PY 4	Move to/ Remained in Moderate Risk in PY 4	Move to/ Remained in Low Risk in PY 4
Low Risk	974	335	247	392
Low Risk	100%	34%	25%	40%
Moderate Risk	1,552	771	604	177
Moderate Risk	100%	50%	39%	11%
High Risk	2,934	2,353	404	177
High Risk	100%	80%	14%	6%

Figure 26 shows a slight increase in the number of preventive dental services from PY 3 to PY 4 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 26* demonstrates that there was an increase in preventive services attributed to each risk category, therefore meeting expectations for this measure in PY 4. Please see age and county breakdown in Appendix 24: Domain 2 Count of Preventive Dental Services for Beneficiaries Who Received CRA in PY 2, PY 3 and Returned in PY 4 by County and Age Group.

Figure 26: Number of, and Percentage Change in Preventive Dental Services for Beneficiaries Who Received CRA in PY 2, PY 3 and Returned in PY 4

Group	PY 3 Preventive	PY 4 Preventive	Percent Diff
Low Risk	3,798	4,225	11%
Moderate Risk	7,175	7,824	9%
High Risk	21,207	22,058	4%

Figure 27 shows a sharp reduction in the number of restorative dental services performed from PY 3 to PY 4 for beneficiaries who received a low and moderate risk CRA and a slight increase for those who received a high-risk CRA. The values presented in *Figure 27* represent a significant success for the Domain 2 program in its aim to reduce reliance on restorative dental services. These values, as well as the values in *Figure 26*, demonstrate Domain 2 is making notable progress towards its objective of increasing utilization of preventive services, rather than the more invasive and costly restorative procedures. Please see age and county breakdown in Appendix 25: Domain 2 Count of Restorative Dental Services for Beneficiaries Who Received CRA in PY 2, PY 3 and Returned in PY 4 by County and Age Group.

Figure 27: Number of, and Percentage Change in Restorative Dental Services for Beneficiaries Who Received CRA in PY 2, PY 3 and Returned in PY 4

Group	PY 3 Restorative	PY 4 Restorative	Percent Diff
Low Risk	807	435	-46%
Moderate Risk	1,290	667	-48%
High Risk	6,745	6,835	1%

Figure 28 shows a reduction in both ER visits and GA service across all risk levels. Suppression (*) is applied on the count of services less than 11 in PY 3 and PY 4. ER visits

and GA services have decreased across all levels representing a significant success for Domain 2 in PY 4. 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 26: Domain 2 Count of ER Visits for Beneficiaries Who Received CRA in PY 2, PY 3 and Returned in PY 4 by County and Age Group and Appendix 27: Domain 2 Count of GA Services for Beneficiaries Who Received CRA in PY 2, PY 3 and Returned in PY 4 by County and Age Group.

Figure 28: Number of, and Percentage Change in ER Visits and GA for Beneficiaries Who Received CRA in PY 2, PY 3 and Returned in PY 4

Measure	Groups	PY 3	PY 4	Percent Diff
ER	Low Risk	*	0	-100%
ER	Moderate Risk	*	*	-50%
ER	High Risk	23	22	-4%
GA	Low Risk	**	*	-57%
GA	Moderate Risk	33	18	-45%
GA	High Risk	250	226	-10%

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Impact Assessment

Figure 29 describes the provision of dental exams. From PY 3 to PY 4, all CRA groups experienced an increase of up to 35 percent. DHCS does not expect low risk group to increase dental exams significantly in PY 5 because there are no additional frequencies allotted to this risk level. Please see age and county breakdown in Appendix 28: Domain 2 Count of Dental Exams for Beneficiaries Who Received CRA in PY 2, PY 3 and Returned in PY 4 by County and Age Group.

Figure 29: Number of, and Percentage Change in Dental Exams for Beneficiaries Who Received CRA in PY 2, PY 3 and Returned in PY 4

Group	PY 3 Exams	PY 4 Exams	Percent Diff
Low Risk	1,113	1,242	12%
Moderate Risk	1,844	2,351	27%

High Risk	4,925	6,667	35%

Figure 30 shows the number of dental treatment services provided. The high-risk beneficiaries experienced a slight increase compared to the low risk and moderate risk categories. Dental exams increased for each caries risk level group, as shown in *Figure 29*, and the low and moderate risk CRA groups experienced decrease in the count of dental treatment services provided in PY 4 is evidence that Domain 2 is making progress towards meeting its' objectives. As stated earlier, under Domain 2, providers are able to assess their patient's caries risk level, and subsequently determine a preventive treatment plan suitable to their risk level. Consequently, they are able to greatly reduce the need for their patients to undergo many of the more costly and invasive restorative dental treatments. DHCS 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 that are 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 2, PY 3 and Returned in PY 4 by County and Age Group.

Figure 30: Number of, and Percentage Change in Dental Treatments for Beneficiaries Who Received CRA in PY 2, PY 3 and Returned in PY 4

Groups	PY 3 Treatment	PY 4 Treatment	Percent Diff
Low Risk	2,623	1,983	-24%
Moderate Risk	4,327	3,616	-16%
High Risk	17,638	18,366	4%

Figure 31 displays the expenditures for preventive dental services, dental treatment services, and GA for beneficiaries who received a CRA in PY 2, PY 3 and returned in PY 4. Both preventive dental services and dental treatment services have increased from PY 3 to PY 4 for the all CRA groups. For preventive dental services, the CRA group's expenditures increased by 4 percent. For dental treatment, the CRA group's expenditures slightly increased. GA services for the CRA groups have increased by 48 percent. The expenditures increased for preventive dental services demonstrates Domain 2's success in incentivizing providers to manage the disease of caries using preventive services and non-invasive treatment approaches. While a decrease in dental treatment services expenditure would also have been desirable, DHCS presumes that the DTI program has incentivized the Medi-Cal dental provider population to treat more children ages zero to six.

Figure 31: Expenditures for Beneficiaries who received CRA in PY 2, PY 3 and Returned in PY 4

Measure	Service Location	PY 3	PY 4	Percent Diff
Preventive Services	CRA Dental Offices	$827,994	$846,913	2%
Preventive Services	CRA SNCs	$6,448	$19,625	204%
Preventive Services	**Total CRA Locations**	**$834,442**	**$866,539**	**4%**
Dental Treatment	CRA Dental Offices	$1,483,368	$1,507,859	2%
Dental Treatment	CRA SNCs	$3,636	$8,987	147%
Dental Treatment	**Total CRA Locations**	**$1,487,004**	**$1,516,846**	**2%**
GA	**CRA Dental Offices**	**$42,833**	**$63,545**	**48%**

Footnotes for Figures 24 through 32:

- Data Source: DHCS MIS/DSS Data Warehouse and DTI Domain 2 Report as of October 2020.
- Received CRA in PY 2 & PY 3: Beneficiaries that received a CRA (CDT codes D0601-D0603) in PY 2 and PY 3.
- Received CRA in PY 2 & PY 3 but not in PY 4: Beneficiaries that received a CRA (CDT Code D0601, D0602, or D0603) in PY 2 and PY 3 but did not received a CRA in PY 4.
- Received CRA in PY 2 & PY 3 but aged out in PY 4: Beneficiaries that received a CRA (CDT codes D0601-D0603) in PY 2 and PY 3 but were over age 6 in PY 4.
- Received CRA in PY 2 & PY 3 & PY 4: Beneficiaries that received a CRA (CDT codes D0601-D0603) in PY 2, PY 3 and PY 4.
- Moved to/ Remained in High Risk in PY 4: 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 4: 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 4: 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 CRA with a low risk (CDT code D0601) in PY 4.
- Moderate Risk: Number of beneficiaries that received a CRA with a moderate risk (CDT code D0602) in PY 4.
- High Risk: Number of beneficiaries that received a CRA with a high risk (CDT code D0603) in PY 4.
- 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 3 and PY 4.
- PY 3 Preventive: Number of preventive dental services or ICD-10 preventive dental procedures at an SNC received in PY 3 (Baseline Year for beneficiaries who received CRA in PY 2, PY 3 and PY 4).
- PY 4 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 4.
- PY 3 Restorative: Number of restorative dental services or ICD-10 restorative procedures at an SNC received in PY 3 (Baseline Year for beneficiaries who received CRA in PY 2, PY 3 and PY 4).
- PY 4 Restorative: Number of restorative dental services or ICD-10 preventive dental procedures at an SNC received in PY 4.
- PY 3 ER: Number of ER Visits for ACS Dental Conditions in PY 3 (Baseline Year for beneficiaries who received CRA in PY 2, PY 3 and PY 4) and is suppressed (*) as the number is lower than 11.
- PY 4 ER: Number of ER Visits for ACS Dental Conditions in PY 4 and is suppressed (*) as the number is lower than 11.
- PY 3 GA: Number of GA services in PY 3 (Baseline Year for beneficiaries who received CRA in PY 2, PY 3 and PY 4) and is suppressed (**) as a complementary cell.
- PY 4 GA: Number of GA services in PY 4 and is suppressed (*) as the number is lower than 11.
- PY 3 Exams: Number of dental exams or ICD-10 dental exam procedures at an SNC received in PY 3 (Baseline Year for beneficiaries who received CRA in PY 2, PY 3 and PY 4).
- PY 4 Exams: Number of dental exams or ICD-10 dental exam procedures at an SNC received in PY 4.
- PY 3 Treatment: Number of dental treatment services or ICD-10 dental treatment procedures at an SNC received in PY 3 (Baseline Year for beneficiaries who received CRA in PY 2, PY 3 and PY 4).
- PY 4 Treatment: Number of dental treatment services or ICD-10 dental treatment procedures at an SNC received in PY 4.
- 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 D9220-D9221).
- 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 32 displays incentives paid for Domain 2 in PY 4, which is the domain's third year of implementation. Since April 2017, Domain 2 payments are issued every week for the FFS delivery system, and every month for the SNC and DMC delivery systems. Due to the claims run-out period (providers have 12 months from the date of service to submit claims), DHCS continues to receive claims with service dates in PY 4. DHCS completed the PY 2 and PY 3 payments, so the reported payments below are final. As of October 2020, DHCS issued approximately $2 million in incentive payments for services in PY 2, approximately $4 million for services in PY 3, and approximately $56.4 million for services in PY 4. The increase in payments for PY 4 is because of the Domain 2 expansion counties.

Figure 32: Domain 2 Incentive Payment Summary[2]

Delivery System	PY 2	PY 3	Year to Date PY 4
FFS	$1,383,787.10	$2,647,515.89	$49,981,713.79
DMC	$495,751.00	$1,215,216.00	$2,439,418.00
SNC	$162,078.00	$212,313.00	$4,004,831.00
Total	**$ 2,041,616.10**	**$ 4,075,044.89**	**$ 56,425,962.79**

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[2] Data Source: DHCS Dental FI Domain 2 Incentive Payment Summary as of October 2020.

DOMAIN 3: INCREASE CONTINUITY OF CARE

Domain 3 aims to improve continuity of care for Medi-Cal children ages 20 and under by establishing and incentivizing an ongoing relationship between beneficiaries and dental providers in the following 17 selected pilot counties: Alameda, Del Norte, El Dorado, Fresno, Kern, Madera, Marin, Modoc, Nevada, Placer, Riverside, San Luis Obispo, Santa Cruz, Shasta, Sonoma, Stanislaus, and Yolo. Effective January 1, 2019, DHCS expanded Domain 3 to include an additional 19 counties: Butte, Contra Costa, Imperial, Merced, Monterey, Napa, Orange, San Bernardino, San Diego, San Francisco, San Joaquin, San Mateo, Santa Barbara, Santa Clara, Solano, Sutter, Tehama, Tulare, and Ventura. Incentive payments are made to dental service office locations who have maintained continuity of care by providing qualifying examinations (CDT codes D0120, D0150, or D0145) to beneficiaries ages 20 and under for two, three, four, five, and six continuous years.

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 next annual incentive payment will be issued in June 2021 for the final payment of PY 4 and first payment of PY 5.

Performance Metrics Analysis

For PY 4, DHCS analyzed the number of beneficiaries who have remained with the same service office location for two, three, four, and five continuous years in the 17 initial pilot counties. With the addition of expansion counties, this report also includes two year continuity analysis of beneficiaries in the 19 expansion counties. DHCS established this domain's baseline year as CY 2015. The performance measure for this domain is similar to the Dental Quality Alliance measures, Usual Source of Services[3] (also known as Usual Source of Care) and Care Continuity[4] (also known as Continuity of Care), with the exception that DHCS incentivizes over a longer continuous period.

Figure 33 shows continuity of care from the 17 initial pilot counties. From baseline year to PY 4, the percent of beneficiaries with two-year continuity of care within the 17 counties increased by 4.47 percentage points compared to the baseline – CY 2014 to CY 2015. The percent of beneficiaries with three-year continuity of care within the 17 counties increased by 3.50 percentage points compared to the baseline – CY 2013 to CY 2015 with no gap.

[3] 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.
[4] 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.

The percent of beneficiaries with four-year continuity of care within the 17 counties increased by 3.21 percentage points compared to the baseline CY 2012 to CY 2015 with no gap. The percent of beneficiaries with five-year continuity of care within the 17 counties increased by 2.33 percentage points compared to the baseline CY 2011 with CY 2015 with no gap. This data shows a steady increase of beneficiaries who are returning to their dental home year after year. Even though the denominator steadily decreased each year, the numerators steadily increased, showing the incentive payments have an effect on continuity of care. In the next PY, DHCS will review the number of beneficiaries who remained with their same service office location for two, three, four, five, and six continuous years from the 17 initial pilot counties.

Figure 33: Domain 3 Continuity of Care in 17 Initial Pilot Counties (Number of Beneficiaries Returning to the Same Service Location)

Measure	Baseline Year: CY 2015	PY 1	PY 2	PY 3	PY 4
Claims Range	CY 2010 to CY 2015	CY 2015 to CY 2016	CY 2015 to CY 2017	CY 2015 to CY 2018	CY 2015 to CY 2019
Denominator	1,544,373	1,603,314	1,589,345	1,558,457	1,529,753
Numerator Second Year	211,981	245,290	264,677	272,224	278,449
Percentage Second Year	**13.73%**	**15.30%**	**16.65%**	**17.47%**	**18.20%**
Numerator Third Year	119,956	N/A	157,963	164,530	172,401
Percentage Third Year	**7.77%**	N/A	**9.94%**	**10.56%**	**11.27%**
Numerator Fourth Year	63,603	N/A	N/A	107,049	112,118
Percentage Fourth Year	**4.12%**	N/A	N/A	**6.87%**	**7.33%**
Numerator Fifth Year	40,819	N/A	N/A	N/A	**76,104**
Percentage Fifth Year	**2.64%**	N/A	N/A	N/A	**4.97%**

Similar to *Figure 33*, the *Figure 34* below shows continuity of care from the 19 expansion counties. From CY 2018 to CY 2019, the percent of beneficiaries with two-year continuity of care within the 19 counties increased by 3.58 percentage points compared to the baseline – CY 2014 to CY 2015. In the next PY, DHCS will review the number of beneficiaries who remained with their same service office location for two and three years from the 19

expansion counties.

Figure 34: Domain 3 Continuity of Care in 19 Expansion Counties (Number of Beneficiaries Returning to the Same Service Location)

Measure	Baseline Year: CY 2015	PY 4
Claims Range	CY 2010 to CY 2015	CY 2018 to CY 2019
Denominator	2,603,258	2,498,979
Numerator Second Year	449,528	521,109
Percentage Second Year	**17.27%**	**20.85%**

Footnotes for Figures 33 and 34:

- Data Source: DHCS Dental FI Domain 3 Incentive Payment Summary as of July 2020.
- Baseline Year: DHCS determined CY 2015 to be the baseline year. SNC data was not available in baseline years.
- 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 or five continuous years. Beneficiaries who visited participating SNCs were included.

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Incentive Payments Analysis

Figures 35 and *36* show the number of service office locations that were issued incentive payments for services conducted during PY 3 and PY 4. PY 2 final payment was reported in the DTI PY 3 Annual Report. PY 3 payment includes both first and final payments in July 2019 and July 2020, respectively. PY 4 first payment was issued in July 2020. The final payment of PY 4 will be issued in June 2021, which will be reported in the next DTI Annual Report.

DHCS also included the number of active service office locations in CY 2018 and CY 2019 for PY 3 and PY 4, respectively in *Figure 35* and *Figure 36*. The 19 expansion counties were identified by asterisk (*) in *Figure 36*. In addition to the 890 dental offices, there were a total of 108 SNCs that opted-in Domain 3 during the first four PYs. 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 for PY 4, an inference based on incentive amounts compared to previous PYs cannot be made to determine program successes. DHCS will monitor and analyze further in the PY 5 report and compare findings against PY 4 for trends and impacts.

Figure 35: Domain 3 Incentive Payment by County for PY 3

Provider County	Total Number of Service Office Locations	Number of Service Office Locations that Received Incentive Payment	Total Incentive Payment
Alameda	136	114	$1,447,980
Del Norte	0*	1	*
El Dorado	10	7	$128,530
Fresno	150	123	$2,116,790
Kern	96	89	$2,615,060
Madera	19	17	$383,690
Marin	7	3	$6,570
Modoc	2	2	$9,380
Nevada	3	2	**
Placer	29	15	$271,000
Riverside	372	289	$3,935,860
San Luis Obispo	14	7	$324,700
Santa Cruz	14	11	$422,650
Shasta	8	5	$83,100
Sonoma	19	18	$540,110
Stanislaus	61	44	$1,241,040
Yolo	13	12	$75,400
Total	**953**	**759**	**$13,604,750**

Figure 36: Domain 3 Incentive Payment by County for PY 4

Provider County	Total Number of Service Office Locations	Number of Service Office Locations that Received Incentive Payment	Total Incentive Payment
Alameda	136	121	$3,417,850
Butte*	17	10	$225,700
Contra Costa*	60	43	$1,445,300
Del Norte	0	0	0

Provider County	Total Number of Service Office Locations	Number of Service Office Locations that Received Incentive Payment	Total Incentive Payment
El Dorado	10	7	$153,120
Fresno	150	124	$5,249,940
Imperial*	15	13	$373,300
Kern	96	89	$6,015,410
Madera	19	15	$837,790
Marin	7	3	$10,870
Merced*	25	20	$879,600
Modoc	2	1	*
Monterey*	30	24	$2,769,000
Napa*	8	4	$359,700
Nevada	3	1	*
Orange*	822	654	$11,110,200
Placer	29	18	$704,710
Riverside	372	283	$8,788,020
San Bernardino*	453	354	$8,805,100
San Diego*	410	269	$7,625,600
San Francisco*	81	48	$1,456,900
San Joaquin*	73	66	$2,562,000
San Luis Obispo	14	6	$720,420
San Mateo*	29	25	$1,051,900
Santa Barbara*	35	26	$1,773,400
Santa Clara*	208	179	$3,433,500
Santa Cruz	14	11	$882,460
Shasta	8	6	$174,930
Solano*	40	30	$920,500
Sonoma	19	17	$1,266,330
Stanislaus	61	50	$3,064,570
Sutter*	14	12	$1,423,700
Tehama*	0*	1	*
Tulare*	56	45	$2,374,200
Ventura*	122	106	$3,520,700
Yolo	13	13	$156,470
Total	**3,451**	**2,694**	**$83,562,120**

Footnotes for Figures 35 and 36:

- Data Source: DHCS Dental FI Domain 3 Incentive Payment Summary as of July 2020.
- Provider County: The 19 expansion counties were identified by asterisk (*) in PY 4.
- Total Number of Service Office Locations: includes FFS Dental offices regardless of DTI participation. Total service offices in Del Norte (PY3) and Tehama (PY4) are represented by * because the one service office that was eligible for a payment is no longer an active service office in Medi-Cal FFS. The office was inactivated in respective PY but was potentially eligible for DTI incentive payments for the services provided with dates of services prior to the inactivation date.
- Number of Service Office Locations that received Incentive Payments: includes participating FFS Dental offices and SNCs.
- Total Incentive Payment: includes the total incentives disbursed. Suppression (*) and complementary suppression (**) applied. In PY 3, the number of beneficiaries of Del Norte that returned to the same dental offices are lower than 11. Therefore, the associated expenditures were suppressed in PY 3. Nevada is suppressed as the complementary cell with the next lowest small number for PY 3. In PY 4, the number of beneficiaries in Modoc, Nevada and Tehama that returned to the same dental offices are lower than 11. Therefore, the associated expenditures were suppressed in PY 4.

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Continuity of Care Analysis

Figure 37 shows the number of unduplicated beneficiaries in PY 3 who received a dental examination D0120, D0150, or D0145 from the same dental office or SNC for two, three and four consecutive years. The additional details on beneficiaries who received at least one dental exam in PY 3 along with the county breakdown help analyze the proportion of beneficiaries returning to the same office from the 17 initial pilot counties in PY 3. Please note that the beneficiaries returning to services in the two, three and four consecutive year categories are mutually exclusive and there is no duplication of beneficiaries.

For PY 3:

- Four consecutive years mean the number of beneficiaries who received dental exams in CY 2015, CY 2016, CY 2017, and CY 2018;
- Three consecutive years mean the number of beneficiaries who received dental exams in CY 2016, CY 2017, and CY 2018;
- Two consecutive years mean the number of beneficiaries who received dental exams

in CY 2017 and CY 2018.

Based on *Figure 37*, 17.7 percent of the beneficiaries in PY 3 also had dental exams for four 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.

Figure 37: Number of Beneficiaries Continuously Returned to the Same Dental Offices or SNC by County in PY 3 for Dental Exams

Provider County	Beneficiaries received dental exams in PY 3	Beneficiaries received dental exams 2 years (2017 and 2018)	Beneficiaries received dental exam 3 years (2016, 2017, and 2018)	Beneficiaries received dental exam 4 years (2015, 2016, 2017 and 2018)
Alameda	64,686	13,663	5,452	10,481
Del Norte	1,506	*	0	*
El Dorado	6,543	1,001	685	904
Fresno	98,460	17,271	8,515	16,670
Kern	92,423	18,636	9,952	22,867
Madera	21,040	2,451	1,429	3,570
Marin	10,933	66	33	38
Modoc	48	85	38	68
Nevada	2,787	**	15	*
Placer	11,142	2,765	1,120	1,740
Riverside	176,630	32,530	18,174	28,766
San Luis Obispo	13,468	1,978	1,146	3,138
Santa Cruz	18,147	2,073	1,823	4,143
Shasta	8,727	856	472	421
Sonoma	20,532	3,189	2,167	5,070
Stanislaus	51,126	10,434	6,114	8,633
Yolo	6,922	662	346	527
Total	**605,120**	**107,694**	**57,481**	**107,049**

Similar to *Figure 37*, *Figure 38* shows the number of unduplicated beneficiaries in PY 4 who received a dental examination D0120, D0150, or D0145 from the same dental office or SNC for two, three, four and five consecutive years from the 17 initial pilot counties along with the two consecutive years from the 19 expansion counties identified by asterisk (*). The additional details on beneficiaries who received at least one dental exam in PY 4 along with the county breakdown help analyze the proportion of beneficiaries returning to the same

office in PY 4. Please note that the beneficiaries returning to services in the two, three, four and five consecutive year categories are mutually exclusive and there is no duplication of beneficiaries.

For PY 4:

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

Based on *Figure 38*, 12.4 percent of the beneficiaries in PY 4 from the initial 17 pilot counties also had dental exams for five 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, 50.8 percent of the beneficiaries in PY 4 from the 19 expansion counties had a dental exam for two consecutive years. In the next PY report, DHCS will analyze the three year beneficiary return rate from the 19 expansion counties.

Figure 38: Number of Beneficiaries Continuously Returned to the Same Dental Offices or SNC by County in PY 4 for Dental Exams

Provider County	Beneficiaries received dental exams in PY 4	Beneficiaries received dental exams 2 years (2018 and 2019)	Beneficiaries received dental exams 3 years (2017, 2018, and 2019)	Beneficiaries received dental exams 4 years (2016, 2017, 2018, and 2019)	Beneficiaries received dental exams 5 years (2015, 2016, 2017, 2018, and 2019)
Alameda	65,203	12,169	7,905	3,438	7,068
Butte*	6,473	2,257	0	0	0
Contra Costa*	37,363	14,453	0	0	0

Del Norte	1,158	0	0	0	0
El Dorado	6,307	554	448	343	56
Fresno	102,004	19,535	9,798	5,361	12,118
Imperial*	5,415	3,733	0	0	0
Kern	92,313	18,559	10,505	6,647	16,971
Madera	21,441	2,118	1,415	936	2,754
Marin	10,938	28	33	11	24
Merced*	26,365	8,796	0	0	0
Modoc	67	*	*	*	*
Monterey*	48,197	27,690	0	0	0
Napa*	6,000	3,597	0	0	0
Nevada	2,721	30	**	*	*
Orange*	191,323	111,102	0	0	0
Placer	11,374	2,702	1,676	751	1,231
Riverside	182,283	29,839	17,511	10,893	19,775
San Bernardino*	173,909	88,051	0	0	0
San Diego*	160,149	76,256	0	0	0
San Francisco*	30,675	14,569	0	0	0
San Joaquin*	54,383	25,620	0	0	0
San Luis Obispo	13,592	1,541	1,316	848	2,460
San Mateo*	23,348	10,519	0	0	0
Santa Barbara*	35,981	17,734	0	0	0
Santa Clara*	70,927	34,335	0	0	0
Santa Cruz	18,514	2,549	959	963	3,127
Shasta	8,826	637	414	269	257
Solano*	21,714	9,205	0	0	0
Sonoma	20,633	3,990	1,848	1,390	3,825
Stanislaus	52,844	11,019	6,209	4,021	6,132
Sutter*	20,872	14,237	0	0	0
Tehama*	3,636	*	0	0	0
Tulare*	52,536	23,742	0	0	0
Ventura*	57,249	35,207	0	0	0
Yolo	5,893	771	220	138	297
Total	**1,642,626**	**627,157**	**60,283**	**36,014**	**76,104**

Footnotes for Figures 37 and 38:
Data Source: DHCS Dental FI Domain 3 Incentive Payment Summary as of July 2020.
Provider County: The 19 expansion counties were identified by asterisk (*) in PY 4.
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.

From baseline year CY 2014 to PY 4, DHCS observed an increase of 41.19 percent in the number of dental exams performed, 30.29 percent in the number of preventive dental services performed, and 25.62 percent in treatment services. The expenditures for dental exams increased by 701.91 percent, the expenditures of preventive dental services increased by 310.80 percent, and the expenditures of dental treatment services increased by 147.43 percent. The growth of expenditures was mainly driven by including SNC encounters starting in October 2015 when ICD-10 codes were implemented. The data and metrics in *Figure 39* and *Figure 40* demonstrate a desired outcome for the DTI program, which is to increase the number of preventive dental services in lieu of more costly treatment services.

Figure 39: Domain 3 Counties' Number of Services on Dental Exam, Preventive and Treatment Services

Number of Services	Baseline Year: CY 2014	PY 4	Percent Change
Dental Exams	1,354,638	1,415,374	4.48%
Dental Exams (ICD-10)	N/A	497,237	N/A
Dental Exams Total	**1,354,638**	**1,912,611**	**41.19%**
Preventive Dental Services	2,910,778	3,103,067	6.61%
Preventive Dental Encounters (ICD-10)	N/A	689,318	N/A
Preventive Dental Total	**2,910,778**	**3,792,385**	**30.29%**

Number of Services	Baseline Year: CY 2014	PY 4	Percent Change
Dental Treatment Services	1,764,873	1,955,777	10.82%
Dental Treatment Services (ICD-10)	N/A	261,187	N/A
Dental Treatment Services Total	**1,764,873**	**2,216,964**	**25.62%**
Total Count of Exams, Preventive and Treatment Services	**6,030,289**	**7,921,960**	**31.37%**

Figure 40: Domain 3 Counties' Expenditures on Dental Exam, Preventive and Treatment Services (Dollars in thousand)

Expenditures	Baseline Year: CY 2014	PY 4	Percent Change
Dental Exams	$23,949	$76,944	221.27%
Dental Exams (ICD-10)	N/A	$115,111	N/A
Dental Exams Total	**$23,949**	**$192,054**	**701.91%**
Preventive Dental Services	$55,786	$71,462	28.10%
Preventive Dental Encounters (ICD-10)	N/A	$157,704	N/A
Preventive Dental Total	**$55,786**	**$229,166**	**310.80%**
Dental Treatment Services	$95,215	$175,324	84.14%
Dental Treatment Services (ICD-10)	N/A	$60,263	N/A
Dental Treatment Services Total	**$95,215**	**$235,587**	**147.43%**
Total Expenditure of Exams, Preventive and Treatment Services	**$174,950**	**$656,807**	**275.43%**

Footnotes for Figures 39 and 40:

- Data Source: DHCS MIS/DSS Data Warehouse as of October 2020.
- Dental Exams: Any comprehensive or period exam (CDT codes D0120 and D0150) or, for beneficiaries under three (3) years of age, an oral evaluation and counseling with the primary caregiver (CDT code D0145) 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).

- 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.

Figure 41 compares Domain 3 (initial and expansion counties) and non-Domain 3 counties' utilization of preventive dental services for beneficiaries ages one through twenty at dental offices, including services rendered at SNCs. Overall, compared to non-Domain 3 counties, Domain 3 counties with the inclusion of SNC data, demonstrate a greater increase in utilization of preventive dental services from baseline year CY 2014 to PY 4. When including SNC encounters, the preventive dental services utilization of Domain 3 counties increased by 11.66 percent while non-Domain 3 counties increased by 8.57 percent. Moreover, DHCS and its ASO contractor are conducting ongoing outreach and training to non-SNC providers in a variety of areas, including, but not limited to, the importance of increasing preventive services and recall exams. DHCS expects Domain 3 incentive payment will help improve Domain 1 results over the five-year period of DTI.

Figure 41: 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
Baseline Year: CY 2014	**Utilization Excluding SNCs**	**36.73%**	**39.86%**
PY 4	Numerator Excluding SNCs	1,323,858	797,782
PY 4	Denominator	3,456,986	1,821,757
PY 4	Utilization Excluding SNCs	38.30%	43.79%

Year	Measure	D3 Counties	Non-D3 Counties
Baseline Year to PY 4	**Change of Percentage Points Excluding SNCs**	**1.56%**	**3.93%**
PY 4	Numerator Including SNCs	1,672,997	882,183
PY 4	Denominator	3,456,986	1,821,757
PY 4	Utilization Including SNCs	48.39%	48.42%
Baseline Year to PY 4	**Change of Percentage Points Including SNCs**	**11.66%**	**8.57%**

Footnotes for Figure 41:

- Data Source: DHCS MIS/DSS Data Warehouse as of October 2020.
- 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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DOMAIN 4: LOCAL DENTAL PILOT PROGRAM

LDPPs address one or more of the goals of three domains through alternative programs, using strategies focused on targeted populations, such as rural and underserved areas including local case management initiatives and education partnerships, and care coordination. DHCS requires local pilots to have broad-based provider and community support and collaboration including Tribes and Indian health programs, with incentives related to goals and metrics that contribute to the overall goals of DHCS in any of the domains specified above. DHCS paid a total of $33.3 million for LDPP invoices in PY 4. DHCS continued the bi-monthly teleconferences with all executed LDPPs to answer questions and encourage collaboration between the LDPPs.

LDPPs are required to submit quarterly as well as annual reports. Upon review, many of the LDPPs have experienced successes as well as obstacles in full implementation of their

respective operations. A majority of the LDPPs have a variation of care coordination, which ultimately involves a “warm-handoff” that has demonstrated success thus far. With the grassroots approach being organic in nature, LDPPs have demonstrated success in outreach to children, as well as their subsequent families through building rapport to ultimately ensure higher percentages of recall as well as reciprocal communication. Conversely, LDPPs have also experienced operational barriers, from staffing shortages responsible for training to delays in memorandum of understanding, etc. For example, many of the LDPPs have had issues taking their VDH program off the ground as self-stated, through no fault of their own, from delays in contractor deliverables, to issues obtaining agreements with their service entities.

Funding Summary

DHCS developed invoicing guidelines, an invoice template, and an FAQ document to assist the LDPPs with their invoicing processes. DHCS instructed the pilots to submit invoices on a quarterly basis, with a due date of 45 days after the end of each quarter. *Figure 42* shows that DHCS paid a total of $80,920,359 as of September 2020. The total payment for each LDPP is as follows:

Figure 42: Domain 4 Funding Payment Summary

LDPPs	Total Paid YTD
Alameda County	$13,500,992
California Rural Indian Health Board, Inc.	$1,419,328
California State University, Los Angeles	$11,490,988
First 5 San Joaquin	$3,586,324
First 5 Riverside	$6,230,295
Fresno County	$7,247,019
Humboldt County	$2,208,253
Orange County	$8,793,675
Sacramento County	$5,904,233
San Luis Obispo County	$1,267,200
San Francisco City and County Department of Public Health	$3,008,707
Sonoma County	$2,372,261
University of California, Los Angeles	$13,891,084

LDPPs	Total Paid YTD
Total	**$80,920,359**

For more information about the selected LDPPs, please refer to the LDPP Domain 4 Webpage on the DHCS website.

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