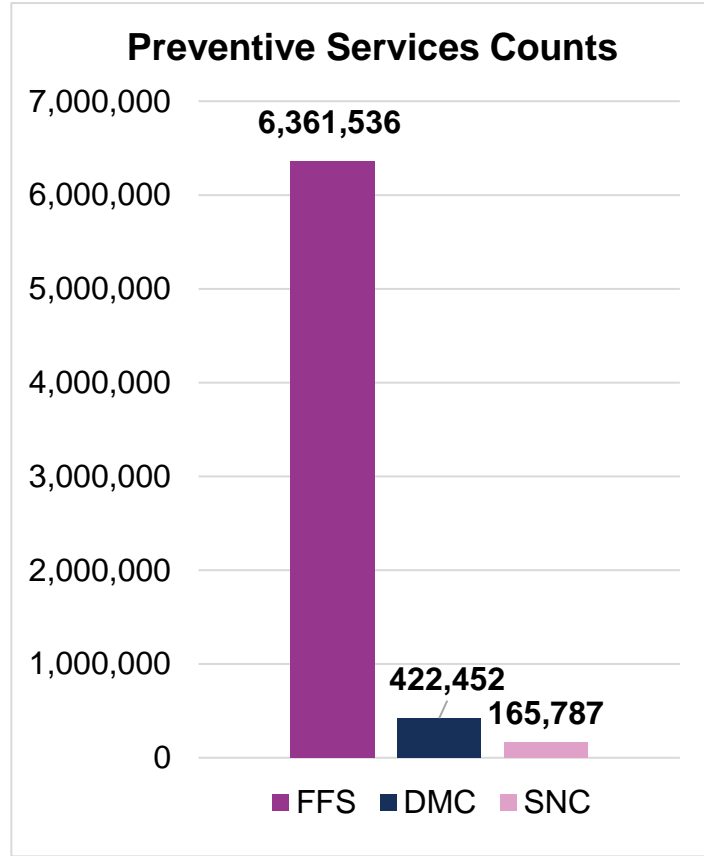
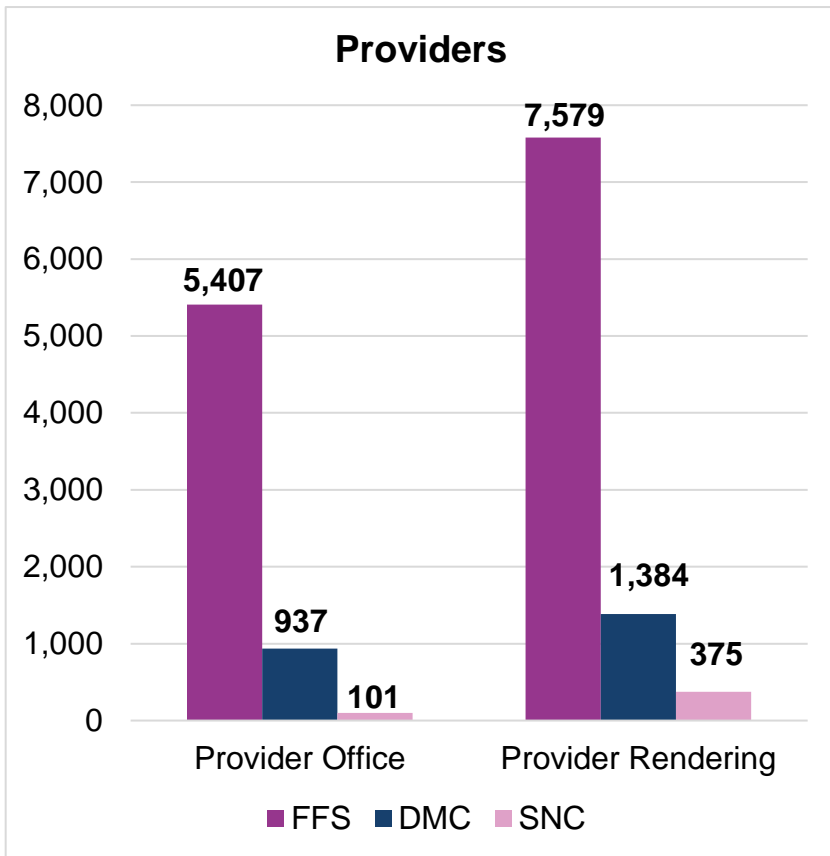




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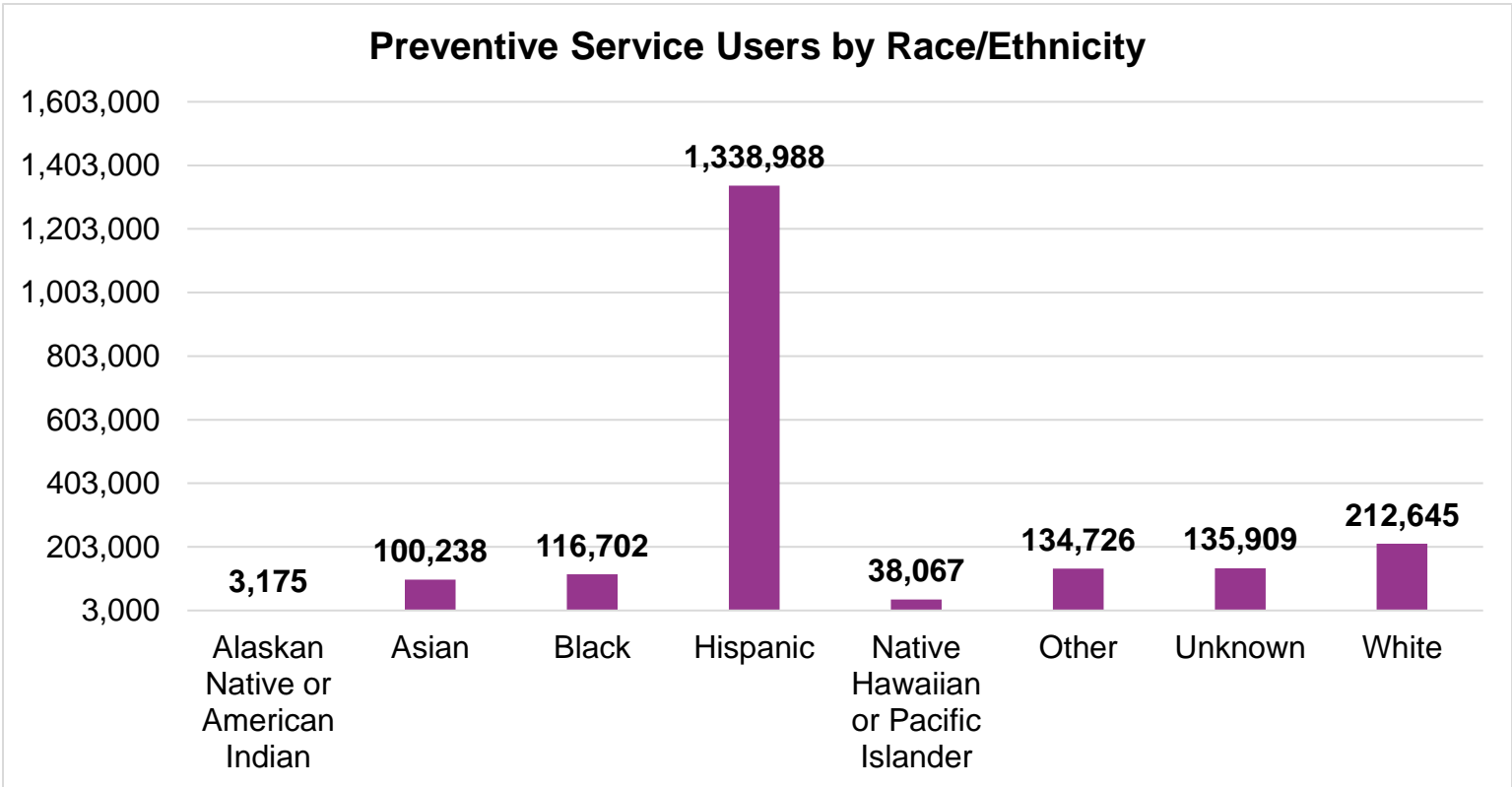
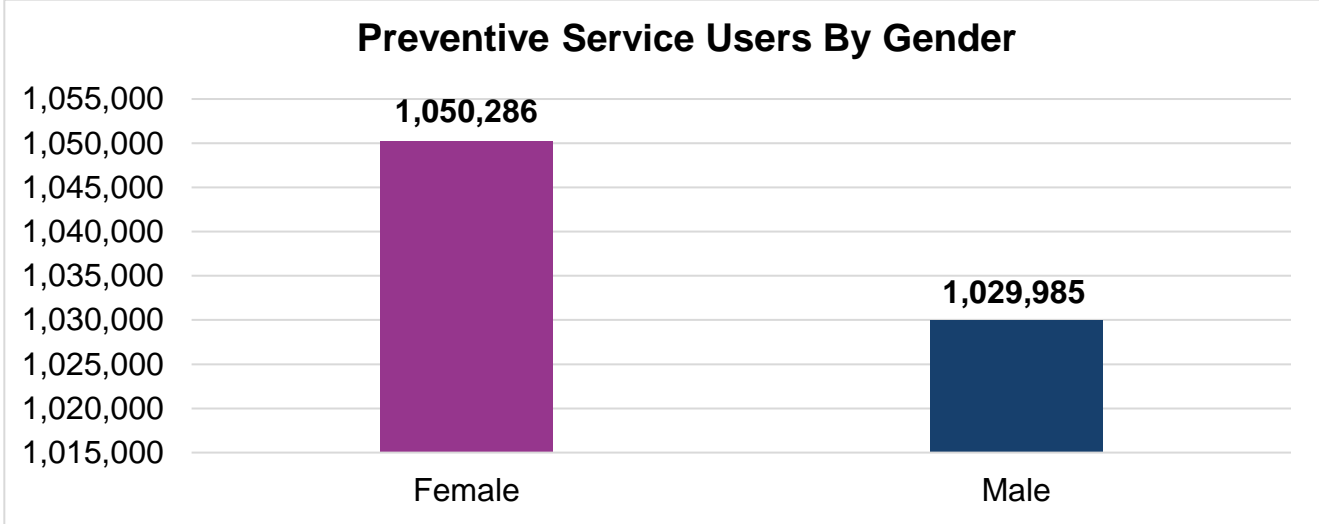
Pay-For-Performance: Preventive Services

The pay-for-performance initiative for preventive services aims to increase statewide utilization of preventive services for all Medi-Cal members. This performance payment is a flat rate for each Select Preventive Code billed by a service office location at 75 percent of the Schedule of Maximum Allowances (SMA) fee. Payments are available statewide to enrolled Medi-Cal dental providers, including fee-for-service (FFS) and dental managed care (DMC) providers and safety net clinics (SNC), such as federally qualified health centers, rural health clinics, and Indian Health Services clinics. The charts below show the count of providers, preventive services and members who received services under this initiative for Calendar Year (CY) 2022.





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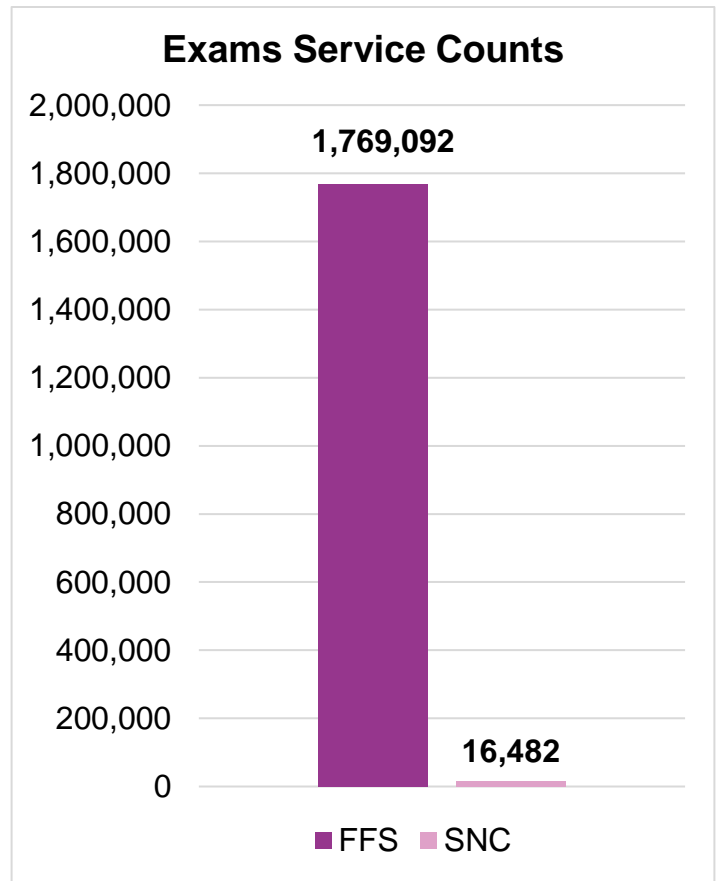
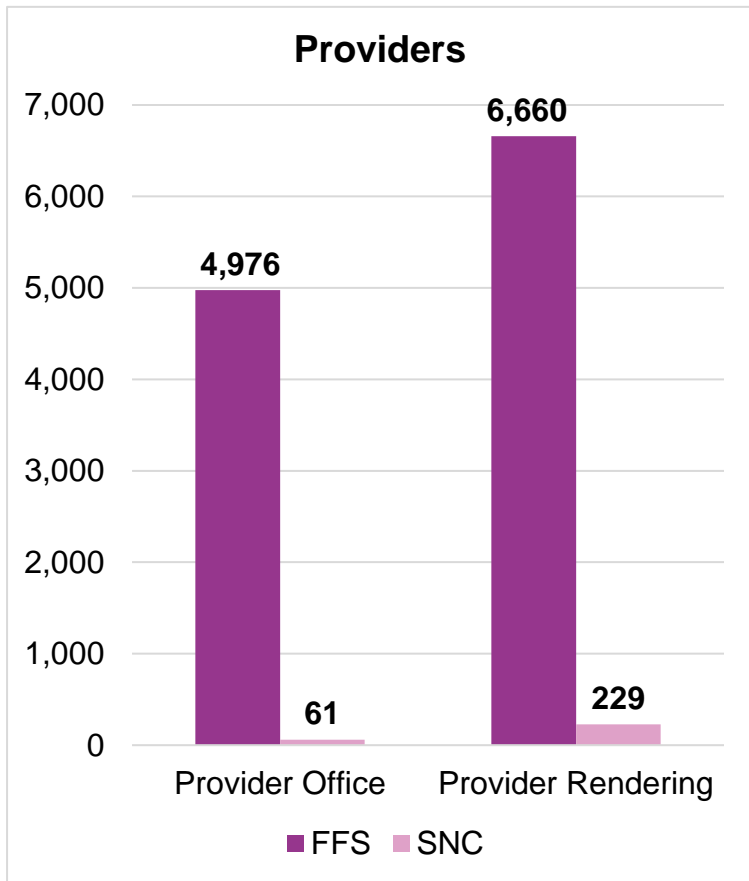
Data Source: FFS claims processed through the California Dental Medicaid Management Information System (CD-MMIS); DMC claims received via encounter data submission from DMC plans, and SNC claims submitted to the dental fiscal intermediary (FI) for dates of service between January 1, 2022 and December 31, 2022, as of January 17, 2023.



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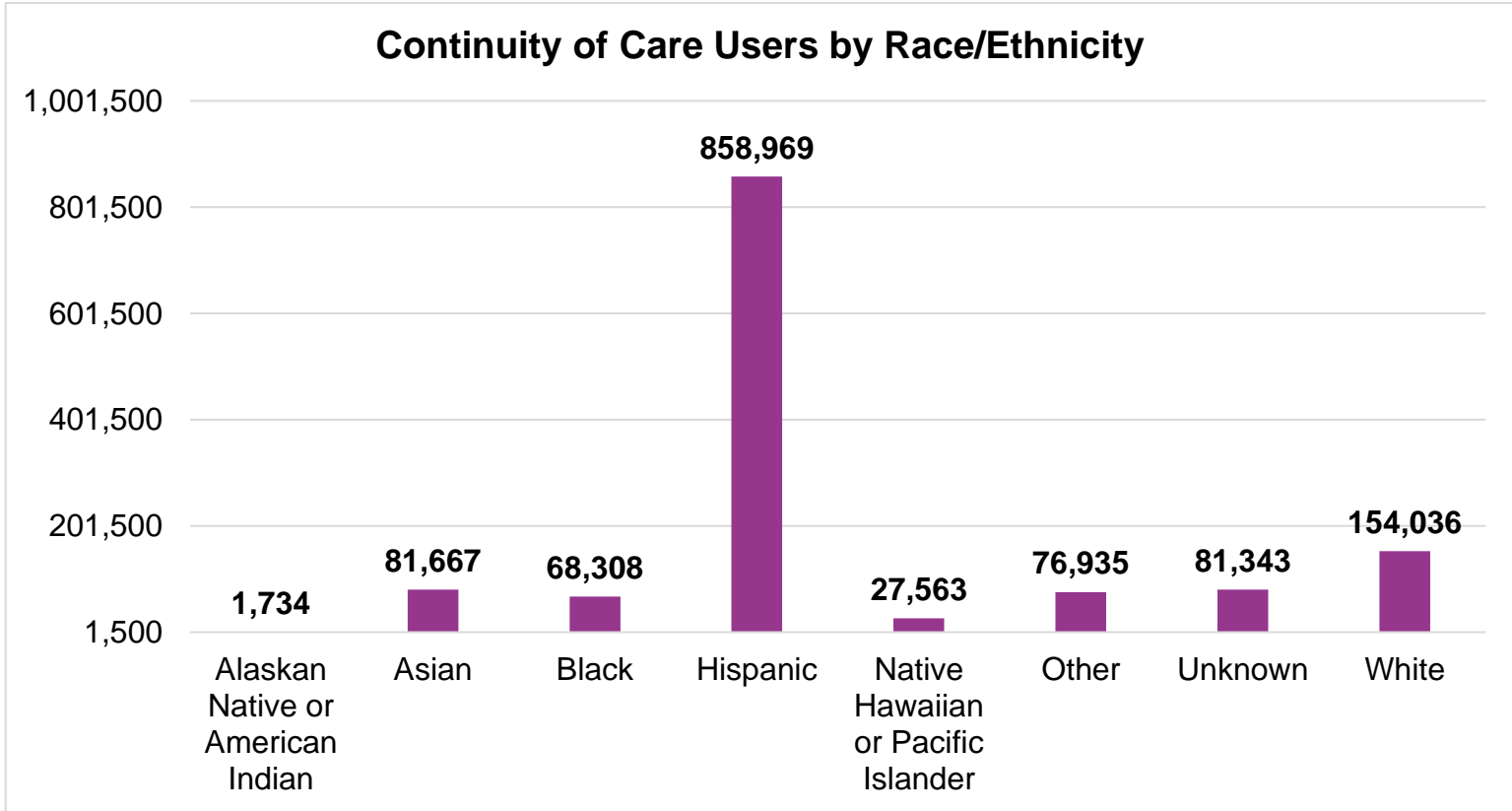
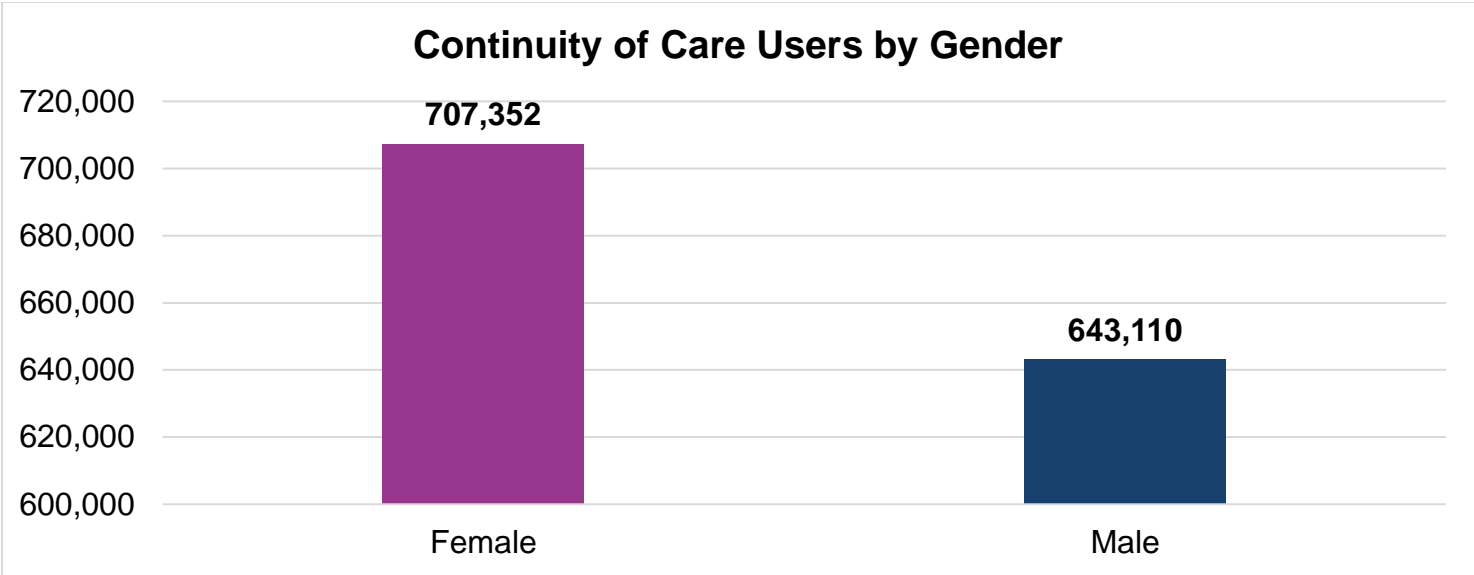
Pay-For-Performance: Continuity of Care

The overall goal of the pay-for-performance initiative for continuity of care is to establish a dental home for all Medi-Cal members and to increase the return of patients to the same dental office regularly for continuity of care and improved health/dental outcomes. Services billed with Current Dental Terminology (CDT) codes D0150 (comprehensive oral evaluation - new or established patient), D0145 (oral evaluation for a patient under 3 years of age and counseling with a primary caregiver), and D0120 (periodic oral evaluation - established patient) for dental exam/evaluation will count toward continuity of care and a flat rate performance payment of \$55 per member each calendar year (CY). This performance payment is provided to dental provider service office locations that maintain dental continuity of care by establishing a dental home for each patient and performing at least an annual dental exam/evaluation for two or more years in a row. Continuity of care payments will begin in 2022 for returning patients seen in CY 2021. This performance payment is available to enrolled Medi-Cal dental providers in FFS and SNCs statewide, effective January 1, 2022. The charts below show the count of providers who have performed exams on members returning from CY 2021 and their respective service count in CY 2022.





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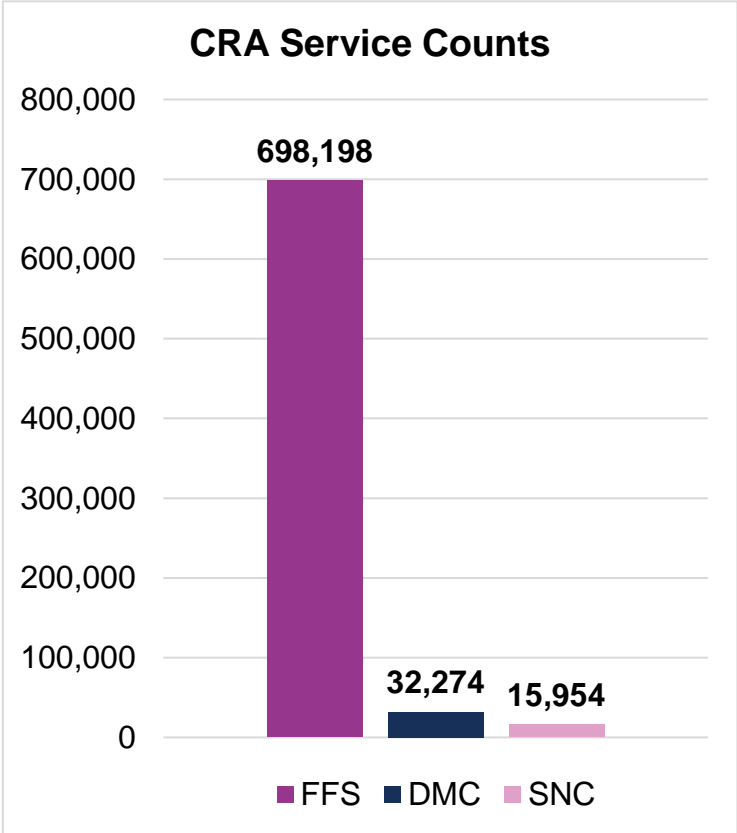
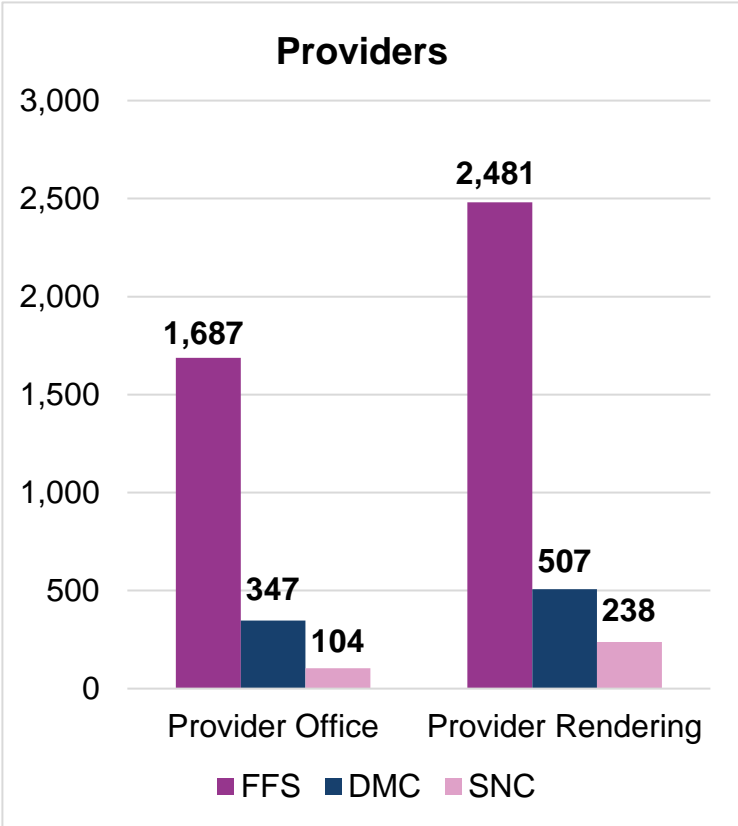


Data Source: FFS claims processed through CD-MMIS and SNC claims submitted to the dental FI for dates of service between January 1, 2022 and December 31, 2022, as of January 17, 2023.



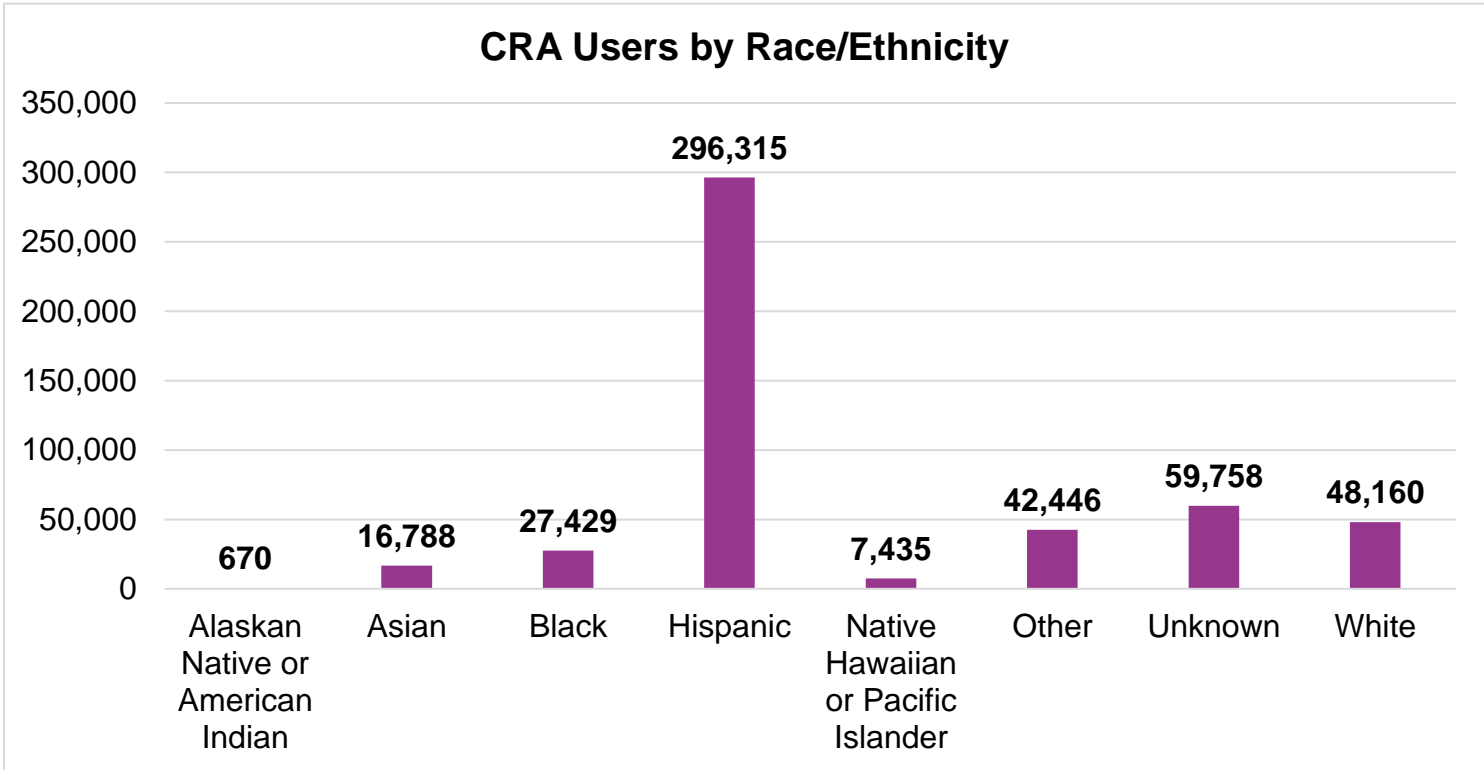
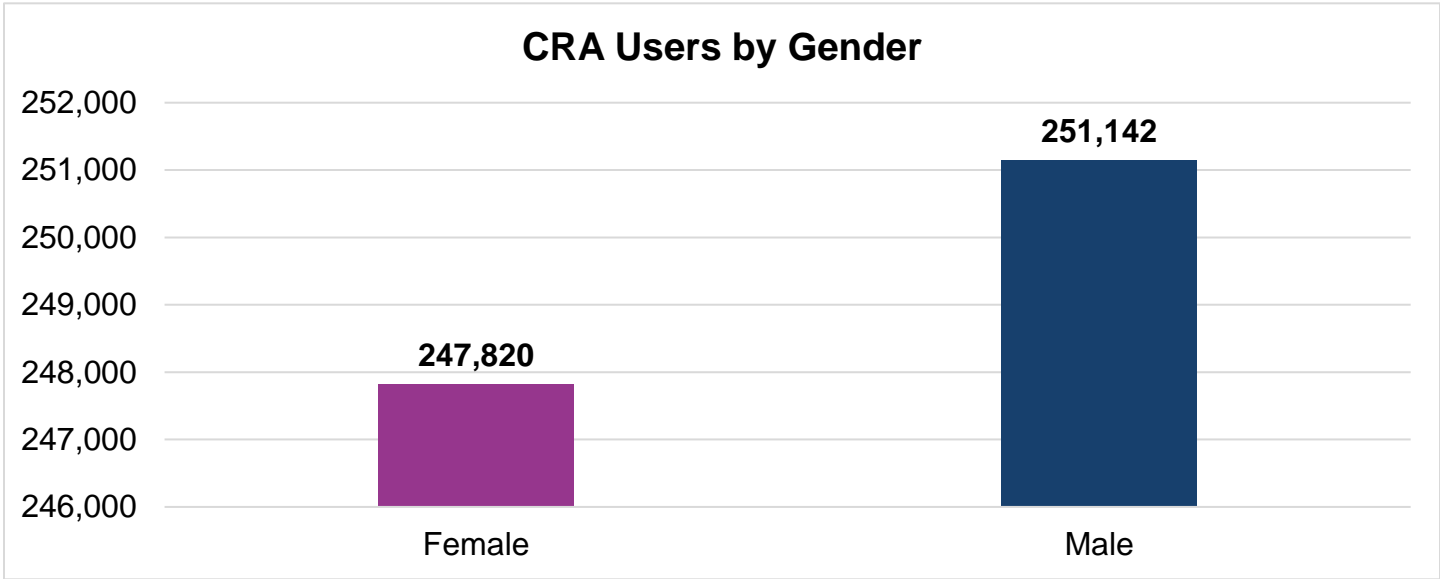
Caries Risk Assessment (CRA)

The CRA bundle is a new statewide dental benefit, which aligns with national dental care standards. The overall goal of CRA is to assess and manage caries risk and emphasize the provision of preventive services in lieu of more invasive and costly procedures for children ages 0-6. This benefit allows providers, including allied dental professionals, to bill for the CRA bundle rate, including the allowable increased frequencies for certain preventive services for those with moderate and high caries risk. The CRA bundle consists of either CDT D0601, D0602, or D0603 (CRA exams at low, moderate, and high risk) and D1310 (nutritional counseling). The CRA bundle's SMA fee is \$61, which includes \$15 for CDT D0601-D0603 and \$46 for D1310. The charts below show the count of providers, CRA services and members who received services under this initiative for CY 2022.





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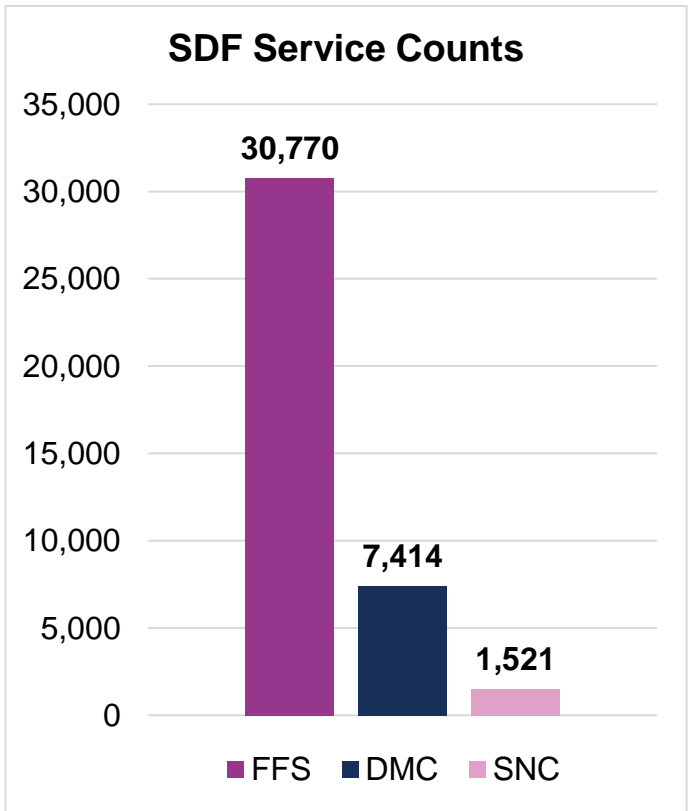
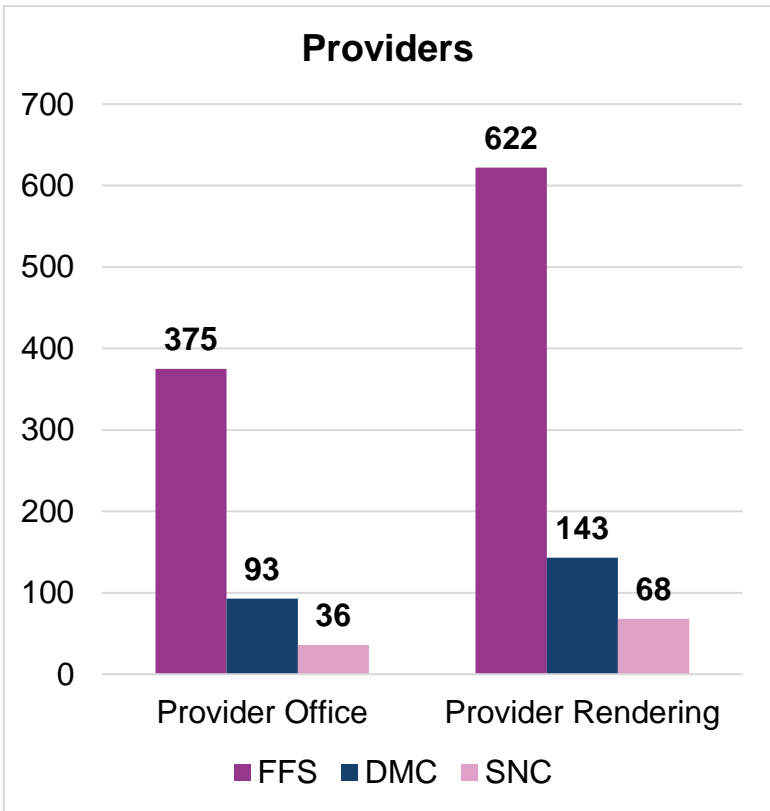


Data Source: FFS claims processed through CD-MMIS. DMC claims received via encounter data submission from DMC plans, and SNC encounters processed through the California Medicaid Management Information System (CA-MMIS) for dates of service between January 1, 2022 and December 31, 2022, as of January 17, 2023.



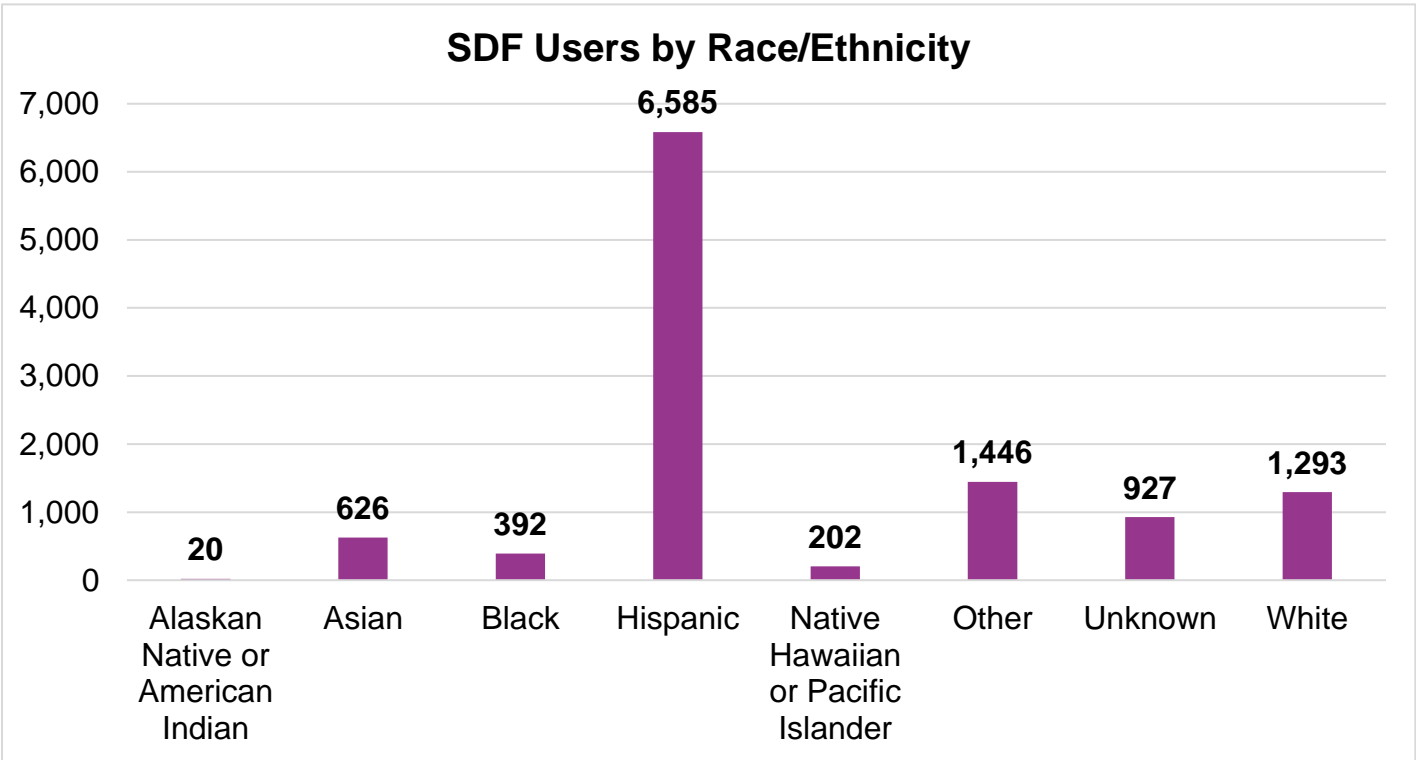
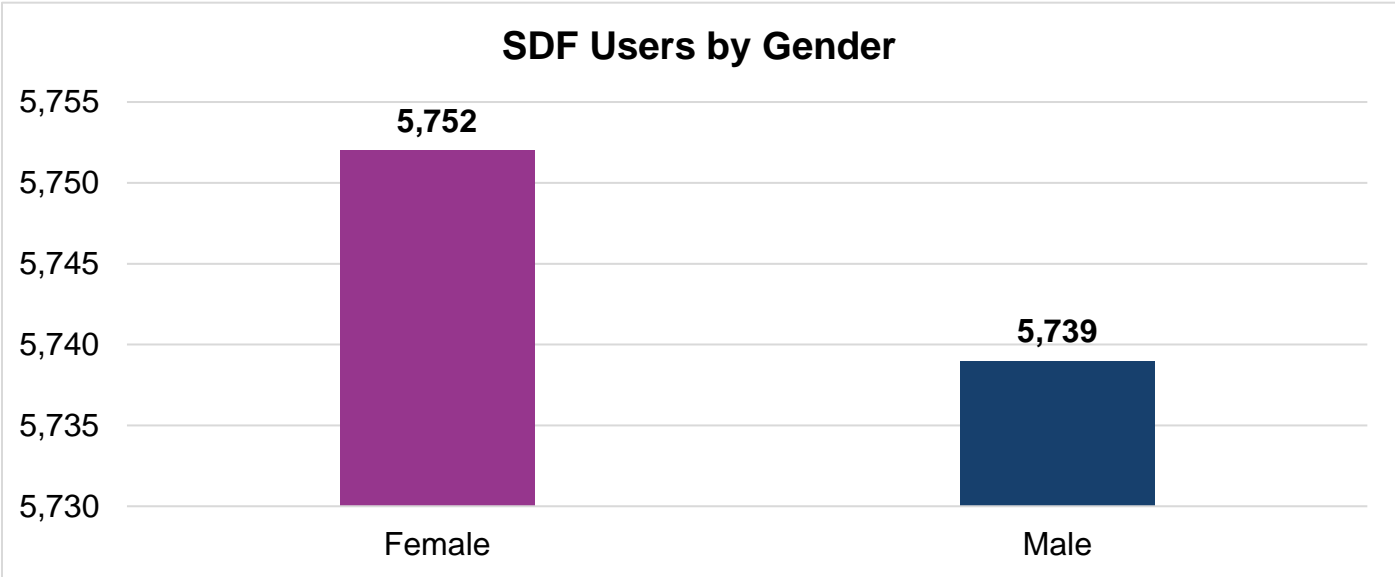
Silver Diamine Fluoride (SDF)

This CalAIM initiative adds SDF as a new statewide dental benefit in alignment with national dental care standards. The overall goal of this benefit is to provide an option for caries-arresting treatment when restorative caries treatment may not be optimal. This benefit allows providers, including allied dental professionals, to bill for the application of the caries-arresting medicament SDF (CDT D1354). This benefit is reimbursable for children ages 0-6 and persons with underlying conditions, such that nonrestorative caries treatment may be optimal, which may include individuals in a skilled nursing facility/intermediate care facility (SNF/ICF) or the Department of Developmental Services (DDS) population. The SDF benefit provides two visits per member per year (once every six months), for up to ten teeth per visit, with a lifetime maximum of four treatments per tooth. It is paid at a rate of \$12 per tooth. The charts below show the count of providers, SDF services and members who received services under this initiative for CY 2022.





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Data Source: FFS claims processed through CD-MMIS. DMC claims received via encounter data submission from DMC plans, and SNC encounters processed through CA-MMIS for dates of service between January 1, 2022 and December 31, 2022, as of January 17, 2023.