Domain Goal

The goal of Domain 3 is to increase dental continuity of care for children enrolled in the Medi-Cal program, who receive annual dental exams from a dentist at the same service office location year after year. The Department will begin this effort as a pilot in select counties and may implement on a statewide basis if the pilot is determined to be successful, subject to the availability of funding under the Dental Transformation Initiative (DTI) pool.

Who can participate in this Domain?

All enrolled Medi-Cal Dental providers in the Medi-Cal Dental Fee-For-Service (FFS) delivery system including Safety Net Clinics (SNCs (e.g., Federally Qualified Health Centers, Rural Health Clinics, and Indian Health Services/Memorandum of Agreement Clinics [community health centers])) in the selected pilot counties may participate in this Domain. Enrolled FFS Medi-Cal Dental providers in the selected counties are not required to take any action, while SNC providers are required to complete an opt-in form. The SNC opt-in form is available on the DTI webpage. All participating providers must be able to submit claims data through Medi-Cal Dental using specific Current Dental Terminology (CDT) code information in order to qualify for an incentive payment. Claims data will be analyzed to identify enrolled FFS Medi-Cal dental providers that provide a qualifying examination (CDT Codes D0120, D0145, or D0150) to members ages twenty (20) and under at the same service office location for two (2), three (3), four (4), five (5), six (6), and seven (7) consecutive periods.

How is data collected for this Domain?

Aggregate data for this Domain is collected through claims data submitted by enrolled FFS Medi-Cal Dental providers and SNCs. Statewide and county baseline data and information regarding enrolled FFS Medi-Cal Dental providers is available on the Department's DTI webpages. Claims data will be analyzed to identify enrolled FFS Medi-Cal Dental providers that provide an examination (Dental Procedure Codes D0120, D0150, or D0145) to members ages twenty (20) and under at the same service office location for two (2), three (3), four (4), five (5), six (6), and seven (7) consecutive periods.

Where will this Domain be implemented?

The Department began this effort in 2016, and for Program Years (PY) 1-3, it was a pilot in seventeen (17) select counties. By the end of PY 3, based on the first three years of performance, the Department decided to expand this Domain effective January 1, 2019 to an additional nineteen (19) counties, bringing the total to 36 pilot counties. An evaluation of this effort will be conducted in 2022 to determine if incentive payments were effective in promoting continuity of care.

The 36 counties are:

- Alameda
- Butte*
- Contra Costa*
- Del Norte
- El Dorado
- Fresno
- Imperial*
- Kern
- Madera
- Marin
- Merced*
- Modoc
- Monterey*
- Napa*
- Nevada
- Orange*
- Placer
- Riverside
- San Bernardino*
- San Diego*
- San Francisco*
- San Joaquin*
- San Luis Obispo
- San Mateo*
- Santa Barbara*
- Santa Clara*
- Santa Cruz
- Shasta
- Solano*
- Sonoma
- Stanislaus
- Sutter*
- Tehama*
- Tulare*
- Ventura*
- Yolo

*New expansion counties as of January 1, 2019

How were the original pilot counties selected?

Selection of original pilot counties was based on claims data collected and analyzed at statewide and county levels with continuity of care levels below, equal to, or above the statewide continuity of care baseline. Other factors for county selection included: selection of a statistically valid sample, number of service office locations, and a ratio of service office locations to eligible Medi-Cal members ages twenty (20) and under in each county.

Establishment of the statewide baseline was determined through analyses of FFS claims data from the most recent complete state fiscal year (FY):

1) The Department determined the number of members ages twenty (20) and under who returned for an examination from the same dental service office location for two (2) continuous years, statewide and then by county. Measurement methodology:

    a. Numerator: Number of members ages twenty (20) and under in FY 2014-2015 who received an examination from the same service office location as the prior year (FY 2013-2014).
    b. Denominator: Number of members ages twenty (20) and under enrolled in the Medi-Cal FFS delivery system during the measurement period.

2) Return rate for continuity of care from the same service office location for two (2) consecutive periods was calculated statewide and by county.

How were the expanded counties selected?

Selection of expanded pilot counties was based on claims data collected and analyzed at county levels, selection of a statistically valid sample, number of service office locations, a ratio of service office locations to eligible Medi-Cal members ages twenty (20) and under in each county, and projected utilization rates using available Domain 3 data.

What is the frequency of payment and who will the incentive be paid to?

An incentive payment will be paid to service office locations annually that have maintained continuity of care by providing qualifying examinations (CDT Codes D0120, D0150, or D0145) to enrolled Medi-Cal members, ages twenty (20) and under for two (2), three (3), four (4), five (5), six (6), and seven (7) continuous periods. The incentive payment is applicable in any of the demonstration years if continuity of care is provided during the term of the waiver.

If a service office location has a new member, or a qualifying exam is missed for a previous member, the appropriate tier year incentive payment will be paid for the year(s) of continuity of care. For example, if a service office location has a new member, or previous member who returns in year three (3), and maintains continuity of care through year five (5), the service office location will receive a tier year one (1) incentive payment after year four (4), and a tier year two (2) incentive payment after year five (5).

Payments to participating providers will be issued to the business address, or designated pay-to address, based on the services rendered at a service office location and as described in the Special Terms and Conditions for the Domain in the Medi-Cal 2020 Waiver. To the extent that the projected funding limit is reached for this domain, a pro-rata share payment amount may be determined based on remaining funds.

Incentive Payment Schedule

Demonstration Years	Program Implementation Years	Continuity of Care Baseline Year	Payment 1	Payment 2*
1	2016	2015	June 2017	June 2018
2	2017	2016	June 2018	June 2019
3	2018	2017	June 2019	June 2020
4	2019	2018	June 2020	June 2021
5	2020	2019	June 2021	August 2022
6	2021	2020	August 2022	July 2023

* necessary to accommodate runout

How will the incentive be calculated?

Incentive payments are calculated by member by year(s) of continuity of care, on a tier schedule, based on the number of years a service office location maintains continuity of care with the same member.

Incentive Payment Amount by Tier for Domain 3 – PY 1 – 3

Tier Year	Incentive Payment by Member by Continuity of Care
1	$40
2	$50
3	$60

Incentive Payment Amount by Tier for Domain 3 – PY 4 – 5+

Tier Year	Incentive Payment by Member by Continuity of Care
1	$100
2	$110
3	$120
4	$130
5+	$140

How was the cost of Domain 3 calculated?
Effective January 1, 2019, the costing methodology for this Domain identified the number of members ages twenty (20) and under who received a qualifying examination (CDT Codes D0120, D0150, or D0145) and returned for a qualifying examination the following year from the same service office location.
Please direct questions and requests for additional information regarding this Domain to the following email address: DTI@DHCS.CA.GOV .