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State of California Medi-Cal Dental Services Directed Payment Program Annual Evaluation for Program Year 2: State Fiscal Year 2018-2019

The Proposition 56 Medi-Cal Dental Services Directed Payment Program (DPP) Annual Evaluation conveys the results of the Evaluation Plan originally submitted by the California Department of Health Care Services (DHCS) in accordance with Title 42 of the Code of Federal Regulations (CFR), section 438.6(c)(2)(ii)(D). Specifically, this Annual Evaluation concerns the Medi-Cal Dental Services DPP that was in effect during State Fiscal Year (SFY) 2018-2019, and was approved by the Centers for Medicare and Medicaid Services pursuant to 42 CFR section 438.6(c).

Directed Payment Program Being Evaluated:

This DPP directs Medi-Cal Dental Managed Care Plans (Dental MCPs) to make uniform and fixed dollar amount add-on payments to eligible network providers based on the utilization and delivery of qualifying dental services, which includes specific restorative, endodontic, prosthodontic, periodontal, oral and maxillofacial, orthodontics, adjunctive, and visits for diagnostics and preventive services identified by the Current Dental Terminology (CDT) codes. This directed payment arrangement was developed in accordance with the California Healthcare, Research, and Prevention Tobacco Tax Act of 2016 (Proposition 56), a ballot proposition to increase the excise tax rate on cigarettes and other tobacco products for the purpose of funding certain State expenditures including health care programs administered by DHCS.

Annual Evaluation Purpose and Related Questions:

The State has directed Dental MCPs to make enhanced payments to eligible Dental Health Professionals for specified dental services eligible for Proposition 56 funds. These enhanced payments will be in addition to contracted providers' existing payments, and are expected to enhance the quality of patient care experience by supporting Dental Health Professionals in California to deliver effective, efficient, and affordable care.

The purpose of this Annual Evaluation is to identify if higher payments to qualifying dental providers serve to maintain or improve utilization of dental services by Medi-Cal beneficiaries in Program Year (PY) 2 for SFY 2018-2019 (July 1, 2018 to June 30, 2019). This report also answers the following questions concerning the Dental Services DPP for the evaluation period:

1. Do higher directed payments to dental providers in PY 2 maintain or improve the percentage of Annual Dental Visits in PY 2?
2. Do higher directed payments to dental providers in PY 2 maintain or improve the percentage of Preventive Services Utilization in PY 2?
3. Do higher directed payments to dental providers in PY 2 maintain or improve the percentage of Dental Treatment Services Utilization in PY 2?

Evaluation Design:

DHCS utilized the measurement year PY 2 (SFY 2018-2019), prior program year PY 1 (SFY 2017-2018), and the baseline year (SFY 2016-2017) to identify any changes in utilization patterns with the target of maintaining or increasing the baseline number in PY 2. The data measures Medi-Cal beneficiaries who were enrolled in the same Dental MCP for at least three continuous months during the measurement year, and excludes provider types that did not receive Proposition 56 funds, including Federally Qualified Health Centers, Rural Health Clinics, Tribal Health Clinics, and Cost-Based Reimbursement Clinics. DHCS further stratified the results by children (ages 0-20) and adults (ages 21 and above) for specific utilization patterns.

Data Sources:

The encounter data utilized for this report was derived from the adjudicated encounter data submitted by the six Dental MCPs in Sacramento and Los Angeles counties. The Dental MCPs submit encounter data to DHCS' Post-Adjudicated Claims and Encounters System (PACES) on a weekly basis and the PACES team submits the encounter data to the Management Information System/Decision Support System (MIS/DSS). The three months continuity data is derived from the Medi-Cal Eligibility Data System that transfers data to MIS/DSS on a monthly basis. DHCS calculated dental services utilization using the eligibility and encounter data from the DHCS' MIS/DSS.

Annual Evaluation Results:

1. Annual Dental Visits: This measure identifies the percentage of Medi-Cal beneficiaries enrolled in a Dental MCP for three continuous months, who had at least one (1) dental visit (CDT codes D0100 – D9999) in the measurement year. Tables A and B show the Annual Dental Visits in Medi-Cal children and adults for the baseline year, PY 1, and PY 2. The results show a steady increase in the Annual Dental Visits from the

baseline year to PY 2. This is a desired outcome of the Dental Services DPP. DHCS will continue to monitor this measure in future program years.

Table A: Annual Dental Visits in Dental Managed Care (DMC) Children (Ages 0-20) for Baseline Year (SFY 2016-2017), PY 1 (SFY 2017-2018), and PY 2 (SFY 2018-2019).

Measure	Baseline Year¹	PY 1²	PY 2³
Three Months Continuous Eligibility	473,740	425,691	391,705
Any Dental Services Users	188,888	176,390	165,208
Annual Dental Visit %	39.87%	41.44%	42.18%

Table B: Annual Dental Visits in DMC Adults (Ages 21 and Above) for Baseline Year (SFY 2016-2017), PY 1 (SFY 2017-2018), and PY 2 (SFY 2018-2019).

Measure	Baseline Year	PY 1	PY 2
Three Months Continuous Eligibility	622,675	581,098	547,521
Any Dental Services Users	117,960	116,833	115,636
Annual Dental Visit %	18.94%	20.11%	21.12%

- Preventive Services Utilization: This measure identifies the percentage of beneficiaries enrolled in Medi-Cal for three continuous months who received any preventive service (CDT codes D1000 – D1999) in the measurement year. Tables C and D show the Preventive Services Utilization in Medi-Cal children and adults for the baseline year, PY 1, and PY 2. Similar to the Annual Dental Visits, Preventive Service utilization consistently increased from the baseline year, which is a desired outcome of the DPP. DHCS will continue to monitor this measure in future program years.

¹ Data as of October 2018.

² Data as of May 2020.

³ Data as of October 2021.

Table C: Preventive Services Utilization in DMC Children (Ages 0-20) for Baseline Year (SFY 2016-2017), PY 1 (SFY 2017-2018), and PY 2 (SFY 2018-2019).

Measure	Baseline Year	PY 1	PY 2
Three Months Continuous Eligibility	473,740	425,691	391,705
Preventive Services Users	161,099	152,093	143,174
Preventive Services Utilization %	34.01%	35.73%	36.55%

Table D: Preventive Services Utilization in DMC Adults (Ages 21 and Above) for Baseline Year (SFY 2016-2017), PY 1 (SFY 2017-2018), and PY 2 (SFY 2018-2019).

Measure	Baseline Year	PY 1	PY 2
Three Months Continuous Eligibility	622,675	581,098	547,521
Preventive Services Users	46,438	47,898	50,004
Preventive Services Utilization %	7.46%	8.24%	9.13%

3. **Dental Treatment Services Utilization:** This measure identifies the percentage of beneficiaries enrolled in Medi-Cal for three continuous months who received any dental treatment service (CDT codes D2000 – D9999) in the measurement year. Tables E and F show the Dental Treatment Services Utilization in Medi-Cal children and adults for the baseline year, PY 1, and PY 2. Dental Treatment Utilization has increased from the baseline year, which is a desired outcome of the DPP. DHCS will continue to monitor this measure in future program years.

Table E: Dental Treatment Services Utilization in DMC Children (Ages 0-20) for Baseline Year (SFY 2016-2017), PY 1 (SFY 2017-2018), and PY 2 (SFY 2018-2019).

Measure	Baseline Year	PY 1	PY 2
Three Months Continuous Eligibility	473,740	425,691	391,705
Dental Treatment Users	92,952	90,271	89,840
Dental Treatment Utilization %	19.62%	21.21%	22.94%

Table F: Dental Treatment Services Utilization in DMC Adults (Ages 21 and Above) for Baseline Year (SFY 2016-2017), PY 1 (SFY 2017-2018), and PY 2 (SFY 2018-2019).

Measure	Baseline Year	PY 1	PY 2
Three Months Continuous Eligibility	622,675	581,098	547,521
Dental Treatment Users	69,554	73,137	78,497
Dental Treatment Utilization %	11.17%	12.59%	14.34%

Evaluation Limitations:

The three dental performance measures were used to determine the utilization of dental services during the baseline year, PY 1, and PY 2 as a result of the Dental Services DPP. While this evaluation of data shows positive outcomes from this DPP, additional dental services provided by Proposition 56 and other dental initiatives, such as the Dental Transformation Initiative (DTI) (effective January 1, 2016), full restoration of adult dental services effective January 1, 2018, and various outreach efforts may have contributed to the increased utilization of the dental measures since the baseline year. Unfortunately, claims data does not identify the specific factors for receipt of services and the specific initiatives prompting the usage of services by beneficiaries. Nonetheless, we are confident that the Dental Services DPP has played a critical role in motivating dental providers to serve more Medi-Cal beneficiaries.

Conclusions:

Although additional dental services were provided by other programs and initiatives in PY 2, DHCS' examination of dental services utilization during the baseline year, PY 1, and PY 2 indicates that the Dental Services DPP contributed to the increase in dental services utilization during PY 2, as follows:

1. Annual Dental Visits increased by 2.31 and 2.18 percentage points in children and adults, respectively, when compared to the baseline year.
2. Preventive Services Utilization increased by 2.54 and 1.67 percentage points in children and adults, respectively, when compared to the baseline year.
3. Dental Treatment Services Utilization increased by 3.32 and 3.17 percentage points in children and adults, respectively, when compared to the baseline year.