

Domain 1: Increase Preventive Services Utilization

Domain Goal

The goal of Domain 1 is to increase the statewide utilization of preventive services by at least ten (10) percentage points over the five (5) year Waiver 2020 period for Medi-Cal beneficiaries ages one (1) through twenty (20), as aligned with the Centers for Medicare and Medicaid Services (CMS) Oral Health Initiative.

Who can participate in this Domain?

- **Providers:** All enrolled Medi-Cal Dental providers in the Medi-Cal Dental Fee-For-Service (FFS) delivery system including Safety Net Clinics (e.g., Federally Qualified Health Centers; Rural Health Clinics; and Indian Health Services/Memorandum of Agreement Clinics (community health centers)), and Dental Managed Care (DMC) providers statewide may participate in this Domain. Enrolled FFS and DMC Medi-Cal Dental providers are not required to take any action to participate in this Domain. Enrolled Medi-Cal Dental providers must submit claims data through the dental fiscal intermediary (Denti-Cal) or encounter data using specific Current Dental Terminology (CDT) code information.
- **Beneficiaries:** Medi-Cal Dental beneficiaries ages one (1) through twenty (20) who are eligible for full scope Medi-Cal.

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, Safety Net Clinics and DMC. Statewide and county baseline data and information regarding enrolled FFS and DMC Medi-Cal Dental providers will also be used.

Where will this Domain be implemented?

The Domain will be implemented statewide across all counties and delivery systems. Domain 1 will apply to both the Fee-For-Service and DMC delivery systems.

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

The incentive payments will be paid on a semi-annual basis to service office locations that meet or exceed a predetermined increase in preventive services to additional Medi-Cal beneficiaries. The first incentive payments will be paid in January 2017, reflecting achievement of two (2) percentage points increase by service office locations during January 2016 through June 2016. Service office locations are eligible to earn full incentive payments at 75% above the Schedule of Maximum Allowances (SMA) or partial incentive payments at 37.5% above the SMA reflecting achievement of a 1 to 1.99 percentage point increase if the benchmark is partially met. To the extent that the projected funding limit is reached for this Domain, a pro-rata share payment amount will be determined based on remaining funds. The incentive amounts at 37.5% or 75% above the current SMA for each preventive service for children is as follows:

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**Table 1 Preventive Service by CDT Category Code
(All current applicable procedure codes)**

Procedure Code	Code Description	Frequency limitations per year	Current SMA	37.5% Above SMA	75% Above SMA
D1120	Prophylaxis	2 (once every 6 months)	\$30.00	\$11.25	\$22.50
D1206	Topical application of fluoride varnish - child 0 to 5	2 (once every 6 months)	\$18.00	\$6.75	\$13.50
D1206	Topical application of fluoride varnish – child 6-20	2 (once every 6 months)	\$8.00	\$3.00	\$6.00
D1208	Topical application of fluoride - child 0-5	2 (once every 6 months)	\$18.00	\$6.75	\$13.50
D1208	Topical application of fluoride – child 6-20	2 (once every 6 months)	\$8.00	\$3.00	\$6.00
D1351	Sealant – per tooth	8 per year (once every 1 tooth per 36 months)	\$22.00	\$8.25	\$16.50
D1352	Preventive resin restoration in a moderate to high caries risk patient - permanent tooth	8 per year (once every 1 tooth per 36 months)	\$22.00	\$8.25	\$16.50
D1510	Space maintainer-fixed – unilateral	4 (once per quadrant)	\$120.00	\$45.00	\$90.00
D1515	Space maintainer-fixed – bilateral	2 (once per arch)	\$200.00	\$75.00	\$150.00
D1520	Space maintainer-removable – unilateral	4 (once per quadrant)	\$230.00	\$86.25	\$172.50
D1525	Space maintainer-removable – bilateral	2 (once per arch)	\$230.00	\$86.25	\$172.50
D1550	Re-cementation of space maintainer	4 - per provider	\$30.00	\$11.25	\$22.50
D1555	Removal of fixed space maintainer	4 - per provider	\$30.00	\$11.25	\$22.50

How will the incentive be calculated?

Incentive payments will be based on the performance of service office locations that meet or exceed the department's predetermined increase in the number of beneficiaries receiving any preventive service referenced in Table 1 during the measurement period. This benchmark is calculated based on the service office location's delivery of preventive services to Medi-Cal beneficiaries' data during the baseline calendar year (CY) 2014. The service office location will be paid an incentive when a 2 percentage points increase is met or exceeded each demonstration year. Once the benchmark is met, the service office location will be paid 75% above the current SMA for each preventive service provided to each beneficiary that contributes to meeting or exceeding the benchmark. If the benchmark is not met, but preventive service utilization increases by 1 to 1.99 percentage points, service office locations will be paid 37.5% above SMA for each preventive service to each beneficiary that contributed to the increase. Providers will be notified of the CY 2014 baseline benchmark data for their respective service office location and the State's predetermined increase in the target number of beneficiaries

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required to receive any preventive service each year to be eligible to receive the applicable incentive payment.

To illustrate, if a service office location provided preventative services to 1,000 beneficiaries in CY 14, its baseline benchmark is 1,000. Its first year, the annual target benchmark will be to increase by two percent of 1,000 thus, this service office location would need to provide preventive services to an additional 20 new beneficiaries.

Example 1: Full Incentive Payment Meeting or Exceeding the 2 Percentage Points Beneficiary Increase

Upon meeting this target and rendering preventive dental services to 1,020 beneficiaries total, the service office location would then receive an incentive payment of 75% over the current SMA for each preventive service to the 20 beneficiaries and for each preventive service rendered to any additional new beneficiaries at the service office location during the first year. Thus if the service office location provided preventive dental services to 1,150 beneficiaries in the first year, the service office location would receive incentive payments for the preventive services rendered to the beneficiaries 1,001-1,150. Applying the same method, in year two, the service office location would receive the incentive payment upon meeting the additional two percentage point target, i.e. the target benchmark would be 40 additional beneficiaries, totaling 40. Similar to year one, upon meeting the year two's target benchmark and rendering preventive services to 1,040 beneficiaries total, the service office location would then receive an incentive payment for each preventive service provided to the 40 additional beneficiaries and for each preventive service rendered to any additional new beneficiaries at the service office location during the measurement year. Thus if the service office location rendered preventive services to 1,150 beneficiaries in year two, the service office location would receive an incentive payment for the preventative services rendered to beneficiaries 1,001-1,150.

Example 2: Partial Incentive Payment; Meeting a 1 to 1.99 Percentage Points Beneficiary Increase

In the event that the service office location does not meet the preventive service goal of the 2 percentage points increase but increased preventive services provided to beneficiaries by at least 1 percentage point over the baseline year, the provider is eligible to receive a partial incentive payment of 37.5% above the SMA (half of 75% above SMA). For example, if the service office location provided preventive services to 1,014 beneficiaries, a 1.4 percentage point increase, the service office location would be paid 37.5% above SMA for every service provided to beneficiaries 1,001 to 1,014.

New Service Office Locations

In the event a new dental service office location enrolls in the Denti-Cal program, Dental Managed Care or Safety Net Clinic that service office location will not have an established benchmark as described above. In this instance, these locations will be subject to the State's pre-determined benchmark based on their county. The department's pre-determined number will be derived from the county's proportional expected contribution to the statewide utilization increase of existing service office locations. The new service office location's pre-determined

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number will be the average number of additional beneficiaries among all of the existing service office locations in the county necessary to increase the statewide goal of 2%. In the subsequent demonstration year, the department will re-evaluate the service office location and establish a benchmark using the same methodology as described above for existing service office locations.

A reassessment of this Domain and the applicable benchmarks will take place between years two and three in order to evaluate program effectiveness, increases in preventive services, adjustments for population growth or decline throughout the state, and other factors as may be appropriate.

Domain 1 Examples of Increases in Benchmark

Service Office Locations	Baseline Figures - Beneficiaries	Total Beneficiaries Necessary for Each Service Office to Achieve Benchmark Year 1 (2 Percentage Points Increase)	Total Beneficiaries Necessary for Each Service Office to Achieve Benchmark Year 2 (2 Percentage Points Increase Above Year 1)
Office 1	1000	1,020	1,040
Office 2	400	408	416
Office 3	600	612	624
Office 4	200	204	208
Office 5	800	816	832
Total	3000	3,060	3,120

What are the Performance Metrics?

The performance metrics for analyzing the success of this Domain will be based on claims data demonstrating an increase in preventive services provided to Medi-Cal beneficiaries ages one (1) through twenty (20) who are continuously enrolled for at least ninety (90) days during the measurement periods. Additionally, claims and provider enrollment data will be analyzed to determine the number of service office locations in each county that are providing preventive dental services to Medi-Cal beneficiaries, compared to the number of service office locations in the baseline year. Finally, the number and percentage of change in Medicaid participating dentists providing preventive dental services to at least ten (10) Medicaid-enrolled children in the baseline year will be measured each year.

Although the performance metrics for analyzing success and reporting purposes to the CMS is based on the CMS-416¹ methodology using the ninety (90) day continuous eligibility parameters, incentives will be paid based on unrestricted eligibility parameters² for beneficiaries receiving preventive services once a service office location has met their predetermined increase. Therefore, preventive service utilization of children regardless of the number of months they are enrolled in Medi-Cal will be used to set the thresholds per service office location.

¹ The CMS-416 is the annual federal report of Early and Periodic Screening, Diagnostic, and Treatment services provided to Medicaid children. More information can be found at <https://www.medicaid.gov/Medicaid-CHIP-Program-Information/By-Topics/Benefits/Early-and-Periodic-Screening-Diagnostic-and-Treatment.html>.

² Individuals enrolled in Medi-Cal using certified eligibility regardless of share of cost, scope, or continuous months enrolled.

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- 1) The first metric that will be used for monitoring Domain success is the percentage of beneficiaries who received any preventive dental service during the measurement period, which is calculated as follows:
 - Numerator: Number of unduplicated beneficiaries ages one (1) through twenty (20) enrolled in Medi-Cal for at least ninety (90) continuous days who received any Medi-Cal covered preventive dental service in the measurement period.
 - Denominator: Number of all unduplicated children ages one (1) through twenty (20) enrolled in Medi-Cal for at least ninety (90) continuous days during the measurement period.
- 2) The second metric that will be used is claims data to determine the number of service office locations in each county that are providing preventive dental services to Medi-Cal beneficiaries ages one (1) through twenty (20), compared to the number of these locations in the baseline year.
- 3) The third metric will track statewide the number and percentage of change of Medicaid participating dentists providing preventive dental services to at least ten (10) Medicaid-enrolled children in the baseline year, and in each subsequent measurement year.

The performance measures will be reported using ninety (90) day continuous eligibility.

How was the cost of Domain 1 calculated?

The costing methodology for this Domain is based upon CY 2014 data including: The total number of unrestricted Medi-Cal beneficiaries, the total current number of preventive service recipients in FFS and DMC, and the total number of services delineated in Table 1. Frequency was first established for the total number of each of the eleven (11) qualifying services and dividing the number of services by the total number of beneficiaries that received a preventive service. Table 2 illustrates the percentage of service use by the total number of unduplicated beneficiaries that received each of the preventive services.

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Table 2: Percentage of Preventive Service Use in CY 2014

Baseline Data CY 2014							
Preventive Service Procedure Code	Code Description	Frequency Limitations Per Year	Current Schedule of Maximum Allowances (SMA)	75% Above SMA	Unduplicated Preventive Service Users	CY14 Total Services Utilized	CY 2014 Percentage of Use out of Total Unduplicated Users
D1120	Prophylaxis	2 (once every 6 months)	\$30.00	\$22.50	2,226,678	3,067,985	137.78%
D1206*	Topical application of fluoride varnish - child 0 to 5, 6 to 20*	2 (once every 6 months)	\$13.00	\$9.75	2,226,678	458,807	20.61%
D1208*	Topical application of fluoride - child 0-5, 6-20	2 (once every 6 months)	\$13.00	\$9.75	2,226,678	1,331,573	59.80%
D1351	Sealant – per tooth	8 per year (once every 1 tooth per 36 months)	\$22.00	\$16.50	2,226,678	1,941,727	87.20%
D1352	Preventive resin restoration in a moderate to high caries risk patient - permanent tooth	8 per year (once every 1 tooth per 36 months)	\$22.00	\$16.50	2,226,678	8,200	0.37%
D1510	Space maintainer-fixed – unilateral	4 (once per quadrant)	\$120.00	\$90.00	2,226,678	70,085	3.15%
D1515	Space maintainer-fixed – bilateral	2 (once per arch)	\$200.00	\$150.00	2,226,678	10,493	0.47%
D1520	Space maintainer-removable – unilateral	4 (once per quadrant)	\$230.00	\$172.50	2,226,678	818	0.04%
D1525	Space maintainer-removable – bilateral	2 (once per arch)	\$230.00	\$172.50	2,226,678	321	0.01%
D1550	Re-cementation of space maintainer	4 - per provider	\$30.00	\$22.50	2,226,678	4,008	0.18%
D1555	Removal of fixed space maintainer	4 - per provider	\$30.00	\$22.50	2,226,678	7,325	0.33%

*For preventive services D1206 and D1208, the average between the SMA for children ages 1 to 5 (\$18.00) and children ages 6-20 (\$8.00) was used since the total services for each procedure code encompassed data for ages 1-20.

The incentive payment metrics are based on beneficiaries using unrestricted eligibility comprised of all Medi-Cal beneficiaries' ages one (1) through twenty (20) in the eligible population

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regardless of their continuous eligibility status. Subsequently, a 2 percentage points increase in beneficiaries' preventive services is multiplied by 75% SMA for each applicable CDT category code to arrive at the total incentive cost per category. This process is repeated for each subsequent year.

The baseline methodology for this Domain establishes the total number of beneficiaries required to increase preventive services by 2 percentage points each year of the demonstration, or at least 10 percentage points over a 5-year period.

To calculate estimated costs per year, the totals for each procedure code were summed for the given year to provide an estimate cost per year. Table 3 illustrates estimated incentive payments each year of the demonstration. The total cost for Domain 1 is as follows in Table 3:

Table 3: Cost Estimates for Domain 1

Year	2% Incentive	3% Incentive
CY 2016	\$28,909,453	\$36,428,529
CY 2017	\$32,545,798	\$42,203,401
CY 2018	\$44,433,990	\$58,282,898
CY 2019	\$56,816,881	\$75,060,623
CY 2020	\$31,567,065	\$41,813,550
Total	\$194,273,186	\$253,789,001