



DHCS Stakeholder Webinar – Dental Transformation Initiative

Medi-Cal 2020 Waiver

Alani Jackson, Chief
Medi-Cal Dental Services Division

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Dental Transformation Initiative

General Information

Section 1: LDPP Lead Entity and Participating Entity Information

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General Information



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Local Dental Pilot Project Application

- The organization that will serve as the Lead Entity of the LDPP must complete and sign the entire application.
- The goals of the Domain are to increase dental prevention services; caries risk assessment and disease management, and continuity of care among Medi-Cal children through the implementation of innovative strategies.
- The specific innovations that will be tested, strategies, target populations, budget, payment methodologies, and participating entities shall be proposed by the entity submitting the application for participation.
- DHCS shall approve only those applications that meet the requirements to further the goals of one (1) or more of the three (3) following dental domains or other measures closely tied to the domains:
 - Increase preventive services utilization for children;
 - Increase caries risk assessment and disease management; and
 - Increase continuity of care



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Local Dental Pilot Project Application

- LDPPs are intended to target Medi-Cal beneficiaries in need of dental services.
- LDPPs will identify the oral health needs of their population and propose interventions that would be supported through the LDPP in their application.
- The goals, anticipated outcomes and performance metrics for analyzing the success of the pilot project(s) should be consistent with and build upon the performance metrics for Domains 1, 2 and 3.
- LDPPs projects must be complimentary and not wholly redundant with the efforts described in the aforementioned domains.
- LDPPs should include the potential for regional or statewide expansion.



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Local Dental Pilot Project Application

- The final LDPP application will be available to the public on June 1, 2016, and must be returned to DTI@DHCS.CA.GOV no later than 5:00 pm on August 1, 2016.
- Incomplete applications will not be considered.
- DHCS reserves the right to suspend or terminate an LDPP at any time if the enumerated goals are not met.



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Local Dental Pilot Project Application

- A complete application must be signed and include:
 - Letters of Participation Agreements and/or Support for all participating entities; (Required)
 - (Required) A funding diagram illustrating how the requested funds would flow from DHCS to the Lead Entity and how the funds would be distributed among participating entities;
 - (Optional) A description of any requested requirement exceptions. For example: If a Lead Entity cannot reach agreement with a required participating entity.



Section 1: LDPP Lead Entity and Participating Entity Information



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Lead Entity

- DHCS will accept applications for LDPPs from the designated Lead Entity:
 - County,
 - City and County
 - Consortium of counties serving a region consisting of more than one (1) county
 - Tribe
 - Indian Health Program
 - University of California (UC) or California State University (CSU) campus.
- Each LDPP application must designate the Lead Entity that will be responsible for coordinating the LDPP and be the single point of contact for DHCS and the Centers for Medicare and Medicaid (CMS). (STC 109.a)



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Participating Entities

- In addition to designating a Lead Entity, the LDPP application must identify other entities that will participate in the LDPP.
- Participating entities should represent a diverse set of key local partners, educational entities, Medi-Cal providers, and stakeholders demonstrating community support and collaboration including Tribes and Indian health programs, with incentives related to goals and metrics of the overall proposal.
- LDPP should identify and describe participating entities and their role in the LDPP.
- LDPP applicants may sponsor a single pilot project or multiple different pilot projects to test a variety of innovation aimed at meeting the goals of this domain.



Section 2: Target Populations



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Target Populations

- LDPP pilot projects must select a target population among Medi-Cal children ages, 0-20 to test innovations to:
 - Increase prevention
 - Address caries risk assessment and disease management, and continuity of care.
- LDPPs must identify the needs of their selected population. Proposed interventions should not be wholly redundant of the DTI domains.
- LDPPs shall include an estimate of the number of beneficiaries to be served and the rationale for and level of any proposed cap for the target population.



Section 3: Services, Interventions, Care Coordination and Data Sharing



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Services, Interventions, Care Coordination and Data Sharing

- LDPPs shall describe the pilot project(s) that will be implemented and tested.
- Unique innovations, interventions, and/or strategies may focus on:
 - Urban or rural areas
 - Care models
 - Delivery systems
 - Workforce
 - Integration of oral health into primary care
 - Local case management initiatives,
 - Education or other concepts



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Services and Care Coordination

- Describe the pilot project(s) under the LDPP.
- Describe the Medi-Cal Denti-Cal provider network that will deliver dental services.
- If applicable, describe how care coordination will be implemented including what each entity will be responsible for, and how the care coordination will be seamless to the beneficiary.
- Describe how duplication of effort will be avoided and how pilot projects will work together to meet their goals.



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Innovations, Interventions and Strategies

- Applications are expected to detail:
 - Pilot project's specific goals
 - Anticipated outcomes
 - Data that will be used to measure whether the project is having the intended impact
 - Frequency of performance metric measurements
- How will quality improvement be incorporated to adjust, modify and learn from the pilot project's activities.



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Accountability

- How will pilot projects be monitored and the frequency of monitoring?
- Describe the quality improvement plan, how it will be used to adjust and modify pilot project activities and the frequency of quality improvement activities.
- Describe how the LDPP Lead Entity will assure compliance with its agreement with DHCS that specifies the requirements of the LDPP with STC109 and Attachment JJ of the Medi-Cal 2020 Waiver Special Terms and Conditions.



Section 4: Progress Reports and Ongoing Monitoring



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LDPP Monitoring

- Describe the Lead Entity's plan to conduct ongoing monitoring of the pilot projects and to make subsequent adjustments if poor performance or other issues are identified.
- This should include a process to provide technical assistance, impose corrective action, up to termination from the LDPP if poor performance is identified or continues.



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Data Analysis and Reporting

- Describe the plan for ongoing data collection, analyses, and reporting of the LDPP innovations, interventions and/or strategies.
- Identify data that will be used to measure whether the project is having the intended impact, the source of the data, and the frequency of specific performance metric measurements and reporting.
- Describe how the data will be analyzed.



Section 5: Financing



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Funding and Budget Description

- Financing for up to 15 LDPPs is contingent upon the structure and design of approved applications and is limited to a maximum of twenty-five (25) percent of the annual funding limits – up to \$185 million in total funds over the duration of the LDPP.
- The Department intends to begin this effort in a variety of select locations.
- Subject to the demonstrated success of pilot project(s) and the availability of funding under the initiative, the Department may seek to implement on a regional and/or statewide basis any pilot project(s) determined to be successful.



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Funding Request

- LDPPs shall define the total annual amount for each of the demonstration years.
- Funding request shall include:
 - Personnel costs;
 - Fringe benefits;
 - Operating expenses;
 - Equipment expenses;
 - Subcontractor expenses;
 - Travel expenses;
 - Other and Indirect costs;
 - Covered Medi-Cal Dental services should not be included.
- LDPPs must link the budget amount to the expected value or impact to anticipated annual achievements.



Comments/Questions

Please email DTI@dhcs.ca.gov for questions or comments.





Domain 1-3 Updates



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Domain 1: Increase Preventive Services Utilization

- Who can participate in this Domain?
 - Providers: Dental service office locations enrolled as Medi-Cal Dental Fee-For-Service (FFS), Dental Managed Care (DMC), and Safety Net Clinics are eligible to participate in this domain statewide. In order to participate in the program, 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.



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Domain 1: Increase Preventive Services Utilization

- Who can participate in this Domain?
 - **New Service Office Locations:** New dental service office locations enrolling in the Denti-Cal program, Dental Managed Care or Safety Net Clinic will not have established benchmarks.
 - These locations will be subject to the State's pre-determined benchmark based on their county. The State'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 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 State will re-evaluate the service office location and establish a benchmark using the same methodology for existing service office locations.



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Domain 1: Increase Preventive Services Utilization

- Frequency of Payment
 - 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 predetermined increases by service office locations during January 2016 through June 2016.



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Domain 1: Increase Preventive Services Utilization

- How will the incentive be calculated?
 - This benchmark is calculated based on the service office location's delivery of preventive services to Medi-Cal beneficiaries' claim data during the baseline calendar year (CY) 2014.
 - The service office location will be paid an incentive when a 2% increase in the benchmark 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 the benchmark.



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Domain 1: Increase Preventive Services Utilization

- Costing Methodology
 - 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.
 - Frequency is first established based on the total number of each of the eleven (11) qualifying services. That is derived by taking the number of services divided by the total number of preventive service users.



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Domain 2: Caries Risk Assessment and Disease Management Pilot

- Provider Enrollment Process
 - All Medi-Cal enrolled dentists practicing in the selected pilot counties are eligible to participate in this domain and receive incentive payments. Eligible dentists will be required to first enroll into the pilot (i.e. opt into the pilot and participate in the required training) prior to providing any risk assessments or services that exceed that standard frequency limitations outlined in the Manual of Criteria (MOC).
 - The Department will have a continuous enrollment period for eligible dentists to submit required documentation and enroll into the pilot.
 - This domain will begin implementation in January 2017.



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Domain 2: Caries Risk Assessment and Disease Management Pilot

- Caries Risk Assessment Evaluation Form
 - DHCS intends to have all pilot-enrolled dentists utilize standardized CRA evaluation forms to ensure all CRAs are being performed to the same standards, and all risk level determinations are being evaluated per the same criteria. The Department will collaborate with stakeholders in the selection of evaluation forms to be used during the pilot.
- Incentive Payments
 - Dentists must first complete a CRA and treatment plan to determine the appropriate treatment for a child, and report the results of the CRA to DHCS on a claim. Dentists will receive incentive payment for completion of a CRA as well as payment for each of the following services: application of topical fluoride varnish, toothbrush prophylaxis, and exams at their respective increased frequency limitations.



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Domain 2: Caries Risk Assessment and Disease Management Pilot

- Costing Methodology
 - Claims data and eligibility figures for FY 13-14 and FY 14-15 were collected and analyzed. For the purposes of costing and based on the recommendations of the Department's dental consultants, children in publicly financed health care programs will typically be classified as either "moderate risk" or "high risk," and not "low risk." Since CRAs are only a program benefit under the DTI, it is necessary to develop criteria for evaluating previous claims data for children to determine what their "caries risk" level would have been in order to calculate anticipated expenditures for Domain 2.
- Assumptions
 - Data was collected for FY 13-14 and FY14-15 and averaged;
 - Medi-Cal children are classified as either moderate or high risk and not low;
 - 40% of the total number of eligible children age 6 and under participates in the pilot.



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Domain 3: Continuity of Care

- Statewide Baseline
 - The department determined the number of beneficiaries ages 20 and under in FY 2014-2015 who received an examination from the same service office location with no gap in service as the prior year (FY 2013-2014), by county.
 - Return rate for examination from the same service office location with no gap in service for two consecutive periods (FY 2013-2014 and FY 2014-2015) statewide.



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Domain 3: Continuity of Care

- Frequency of Payment
 - A flat rate incentive payment will be paid to service office locations annually that have maintained continuity of care through providing qualifying examinations (D0120, D0150, or D0145) to their enrolled beneficiaries, age twenty (20) and under for two (2), three (3), four (4), five (5), and six (6) year 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.



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Domain 3: Continuity of Care

- Performance Metrics
 - The returning number of children age twenty (20) and under who received a qualifying examination (D0120, D0150, or D0145) and returned for a qualifying examination the following year from the same service office location.
- Costing Methodology
 - The costing methodology for this domain will identify the returning number of children age twenty (20) and under who received a qualifying examination (D0120, D0150, or D0145) and returned for a qualifying examination the following year from the same service office location.



- For information on the project or to submit questions/concerns regarding DTI, send email to: DTI@dhcs.ca.gov
- DHCS Webpage dedicated to DTI publications and public information:
<http://www.dhcs.ca.gov/provgovpart/Pages/DTI.aspx>