

CALIFORNIA'S MEDI-CAL 2020 DEMONSTRATION (11-W-00103/9)



**Dental Transformation Initiative (DTI)
Section 1115(a) Waiver
Special Terms and Conditions (STCs) 108-113**

**Final Annual Report Period:
Program Year (PY) 3 (01/01/2018 – 12/31/2018)**

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INTRODUCTION

The DTI represents a critical strategy to improve dental health for eligible Medi-Cal children by focusing on high-value care, improved access, and utilization of dental services to drive delivery system reform. More specifically, this initiative aims to increase, for children, the use of preventive dental services, prevention and treatment of early childhood caries, and continuity of care. Given the importance of oral health to the overall health of an individual, California views improvements in dental care as critical to achieving better health outcomes overall for Medi-Cal children.

The DTI covers four domains. The first three domains are strategically designed to cover different areas/scopes of Medi-Cal dental services: (1) preventive dental services, (2) caries risk assessment (CRA) and management, and (3) continuity of care. Domain 4 addresses the aforementioned domains through local dental pilot projects (LDPPs). Implementation details for domains one through four are described in [Fact Sheets](#) for each domain. The key goals for all DTI domains are listed in the [Evaluation Plan](#) published on the Department of Health Care Services (DHCS) website.

DHCS is optimistic regarding the potential outcomes for DTI over this five-year period and works diligently to achieve these goals. This annual report contains results for these goals, to the extent available for PY 3. The DTI Evaluation Plan addresses the goals and hypotheses of the DTI in further detail. This evaluation design was approved by the Centers for Medicare and Medicaid Services (CMS) on September 12, 2017 ([Approval Letter](#)).

The Medi-Cal 2020 Waiver (Waiver) [Special Terms and Conditions](#) (STC) require DHCS to report on data and quality measures to CMS on an annual basis. A preliminary report for program activities during the PY is due for CMS' internal review no later than six months following the end of the applicable PY. An updated report is due for CMS' review no later than 12 months following the end of the applicable PY, which will be published on the DHCS website upon CMS' approval. The reporting periods for each DTI PY correspond to the calendar years (CYs) listed below:

- PY 1: January 1, 2016 through December 31, 2016
- PY 2: January 1, 2017 through December 31, 2017
- PY 3: January 1, 2018 through December 31, 2018
- PY 4: January 1, 2019 through December 31, 2019
- PY 5: January 1, 2020 through December 31, 2020

The content of this annual report includes, but is not limited to, performance metrics, a description of DTI operations, payment summary, dental utilization analysis, effectiveness of domain activities, and program integrity.

KEY FINDINGS

Domain 1

- The preventive dental services utilization rate for children ages one through twenty increased by 8.06 percentage points from CY 2014 to CY 2018. (*Figure 1*)
- The number of unduplicated FFS and DMC Medi-Cal providers rendering preventive dental services to at least ten children ages one through twenty increased by 4.93 percentage points from CY 2014 to CY 2018. (*Figure 2*)
- DHCS provided a total of \$53.6 million for PY 2 (final payment) and \$53.0 million for PY 3 (first and second payments) as of July 2019. (*Figure 3* and *Figure 4*)

Domain 2

- Children ages zero through six who were in the three CRA categories in CY 2018 within the original 11 pilot counties, had a significantly higher increase of preventive dental services compared to the control group. The control group consisted of children from the 11 pilot counties, ages zero through six who had a restorative service in CY 2018 but did not receive a CRA. (*Figure 10*)
- DHCS provided more than \$2 million in incentive payments for PY 2 and more than \$4 million for PY 3, as of October 2019. (*Figure 25*)

Domain 3

- From CY 2015 to CY 2018, across the 17 pilot counties, the percentage of children ages 20 and under receiving two-year continuity of care increased by 3.26 percentage points. Three-year continuity of care increased by 2.59 percentage points. Four-year continuity of care increased by 2.61 percentage points. (*Figure 26*)
- DHCS provided \$12.2 million in incentive payments for PY 2 to 745 dental service office locations within the 17 pilot counties. In PY 3, DHCS provided \$13.3 million to 759 dental service office locations as of July 2019. (*Figure 27* and *Figure 28*)
- In Domain 3 counties, utilization of preventive dental services increased by 10.21 percentage points (per Domain 1 performance by county in CY 2014 to CY 2018). In Non-Domain 3 counties, utilization of preventive dental services increased by 7.39 percentage points (per Domain 1 performance by county in CY 2014 to CY 2018). (*Figure 33*)

Domain 4

- DHCS issued \$21.5 million payments for all LDPPs as of September 2019. Payments were based on the quarterly invoices LDPPs submitted to DHCS. (*Figure 35*)

DTI PROGRAM IMPLEMENTATION

For DTI implementation, DHCS worked closely with its Fiscal Intermediary (FI) contractor, DXC Technology Services, the Administrative Services Organization (ASO) contractor, Delta Dental of California, six contracted Dental Managed Care (DMC) plans, and various stakeholder groups to implement the domains across all dental delivery systems in the state. The DMC plans include Geographic Managed Care (GMC) plans in Sacramento County and Prepaid Health Plans (PHP) in Los Angeles (LA) County. Both GMC and PHP contracted with the following three vendors: Access Dental Plan, Health Net of California, Inc. and LIBERTY Dental Plan of California, Inc. DTI also allows Safety Net Clinics (SNCs) to participate in all domains via an opt-in process. SNCs include Federally Qualified Health Centers, Rural Health Clinics, and Indian Health Services/Memorandum of Agreement Clinics.

Program Awareness

DHCS collaborated with stakeholders to implement and promote awareness of DTI's four domains. DHCS applied the following approaches to raise awareness of DTI:

- 1) Hosted stakeholder workgroup meetings to share general updates, discuss topics of potential concern and resolution, and increase overall communication;
- 2) Hosted sub-workgroups to concentrate on specific DTI efforts;
- 3) Hosted webinars for provider education and communication;
- 4) Published program related material on a centralized webpage at the DHCS website;
- 5) Maintained a listserv for sharing information globally with interested stakeholders;
- 6) Maintained a DTI email inbox and responded to inquiries from external parties; and,
- 7) Leveraged the dental ASO to publish provider bulletins with specific DTI information and perform DTI outreach efforts to the beneficiary and provider communities.

The collective operational activities to create awareness described in this report generally apply to all four domains. This report will discuss domain-specific activities in particular domain sections. The Domain 1 Awareness Plan efforts published in the [DTI Annual Report PY 1, Appendix 1](#) continued to be utilized in PY 3.

Stakeholder Workgroup

In PY 3, DHCS continued the small stakeholder workgroup meetings comprised of legislative staff, children's health advocates, dental providers (across delivery systems and academia), DMC plans, local agencies (First 5 California, etc.), and SNCs to discuss ongoing DTI efforts including Domains 2 and 3 expansions. As envisioned, this workgroup

has continued to collaborate with DHCS on various changes and updates to the DTI program necessary to ensure its success. Their collaboration and input provide additional information for DTI and the outcomes of each domain. DTI work products are shared as they are finalized with the larger set of interested dental stakeholders and the provider community via webinars and other communication methods. In PY 3, the workgroup met bi-monthly on January 17, March 29, May 15, and November 15, 2018. This workgroup did not convene in July and September. In lieu of meetings, DHCS sent updates via email.

Stakeholder Sub-workgroups

DHCS hosted the following sub-workgroups to discuss specific DTI domains and reported data.

Domain 2 Sub-workgroup

California's state dental director and a DHCS Dental Consultant led a sub workgroup to identify the risk assessment tools and training programs used in DTI Domain 2 - CRA and Disease Management Pilot. The purpose of these meetings are to address issues or concerns about the domain. In PY 3, this workgroup met upon request on February 20, October 16, and December 18, 2018.

DTI SNC Sub-workgroup

This sub-workgroup is comprised of representatives from DHCS, California Rural Indian Health Board, California Consortium for Urban Indian Health, California Primary Care Association, Dental Managed Care plans and the Dental FI. This workgroup was established in May 2016 for the purpose of identifying the best mechanism by which to collect beneficiary and service specific data from the SNCs, for the services rendered to Medi-Cal beneficiaries which will then enable them to participate in the DTI. DHCS shared updates on each domain and the group discussed Domain 1 payments and outreach efforts for Domain 2 on May 7, 2018.

Domain 3 Sub-workgroup

DHCS created this sub-workgroup in CY 2017, comprised of representatives from the California Primary Care Association and the California Dental Association. The purpose of the meeting was to report on Domain 3 activities and discuss ways to increase participation from providers who are eligible to participate in Domain 3. This sub-workgroup did not meet in CY 2018; however, DHCS sent updates via email.

Domain 4 Sub-workgroup

DHCS held monthly teleconferences with the approved LDPPs to address any outstanding questions in the first four months of CY 2018. DHCS changed the frequency of this meeting to be every other month following the April 2018 convening. The purpose

of these meetings is to answer questions and encourage collaboration between the LDPPs. The teleconferences expanded to include rotating presentations from one or two of the LDPPs to share their best practices, outcomes, and struggles, if any, with other lead entities. In PY 3, this meeting occurred on the following dates: January 24, February 28, March 28, April 25, June 27, August 22, October 24, and December 19, 2018.

Data Sub-workgroup

This sub-workgroup is established to garner stakeholder feedback on the usefulness of data being reported in annual DTI reports. In PY 3, the sub-workgroup reconvened on September 14, 2018, to review data reported in the PY 1 Annual Report. The sub-workgroup’s feedback on the PY 1 Annual Report was incorporated into the PY 2 Annual Report. In 2019, stakeholders also shared written feedback on the PY 2 Annual Report and DHCS incorporated that feedback into this PY 3 Annual Report. DHCS is committed to continue these meetings as needed to discuss future reports.

DTI Outreach Venues

DHCS presented DTI information at 20 venues during CY 2018. Please see the list of DTI outreach venues within the [1115 Waiver’s Demonstration Year \(DY\) 13 annual report](#) and [DY 14 annual report](#) for additional information.

DTI Webpage

The DHCS DTI webpage contains general program information, Medi-Cal 2020 STCs, stakeholder engagement information, webinars, timelines, frequently asked questions (FAQs), and an inbox to direct comments, questions, or suggestions. The [DTI webpage](#) is updated as new information becomes available.

Provider Bulletins

DHCS also communicated DTI information through dental provider bulletins. Below are the four related bulletins that contain DTI updates and notification to providers in PY 3:

Bulletin	Date	Topic
Volume 34, Number 22	September 2018	DTI Domain 1 Re-baseline and Point of Service Device Decommission
Volume 34, Number 15	July 2018	DTI Domain 1 Payment Delay
Volume 34, Number 11	June 2018	DTI Domain 3 Payment Delay
Volume 34, Number 05	April 2018	Domain 2 SNC and DMC Payment Delay

DTI Inboxes and Listserv

DHCS regularly monitors the [DTI email Inbox](#) and [listserv](#) for comments and questions.

DHCS also responds to inquiries from interested stakeholders such as advocates, consumers, counties, legislative staff, providers, and state associations. The inbox serves as a communication tool between DHCS and all parties who are interested in DTI. The listserv provides another opportunity for stakeholders to receive relevant and current DTI updates. DHCS also monitors the [DTI Domain 4 Inbox](#) for LDPPs to submit invoices as well as general inquiries.

Program Integrity

DHCS maintains program integrity by performing cyclical assessments of services utilization, billing patterns, and shifts in enrollment for anomalies that may be indicators of fraud, waste, or abuse. Any suspicious claim activity is tracked through the program's Surveillance Utilization Review System to prevent fraud and abuse. DHCS discovered no program integrity issues related to DTI during PY 3.

Monitoring Plan and Provisions

DHCS monitors actively participating service office locations, rendering providers and dental services utilization statewide and by county via claims utilization from the DHCS Data Warehouse – Management Information System/Decision Support System (MIS/DSS) and DTI payments from the California Dental Medicaid Management Information System (CD-MMIS) maintained by the dental FI.

DOMAIN 1: INCREASE PREVENTIVE SERVICES UTILIZATION FOR CHILDREN

In alignment with the CMS Oral Health Initiative, this program aims to increase the statewide proportion of children ages one through twenty enrolled in Medi-Cal who receive at least one preventive dental service in a given year. DHCS' goal is to increase preventive dental services utilization among children ages one through twenty by at least ten percentage points over a five-year period. DHCS continued to strive towards this goal in PY 3. DHCS uses the CMS 416 methodology for reporting purposes, but pays out incentives using unrestricted eligibility criteria, which means children need not be continuously enrolled for 90 days or more to be included in provider incentive payment calculations.

DHCS provides incentive payments to dental service office locations who meet or exceed the set annual utilization benchmarks – encompassing both delivery of preventive dental services to new and existing Medi-Cal children. FFS utilization is tracked and paid by claims information submitted by the service office location (billing provider). For DMC providers, there is no additional action required to participate in the program. DHCS facilitates the submission of DMC encounter data to the dental FI for DTI incentive payments. SNC providers are required to submit opt-in forms to participate in the DTI program and commit to submitting encounter data to the dental FI via the paper form or the Electronic Data Interchange (EDI).

In PY 3, DHCS implemented the Domain 1 rebaselining policy to establish performance-based baselines and benchmarks for providers who entered Domain 1 without historical data and received a county benchmark.

Performance Metrics Analysis

DHCS calculated a CY 2014 baseline measure for beneficiaries' utilization of preventive dental services statewide and for each service office location within the Medi-Cal Dental FFS and DMC delivery systems, both including SNC encounters. DHCS also calculated the number of service locations that provided preventive dental services to an increased number of beneficiaries in PY 3. CY 2014 was the baseline year for Domain 1 in accordance with the DTI STCs, which indicated the baseline year would consist of data from the most recent complete year preceding implementation of the waiver.

DHCS also included within this report, beneficiaries who received preventive dental services at SNCs to align with the CMS 416 reporting methodology. However, the reporting periods of these two reports are different. This report measures CY (or PY) and the CMS 416 report measures Federal Fiscal Year (FFY). DHCS has included in this report a breakdown between dental offices and SNCs in order to analyze the performance separately.

DHCS believes that as the program continues its ongoing DTI promotion through

outreach efforts, provider information sharing, and distribution of provider incentive payments, utilization will continue to increase over the remaining PYs.

The *Figure 1* demonstrates statewide Domain 1 performance. Compared to CY 2014, the figure indicates both an increase in the number of beneficiaries who received preventive dental services in CY 2018, as well as an increase in the utilization rate in CY 2018. When including SNCs, the preventive dental services utilization rate for beneficiaries increased by 8.06 percentage points in CY 2018 compared to the baseline year. DHCS expects this utilization rate to increase slightly after the run-out period for claims submission.

The preventive dental services utilization of the first three PYs showed continuous increases compared to the baseline year when including encounter data from the SNCs as follows: 37.83 percent, 42.47 percent, 45.31 percent and 45.89 percent for each baseline and PY respectively. The preventive dental services utilization without SNCs showed consistency from the baseline year to the PYs as follows: 37.83 percent, 37.46 percent, 38.41percent and 38.19 percent for baseline year and PY respectively.

Figure 1: Percent of Beneficiaries Ages One through Twenty Statewide Who Received Any Preventive Dental Service¹

Measure	Baseline Year: CY 2014	PY 3: CY 2018 Excluding SNCs	PY 3: CY 2018 Including SNCs
Numerator²	1,997,190	2,103,075	2,527,147
Denominator³	5,279,035	5,507,178	5,507,178
Preventive Dental Services Utilization⁴	37.83%	38.19%	45.89%
Percentage Changes from Baseline Year	N/A	0.36%	8.06%

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¹ Data Source: DHCS MIS/DSS Data Warehouse as of October 2019
² Numerator: Three months continuously enrolled beneficiaries who received any preventive dental service (D1000-D1999 excluding or including SNC dental encounters with ICD 10 codes: K023 K0251 K0261 K036 K0500 K0501 K051 K0510 K0511 Z012 Z0120 Z0121 Z293 Z299 Z98810) in the measure year.
³ Denominator: Three months continuous enrollment - Number of beneficiaries ages one through twenty enrolled in the Medi-Cal Program for at least three continuous months in the same dental plan during the measure year.
⁴ The reporting period of this report (CY) is different from the reporting period of the CMS 416 report (FFY).

The data comparison in *Figure 2* shows the number of FFS and DMC office locations increased by 3.32 percent from the baseline year to PY 3. The number of unduplicated FFS and DMC providers rendering preventive dental services to at least ten beneficiaries from CY 2014 to CY 2018 increased by 4.93 percent. Both increases potentially indicate a positive correlation between provider incentive payments and provider participation in DTI.

Figure 2: Number of FFS and DMC Service Office Locations Providing Preventive Dental Services to Beneficiaries Ages One through Twenty and Number of Deduplicated FFS and DMC Rendering Providers Providing Preventive Dental Services to at Least Ten Beneficiaries Ages One through Twenty⁵

Measure	Baseline Year: CY 2014	PY 3: CY 2018	Percentage Change from Baseline Year
Number of FFS and DMC Service Office Locations Providing Preventive Dental Services to Beneficiaries Ages One through Twenty	5,600	5,786	3.32%
Number of Unduplicated FFS and DMC Rendering Providers Providing Preventive Dental Services to at Least Ten Beneficiaries Ages One through Twenty	5,908	6,199	4.93%

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Utilization of Preventive Dental Services by County

The DTI PY 2 Annual Report presented utilization of preventive dental services by county excluding and including SNCs in two figures to analyze their performance separately. Considering the size of the two figures, they were moved to the appendix section for easier reading.

In *Appendix 1*: Domain 1 Utilization of Preventive Dental Services by County in PY 3 Excluding SNCs and *Appendix 2*: Domain 1 Utilization of Preventive Dental Services by County in PY 3 Including SNCs, the count of eligible beneficiaries is based on the county a beneficiary is enrolled in Medi-Cal, which may be different from where they may receive

⁵ Data Source: DHCS MIS/DSS Data Warehouse as of October 2019

services. In PY 3, the utilization of three months continuously enrolled beneficiaries who received preventive dental services increased in all counties when including SNC data, compared to the baseline year in [Appendix 3: Domain 1 Utilization of Preventive Dental Services by County in CY 2014 Baseline Year](#). The number of beneficiaries who received preventive dental services in dental offices increased in most counties. However, due to a greater increase of beneficiary enrollment, the utilization in some counties experienced a decrease. In conclusion, capturing the SNC data is critical in assessing the true picture of dental utilization between baseline year and PY 3. Non-SNC providers continue to increase incrementally. Overall, DHCS anticipates few changes and fairly constant utilization; however, we also expect to see some increase as there is a potential for more beneficiaries to be served in the remaining demonstration period.

Incentive Payments Analysis

The [Figure 3](#) and [Figure 4](#) display the amount of incentives paid to service office locations for Domain 1 services provided during PY 2 and PY 3. In CY 2019, the January payment was delayed to June due to an unexpected data validation process. The total incentive payments disbursed for PY 2 was \$53.6 million. The July payment was on time. As of July 2019, incentive payments disbursed for PY 3 was \$53.0 million. The final payment of PY 3 is scheduled in January 2020.

Figure 3: Domain 1 Incentive Payment Summary – PY 2 (Dollars in Thousands)⁶

Delivery System	PY 2 First Payment (January 2018)	PY 2 Second Payment (July 2018)	PY 2 Third Payment (June 2019)	PY 2 Total Payment
FFS	\$43,836	\$3,637	\$107	\$47,580
DMC	\$2,362	\$812	\$41	\$3,215
SNC	\$548	\$1,352	\$924	\$2,824
Total	\$46,746	\$5,801	\$1,072	\$53,620

Figure 4: Domain 1 Incentive Payment Summary – PY 3 (Dollars in Thousands)⁷

Delivery System	PY 3 First Payment (June 2019)	PY 3 Second Payment (July 2019)	PY 3 Total Payment
FFS	\$45,825	\$1,703	\$47,528
DMC	\$1,887	\$1,096	\$2,983
SNC	\$1,011	\$1,502	\$2,513
Total	\$48,723	\$4,301	\$53,024

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⁶ Data Source: DHCS Dental FI Domain 1 Incentive Payment Summary as of June 2019

⁷ Data Source: DHCS Dental FI Domain 1 Incentive Payment Summary as of July 2019

Impact Assessment

The [Figure 5](#) and [Figure 6](#) describe the counts and expenditures on preventive dental services and dental treatment services. In [Figure 5](#), the number of treatment services increased by approximately 1.82 percent from CY 2014 to CY 2018 while the number of preventive dental services increased by 15.73 percent during that period. The values showed an increase in services rendered, not the number of children utilizing the services. This result met DHCS' expectation that preventive dental services increased more than dental treatment services. In [Figure 6](#), the expenditures of treatment services increased by 79.62 percent from CY 2014 to CY 2018 while the expenditures of preventive dental services increased by 186.77 percent during the same period.

Figure 5: Number of Preventive Dental Services and Dental Treatment Services for Beneficiaries Ages One through Twenty Statewide⁸

Number of Services	CY 2014	CY 2018	Percentage Change
Preventive Dental Services ⁹	7,177,160	7,399,591	3.10%
Preventive Dental Encounters (ICD10) ¹⁰	N/A ¹¹	906,849	N/A
Preventive Dental Services Total	7,177,160	8,306,440	15.73%
Dental Treatment Services ¹²	5,624,637	5,415,059	-3.73%
Dental Treatment Encounters (ICD10) ¹³	N/A	311,766	N/A
Dental Treatment Services Total	5,624,637	5,726,825	1.82%
Preventive and Treatment Services Total	12,801,797	14,033,265	9.62%

Figure 6: Expenditures of Preventive Dental Services and Dental Treatment Services for Beneficiaries Ages One through Twenty Statewide (Dollars in Thousands)¹⁴

⁸ Data Source: DHCS MIS/DSS Data Warehouse as of October 2019.

⁹ Any preventive dental service (D1000-D1999) at a dental office.

¹⁰ Any preventive dental service at an SNC (dental encounters with ICD 10 codes: K023 K0251 K0261 K036 K0500 K0501 K051 K0510 K0511 Z012 Z0120 Z0121 Z293 Z299 Z98810).

¹¹ Data was not available because ICD10 was not implemented in CY 2014.

¹² Any dental treatment service (D2000-D9999) at a dental office.

¹³ Any dental treatment service at an SNC (dental encounters with ICD 10 codes on [Appendix 4: ICD 10 CODES FOR DENTAL SERVICES](#)).

¹⁴ Data Source: DHCS MIS/DSS Data Warehouse as of October 2019.

Expenditures	CY 2014	CY 2018	Percentage Change
Preventive Dental Services ¹⁵	\$123,328	\$151,074	22.50%
Preventive Dental Encounters (ICD10) ¹⁶	N/A ¹⁷	\$202,588	N/A
Preventive Dental Services Total	\$123,328	\$353,662	186.77%
Dental Treatment Services ¹⁸	\$261,931	\$399,988	52.71%
Dental Treatment Encounters (ICD10) ¹⁹	N/A	\$70,494	N/A
Dental Treatment Services Total	\$261,931	\$470,482	79.62%
Total Expenditures of Preventive and Treatment Services	\$385,259	\$824,144	113.92%

Effectiveness of the Activities

The performance metrics listed above, as well as *Figure 33* under Domain 3, provide an indication of the effectiveness of Domain 1 activities. These metrics demonstrate improvement in increasing preventive dental services through incentive payments compared to restorations. DHCS observed quantifiable results in SNCs rendering the dental services. When excluding SNC encounters, utilization of preventive dental services among all counties changed between -12.67 to 11.39 percentage points with a total of 0.36 percentage point increase from CY 2014 to CY 2018 statewide. When including SNC encounters, all counties increased utilization between 2.01 to 54.94 percentage points. SNCs play an important role in providing dental services to Medi-Cal beneficiaries. SNC expenditures have increased from CY 2016²⁰ to CY 2017²¹, and continue to demonstrate positive trends from CY 2017 to CY 2018.

Services Per Capita

DHCS added services per capita, *Figure 7*, comparing Domain 1 in CY 2014 and CY 2018 to provide multiple perspectives on the impact of the program. This calculation used the number of preventive dental services provided to children ages one through twenty enrolled in Medi-Cal during the measurement year as the numerator including services provided by both dental offices and SNCs. The denominator is the number of children

¹⁵ Any preventive dental service (D1000-D1999) at a dental office.

¹⁶ Any preventive dental service at an SNC (dental encounters with ICD 10 codes: K023 K0251 K0261 K036 K0500 K0501 K051 K0510 K0511 Z012 Z0120 Z0121 Z293 Z299 Z98810).

¹⁷ Data was not available because ICD10 was not implemented in CY 2014.

¹⁸ Any dental treatment service (D2000-D9999) at a dental office.

¹⁹ Any dental treatment service at an SNC (dental encounters with ICD 10 codes on [Appendix 4: ICD 10 CODES FOR DENTAL SERVICES](#)).

²⁰ [DTI PY 1 Annual Report](#)

²¹ [DTI PY 2 Annual Report](#)

ages one through twenty enrolled in Medi-Cal during the measurement year who had at least one preventive dental service. Compared to the baseline year, services per capita remained consistent with a 0.2 difference in PY 3. The increase of both the number of beneficiaries and preventive dental services was driven by both dental offices and SNCs. Service per capita did not affect the goal of Domain 1. The increase in the number of beneficiaries who received preventive services is consistent with Domain 1 progress.

Figure 7: Domain 1 Services per Capita²²

Measure Year	Number of Beneficiaries ²³	Number of Preventive Dental Services ²⁴	Service Per Capita
Baseline Year: CY 2014	2,038,977	7,177,160	3.52
PY 3: CY 2018	2,502,608	8,306,400	3.32

Cost Per Capita

The cost per capita related to Domain 1 for CY 2014 and CY 2018 are displayed below in *Figure 8*. This calculation uses all expenditures for FFS beneficiaries in the measurement year as the numerator including both dental offices and SNCs. The denominator is the number of beneficiaries, ages one through twenty, enrolled in Medi-Cal FFS during the measurement year who had at least one preventive dental service. DMC delivery system was not included in this measure because DMC plans were paid by capitation rates for enrolled beneficiaries monthly. Expenditures for preventive dental services were not available in this delivery system. The increase in cost per capita is primarily driven by the inclusion of SNC expenditures for dental services and the increase in number of preventive services performed.

²² Data Source: DHCS MIS/DSS Data Warehouse as of October 2019.
²³ Number of beneficiaries ages one through twenty enrolled in the Medi-Cal Program who received at least one preventive dental service in a dental office or an SNC.
²⁴ Number of preventive dental services for beneficiaries ages one through twenty in a dental office or an SNC.

Figure 8: Domain 1 FFS Cost per Capita²⁵

	Number of FFS Beneficiaries²⁶	Expenditures of FFS Preventive Dental Services²⁷	FFS Cost Per Capita
Baseline Year: CY 2014	1,894,607	\$123,327,664	\$65.09
PY 3: CY 2018	2,411,423	\$353,661,826	\$146.66

²⁵ Data Source: DHCS MIS/DSS Data Warehouse as of October 2019.

²⁶ Number of FFS beneficiaries ages one through twenty enrolled in the Medi-Cal Program who received at least one preventive dental service in a dental office or an SNC.

²⁷ Expenditures of preventive dental services for FFS beneficiaries ages one through twenty.

DOMAIN 2: CARIES RISK ASSESSMENT AND DISEASE MANAGEMENT PILOT

The goals for Domain 2, a four-year domain, are to assess risk of early childhood caries and to manage the disease of caries using preventive dental services and non-invasive treatment approaches instead of more invasive and costly restorative procedures. During PY 3, this domain was only available for services performed on children ages six and under across the 11 original pilot counties: Glenn, Humboldt, Inyo, Kings, Lassen, Mendocino, Plumas, Sacramento, Sierra, Tulare, and Yuba.

Effective January 1, 2019, DHCS expanded Domain 2 to include 18 additional counties: Contra Costa, Fresno, Imperial, Kern, Los Angeles, Madera, Merced, Monterey, Orange, Riverside, San Bernardino, San Diego, San Joaquin, Santa Barbara, Santa Clara, Sonoma, Stanislaus, and Ventura, which will be discussed in future PY reports.

DHCS used dental claims, medical claims and encounters from the previous PYs and baseline year to develop the performance measures for this domain. CY 2018 is the second PY of Domain 2. This report separated the beneficiaries into two groups and presents their performance in two different sections.

- *Figure 9* through *Figure 15* show the performance of beneficiaries who received a CRA for the first time in CY 2018 in comparison with the control group.
- *Figure 16* through *Figure 24* show the performance of beneficiaries who received a CRA in CY 2017 and their performance in CY 2018. Some beneficiaries remained at the same risk levels, some beneficiaries changed to other risk levels, and the rest of the beneficiaries did not receive a CRA in CY 2018.
- *Figure 25* is the incentive payment analysis for both new and returning beneficiaries.

Performance Metrics Analysis for New CRA Beneficiaries in PY 3

The age group of the following performance measures is zero to six. The age group (under two, three through four, and five through six) breakdown for these measures can be found in the Appendices. Although the STCs indicate Domain 2 performance measures to be broken down by age ranges of under one, one through two, three through four, and five through six, DHCS combined the age ranges to minimize suppression of data in compliance with the Health Insurance Portability and Accountability Act (HIPAA).

The measures were broken down by county, specifically Sacramento, Tulare, and all remaining Domain 2 counties. The numbers of beneficiaries participating in the remaining counties were less than 11; therefore, DHCS combined all remaining counties to minimize suppression in compliance with HIPAA.

The data is further categorized by the following groups: control, low risk, moderate risk, and high risk. The control group consists of all beneficiaries who had at least one restorative service at a dental office or an SNC from the 11 pilot counties in CY 2018 but did not receive a CRA. The low, moderate, and high risk groups consist of beneficiaries who received a CRA and associated treatment plan for their respective risk levels. This report presents the changes in service counts from CY 2017 to CY 2018 for each group.

CY 2017 is the baseline for the beneficiaries who newly received services in CY 2018. For example, *Figure 10* demonstrates 17,753 preventive dental services were provided to the control group in CY 2018 in Sacramento. Compared to CY 2017, these same beneficiaries received 12,658 preventive dental services, thus, demonstrating an increase in preventive dental services.

The *Figure 9* reflects the number of beneficiaries in either the CRA group (those who received at least one CRA) or control group (those who received at least one restorative dental service without a CRA) in CY 2018. In Sacramento and Tulare counties, the control group populations are higher for older age groups, while the risk level group populations do not show the same trend. For low and moderate risk groups the higher population of beneficiaries appear within the age range of zero through two, whereas the smallest population appear within the age range of five through six. For high risk groups, population fluctuated among age ranges and counties. Note that duplicates exist when a beneficiary had more than one approved CRA in the measurement year.

Figure 9: Number of Beneficiaries Who Received CRA Procedures for the First Time in PY 3²⁸

County	Age Group ²⁹	Control Group ³⁰	Low Risk ³¹	Moderate Risk ³²	High Risk ³³
Sacramento	0-2	237	840	808	1,070
Sacramento	3-4	1,956	750	813	2,754

²⁸ Data Source: DHCS MIS/DSS Data Warehouse and DTI Domain 2 Report as of October 2019.

²⁹ Beneficiary age at date of service (DOS). Duplicates occurred when a beneficiary had more than one approved CRA or when a beneficiary’s age changed between age groups within the measurement year.

³⁰ Beneficiaries with at least one restorative dental service (D2000-D2999) or ICD10 restorative procedure (K0262 K029 K0252 K0263 K0253 K0381 Z98811 K027 K08531 K0850 K0851 K08530 K08539 K0859 K0852 K0856 K025) at an SNC in CY 2018 that did not receive an approved CRA.

³¹ Number of beneficiaries that received an approved CRA with a low risk (D0601) for the first time in CY 2018.

³² Number of beneficiaries that received an approved CRA with a moderate risk (D0602) for the first time in CY 2018.

³³ Number of beneficiaries that received an approved CRA with a high risk (D0603) for the first time in CY 2018.

County	Age Group ²⁹	Control Group ³⁰	Low Risk ³¹	Moderate Risk ³²	High Risk ³³
Sacramento	5-6	3,142	604	677	2,554
Sacramento	0-6	5,335	2,194	2,298	6,378
Tulare	0-2	188	247	856	1,096
Tulare	3-4	898	167	357	2,361
Tulare	5-6	1,795	108	150	1,656
Tulare	0-6	2,881	522	1,363	5,113
Other Counties	0-2	136	64	280	133
Other Counties	3-4	336	42	122	246
Other Counties	5-6	186	50	110	276
Other Counties	0-6	658	156	512	655

The *Figure 10* and *Figure 11* illustrate the number of preventive and restorative services for CY 2017 and CY 2018 along with the percentage change from the baseline year to PY 3.

The *Figure 10* shows the comparison between the control group versus the CRA categories regarding the increase of preventive dental services received by the same members within the identified groups from CY 2017 to CY 2018 members. In Sacramento and Tulare counties, the increase in preventive dental services for the three risk categories are significantly higher than the control group in the same counties. Note that duplicates exist when a member had more than one approved CRA in the measurement year. Please see age breakdown in *Appendix 5: Domain 2 Number of, and Percentage Change in Preventive Dental Services for New CRA Beneficiaries and Control Group in PY 3 by Age Group*.

Figure 10: Number of, and Percentage Change in Preventive Dental Services for New CRA Beneficiaries¹ and Control Group in PY 3³⁴

³⁴ Data Source: DHCS MIS/DSS Data Warehouse as of October 2019.

County	Groups ³⁵	2017 ³⁶	2018 ³⁷	% Diff ³⁸
Sacramento	Control Group ³⁹	12,658	17,753	40%
Sacramento	Low Risk ⁴⁰	2,154	10,156	371%
Sacramento	Moderate Risk ⁴¹	2,021	10,750	432%
Sacramento	High Risk ⁴²	7,763	32,038	313%
Tulare	Control Group	6,006	8,975	49%
Tulare	Low Risk	388	2,240	477%
Tulare	Moderate Risk	696	6,472	830%
Tulare	High Risk	5,089	26,412	419%
Other Counties	Control Group	1,355	2,271	68%
Other Counties	Low Risk	202	399	98%
Other Counties	Moderate Risk	923	1,133	23%
Other Counties	High Risk	1,219	1,487	22%

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The *Figure 11* shows an overall increase among the restorative services for beneficiaries within the high-risk groups from CY 2017 to CY 2018. However, the increases of restorative services within the low and moderate risk categories reduced visibly in comparison with the control group. Based on the trends combined with the implementation of CRAs, the expectation is that the count of preventive dental services will continue to increase as the count of restorative services decrease over the remaining two years of the DTI program. DHCS believes many beneficiaries will receive restorative services at the beginning of their participation, due to a previous lack of treatment. The

³⁵ Beneficiary age zero to six at DOS. Duplicates occurred when a beneficiary received approved CRAs for more than one risk level or when a beneficiary's age changed between age groups within the measurement year.

³⁶ Number of preventive dental services or ICD10 preventive dental procedures at an SNC received in CY 2017 (Baseline Year for beneficiaries who received CRA for the first time in CY 2018).

³⁷ Number of preventive dental services or ICD10 preventive dental procedures at an SNC received in CY 2018.

³⁸ Percentage increase/decrease of preventive dental services between CY 2017 and CY 2018.

³⁹ Beneficiaries that received at least one preventive dental service (D1000-D1999) or ICD10 preventive dental procedure (K023 K0251 K0261 K036 K0500 K0501 K051 K0510 K0511 Z012 Z0120 Z0121 Z293 Z299 Z98810) in CY 2018 but did not receive an approved CRA.

⁴⁰ Beneficiaries that received an approved CRA with a low risk (D0601) for the first time in CY 2018.

⁴¹ Beneficiaries that received an approved CRA with a moderate risk (D0602) for the first time in CY 2018.

⁴² Beneficiaries that received an approved CRA with a high risk (D0603) for the first time in CY 2018.

influx of beneficiaries receiving treatment for the first time is expected to cause an initial spike in restorative procedures, which DHCS expects to gradually reduce as beneficiaries return and receive additional preventive services based on their risk categories and their individual oral health improves. Please see age breakdown in Appendix 6: Domain 2 Number of, and Percentage Change in Restorative Dental Services for New CRA Beneficiaries and Control Group in PY 3 by Age Group.

Figure 11: Number of, and Percentage Change in Restorative Dental Services for CRA Beneficiaries⁴³ and Control Group in PY 3⁴⁴

County	Groups	2017 ⁴⁵	2018 ⁴⁶	% Diff ⁴⁷
Sacramento	Control Group ⁴⁸	6,244	24,068	285%
Sacramento	Low Risk ⁴⁹	644	857	33%
Sacramento	Moderate Risk ⁵⁰	775	2,635	240%
Sacramento	High Risk ⁵¹	3,756	21,599	475%
Tulare	Control Group	3,414	17,523	413%
Tulare	Low Risk	164	183	12%
Tulare	Moderate Risk	294	323	10%
Tulare	High Risk	3,049	22,943	652%
Other Counties	Control Group	1,161	5,089	338%
Other Counties	Low Risk	135	151	12%
Other Counties	Moderate Risk	475	683	44%
Other Counties	High Risk	1,618	2,109	30%

⁴³ Beneficiary age zero to six at DOS. Duplicates occurred when a beneficiary had more than one approved CRA or when a beneficiary’s age changed between age groups within the measurement year.

⁴⁴ Data Source: DHCS MIS/DSS Data Warehouse as of October 2019

⁴⁵ Number of restorative dental services or ICD10 restorative procedures at an SNC received in CY 2017 (Baseline Year for beneficiaries who received CRA first time in CY 2018).

⁴⁶ Number of restorative dental services or ICD10 restorative procedures at an SNC received in CY 2018.

⁴⁷ Percentage increase/decrease of preventive dental services between CY 2017 and CY 2018.

⁴⁸ Beneficiaries with at least one restorative dental service (D2000-D2999) or ICD10 restorative procedure (K0262 K029 K0252 K0263 K0253 K0381 Z98811 K027 K08531 K0850 K0851 K08530 K08539 K0859 K0852 K0856 K025) at an SNC in CY 2018 that did not receive an approved CRA.

⁴⁹ Beneficiaries that received an approved CRA with a low risk (D0601) for the first time in CY 2018.

⁵⁰ Beneficiaries that received an approved CRA with a moderate risk (D0602) for the first time in CY 2018.

⁵¹ Beneficiaries that received an approved CRA with a high risk (D0603) for the first time in CY 2018.

Figure 12 displays the number of emergency room (ER) visits that occurred within CY 2017 and CY 2018 for the different risk levels alongside the count of general anesthesia (GA) services provided. The ER visits are for Ambulatory Care Sensitive (ACS) dental conditions. The data is further broken down into the control group, low, moderate, and high risk categories, equivalent to the preceding Domain 2 figures. Currently, GA is identified by Current Dental Terminology (CDT) codes D9220 and D9221.

While the control group encounters a fair increase in ER visits for CY 2018, a notable increase occurred within the high risk group as expected. The moderate risk group experienced a decrease from CY 2017 to CY 2018, while the low-risk group remained consistent. For GA services, the control group experienced a sharp increase by 1110 percent. In comparison, the low-risk group showed a much smaller increase by 120 percent. The moderate-risk group increased by 290 percent and the high-risk group increased by 408 percent. The GA cases of the control group increased from 285 in CY 2017 to 3,448 in CY 2018. This increase represents the baseline count of GA cases without DTI specific intervention. The GA cases of the high-risk group increased from 179 in CY 2017 to 910 in CY 2018. The slower rate of increase in GA cases may have resulted from increased access to care and/or increased recall frequencies allowed for high risk members. DHCS believes the smaller increase compared to the control group is affected by the increased visits allowed to beneficiaries under this domain. DHCS also believes the increased reimbursement to providers under this domain has been a factor in the increase in provider enrollment. The increase in enrolled providers has increased accessibility for Medi-Cal beneficiaries, and may have uncovered more children in need of an initial GA associated procedure.

Figure 12: Number of, and Percentage Change in ER Visits and GA for New CRA Beneficiaries⁵² and Control Group in PY 3⁵³

Measure ²	Groups	2017 ⁵⁴	2018 ⁵⁵	% Diff ⁵⁶
ER	Control Group ⁵⁷	76	128	68%

⁵² Beneficiary age at DOS. Duplicates occurred when a beneficiary had more than one approved CRA or when a beneficiary's age changed between age groups within the measurement year.

⁵³ Data Source: DHCS MIS/DSS Data Warehouse as of October 2019.

⁵⁴ Number of ER Visits for ACS Dental Conditions or GA services in CY 2017 (Baseline Year for beneficiaries who received CRA for the first time in CY 2018).

⁵⁵ Number of ER Visits for ACS Dental Conditions or GA services in CY 2018.

⁵⁶ Percentage increase/decrease of ER Visits for ACS Dental Conditions or GA services between CY 2017 and CY 2018.

⁵⁷ Beneficiaries with at least one restorative dental service (D2000-D2999) or ICD10 restorative procedure (K0262 K029 K0252 K0263 K0253 K0381 Z98811 K027 K08531 K0850 K0851 K08530 K08539 K0859 K0852 K0856 K025) at SNCs in CY 2018 that did not receive an approved CRA.

Measure ²	Groups	2017 ⁵⁴	2018 ⁵⁵	% Diff ⁵⁶
ER	Low Risk ⁵⁸	23	29	26%
ER	Moderate Risk ⁵⁹	45	38	-16%
ER	High Risk ⁶⁰	132	214	62%
GA	Control Group	285	3,448	1110%
GA	Low Risk	15	33	120%
GA	Moderate Risk	20	78	290%
GA	High Risk	179	910	408%

Impact Assessment for New CRA Beneficiaries in PY 3

The *Figure 13* describes the provision of dental exams. The control, low, moderate, and high-risk groups are intended to be viewed individually. Although the control group consistently increased among all age groups from CY 2017 to CY 2018, the CRA groups experienced significant increases, up to 404 percent. DHCS anticipates the number of dental exams performed on CRA groups will continue to increase in future PYs. Please see age breakdown in *Appendix 7: Domain 2 Number of, and Percentage Change in Dental Exams for New CRA Beneficiaries and Control Group in PY 3 by Age Group*.

Figure 13: Number of, and Percentage Change in Dental Exams for New CRA Beneficiaries⁶¹ and Control Group in PY 3⁶²

County	Groups	2017 ⁶³	2018 ⁶⁴	% Diff ⁶⁵
Sacramento	Control Group ⁶⁶	5,720	6,272	10%
Sacramento	Low Risk ⁶⁷	1,035	3,255	214%
Sacramento	Moderate Risk ⁶⁸	964	3,520	265%

⁵⁸ Beneficiaries that received an approved CRA with a low risk (D0601) for the first time in CY 2018.

⁵⁹ Beneficiaries that received an approved CRA with a moderate risk (D0602) for the first time in CY 2018.

⁶⁰ Beneficiaries that received an approved CRA with a high risk (D0603) for the first time in CY 2018.

⁶¹ Beneficiary age at DOS. Duplicates occurred when a beneficiary had more than one approved CRA or when a beneficiary's age changed between age groups within the measurement year.

⁶² Data Source: DHCS MIS/DSS Data Warehouse as of October 2019

⁶³ Number of dental exams or ICD10 dental exam procedures at an SNC received in CY 2017 (Baseline Year for beneficiaries who received CRA for the first time in CY 2018).

⁶⁴ Number of dental exams or ICD10 dental exam procedures at an SNC received in CY 2018.

⁶⁵ Percentage increase/decrease of dental exams between CY 2017 and CY 2018.

⁶⁶ Beneficiaries that received at least one dental exam (D0120, D0145 or D0150) or ICD10 dental exam procedure at an SNC in CY 2018 that did not receive an approved CRA.

⁶⁷ Beneficiaries that received an approved CRA with a low risk (D0601) for the first time in CY 2018.

⁶⁸ Beneficiaries that received an approved CRA with a moderate risk (D0602) for the first time in

County	Groups	2017 ⁶³	2018 ⁶⁴	% Diff ⁶⁵
Sacramento	High Risk ⁶⁹	4,133	9,992	142%
Tulare	Control Group	3,305	4,177	26%
Tulare	Low Risk ³	211	739	250%
Tulare	Moderate Risk ⁴	378	1,904	404%
Tulare	High Risk ⁵	3,130	9,085	190%
Other Counties	Control Group	1,160	1,693	46%
Other Counties	Low Risk ³	98	140	43%
Other Counties	Moderate Risk ⁴	292	202	-31%
Other Counties	High Risk ⁵	703	426	-39%

Similar to [Figure 10](#), [Figure 11](#) and [Figure 13](#), [Figure 14](#) shows the number of dental treatment services provided. High-risk beneficiaries experience the most significant increase compared to the other categories. The trend is more difficult to determine in the 'Other Counties', as the population sizes are not large enough to draw significant conclusions based on a simple comparison of various percentages. High-risk beneficiaries are presumed to receive more dental treatment services than low and moderate risk levels. DHCS expects the data and metrics demonstrated in [Figure 14](#) along with [Figure 10](#) and [Figure 11](#) (preventive and restorative services) will prove favorable in determining the domain's effectiveness in future PYs. Please see age breakdown in [Appendix 8: Domain 2 Number of, and Percentage Change in Dental Treatment Services for New CRA Beneficiaries and Control Group in PY 3 by Age Group](#).

Figure 14: Number of, and Percentage Change in Dental Treatments for New CRA Beneficiaries⁷⁰ and Control Group in PY 3⁷¹

County	Groups	2017 ⁷²	2018 ⁷³	% Diff ⁷⁴
Sacramento	Control Group ⁷⁵	11,756	41,865	256%

CY 2018.

⁶⁹ Beneficiaries that received an approved CRA with a high risk (D0603) for the first time in CY 2018.

⁷⁰ Beneficiary age zero to six at DOS. Duplicates occurred when a beneficiary had more than one approved CRA or when a beneficiary's age changed between age groups within the measurement year.

⁷¹ Data Source: DHCS MIS/DSS Data Warehouse as of October 2019.

⁷² Number of dental treatment services or ICD10 dental treatment procedures at SNCs received in CY 2017 (Baseline Year for beneficiaries who received CRA for the first time in CY 2018).

⁷³ Number of dental treatment services or ICD10 dental treatment procedures at SNCs received in CY 2018.

⁷⁴ Percentage increase/decrease of dental treatment services between CY 2017 and CY 2018.

⁷⁵ Beneficiaries with at least one restorative dental service (D2000-D2999) or ICD10 restorative

County	Groups	2017 ⁷²	2018 ⁷³	% Diff ⁷⁴
Sacramento	Low Risk ⁷⁶	1,068	4,322	305%
Sacramento	Moderate Risk ⁷⁷	1,318	7,665	482%
Sacramento	High Risk ⁷⁸	6,786	50,508	644%
Tulare	Control Group	5,673	31,568	456%
Tulare	Low Risk	223	1,011	353%
Tulare	Moderate Risk	462	2,674	479%
Tulare	High Risk	4,371	44,895	927%
Other Counties	Control Group	1,634	8,204	402%
Other Counties	Low Risk	182	231	27%
Other Counties	Moderate Risk	521	735	41%
Other Counties	High Risk	1,860	2,591	39%

Lastly, *Figure 15* displays the expenditures for preventive dental services, dental treatment services, and GA for Domain 2. Both preventive dental services and dental treatment services have increased from 2017 to 2018 for both the control and CRA groups. For preventive dental services, the CRA group's expenditures increased 236 percentage points more than the control group. For dental treatment services, the CRA group increased 150 percentage points more than the control group. For GA services, the CRA group experienced a smaller percentage point increase when compared to the control group.

Figure 15: Expenditures for New CRA Beneficiaries⁷⁹ and Control Group in PY 3⁸⁰

procedure (K0262 K029 K0252 K0263 K0253 K0381 Z98811 K027 K08531 K0850 K0851 K08530 K08539 K0859 K0852 K0856 K025) at SNCs in CY 2018 that did not receive an approved CRA.

⁷⁶ Beneficiaries that received an approved CRA with a low risk (D0601) for the first time in CY 2018.

⁷⁷ Beneficiaries that received an approved CRA with a moderate risk (D0602) for the first time in CY 2018.

⁷⁸ Beneficiaries that received an approved CRA with a high risk (D0603) for the first time in CY 2018.

⁷⁹ Beneficiary age zero to six at DOS. Duplicates occurred when a beneficiary had more than one approved CRA or when a beneficiary's age changed between age groups within the measurement year.

⁸⁰ Data Source: DHCS MIS/DSS Data Warehouse as of October 2019.

Measure	Service Location	2017⁸¹	2018⁸²	% Diff⁸³
Preventive Services ⁸⁴	CRA Dental Offices ⁸⁵	\$251,461	\$1,845,770	634%
Preventive Services	CRA SNCs ⁸⁶	\$366,020	\$706,051	93%
Preventive Services	Total CRA	\$617,481	\$2,551,821	313%
Preventive Services	Control Group Dental Offices ⁸⁷	\$241,394	\$497,122	106%
Preventive Services	Control Group SNCs ⁸⁸	\$237,671	\$351,097	48%
Preventive Services	Total Control Group	\$479,065	\$848,218	77%
Dental Treatment ⁸⁹	CRA Dental Offices	\$840,898	\$7,511,638	793%
Dental Treatment	CRA SNCs	\$155,007	\$444,573	187%
Dental Treatment	Total CRA	\$995,905	\$7,956,211	699%
Dental Treatment	Control Group Dental Offices	\$789,453	\$5,598,989	609%
Dental Treatment	Control Group SNCs	\$98,673	\$166,501	69%
Dental Treatment	Total Control Group	\$888,125	\$5,765,490	549%
GA⁹⁰	CRA Dental Offices	\$13,696	\$115,230	741%
GA	Control Group Dental Offices	\$18,883	\$556,710	2848%

⁸¹ Expenditures of services received in CY 2017 (Baseline Year for beneficiaries who received CRA first time in CY 2018).

⁸² Expenditures of services received in CY 2018.

⁸³ Percentage increase/decrease of expenditures between CY 2017 and CY 2018.

⁸⁴ Expenditures for preventive dental services (D1000-D1999) or SNC encounters with ICD10 codes (K023 K0251 K0261 K036 K0500 K0501 K051 K0510 K0511 Z012 Z0120 Z0121 Z293 Z299 Z98810).

⁸⁵ Beneficiaries that received an approved CRA at a dental office for the first time in CY 2018.

⁸⁶ Beneficiaries that received an approved CRA at an SNC for the first time in CY 2018.

⁸⁷ Beneficiaries with at least one restorative dental service (D2000-D2999) in CY 2018 that did not receive an approved CRA.

⁸⁸ Beneficiaries with at least one ICD10 restorative procedure (K0262 K029 K0252 K0263 K0253 K0381 Z98811 K027 K08531 K0850 K0851 K08530 K08539 K0859 K0852 K0856 K025) at an SNC in CY 2018 that did not receive an approved CRA.

⁸⁹ Expenditures for dental treatment services (D2000-D9999) or SNC encounters with ICD10 codes on Appendix 4: ICD 10 CODES FOR DENTAL SERVICES.

⁹⁰ Expenditures for GA (D9220-D9221).

DHCS will continue to track and report the utilization rates for restorative procedures against preventive dental services to determine if this domain has been effective in reducing the number of restorations being performed. DHCS will also continue to track and report the CRA utilization and treatment plan services to monitor utilization and domain participation.

Performance Metrics Analysis for Beneficiaries who received CRA in PY 2

Most beneficiaries who received a CRA in other counties in CY 2017 did not return for a CRA in CY 2018. Therefore, this section omits the ‘Other Counties’ category in order to minimize suppression in compliance with HIPAA.

The *Figure 16* shows the recall outcomes in CY 2018 for beneficiaries who received a CRA during CY 2017. The data suggests that approximately 52 percent of the beneficiaries who received a high-risk CRA in CY 2017 received another CRA in CY 2018. The majority of them stayed in the high-risk category.

Figure 16: CRA Movement from CY 2017 to CY 2018 for High-Risk Beneficiaries in CY 2017⁹¹

County	Age Group 2017 ⁹²	High Risk in 2017 ⁹³	Did Not Receive CRA in 2018 ⁹⁴	Received CRA in 2018 ⁹⁵	Remained in High Risk in 2018 ⁹⁶	Moved to Moderate Risk in 2018 ⁹⁷	Moved to Low Risk in 2018 ⁹⁸
Sacramento	0-2	516	234	282	216	47	19
Sacramento	3-4	1,551	682	869	684	133	52
Sacramento	5-6	1,509	853	656	501	108	47
Sacramento	Total	3,576	1,769	1,807	1,401	288	118
Sacramento	% Diff⁹⁹	N/A	49%	51%	78%	16%	7%
Tulare	0-2	1,000	343	657	536	78	43
Tulare	3-4	2,381	889	1,492	1,269	152	71
Tulare	5-6	1,541	1,119	422	370	32	20
Tulare	Total	4,922	2,351	2,571	2,175	262	134

⁹¹ Data Source: DHCS MIS/DSS Data Warehouse as of October 2019
⁹² Age on DOS of 2017 CRA (duplicates included when a beneficiary has more than one approved CRA in the measurement year).
⁹³ Beneficiaries that received a high-risk (D0603) CRA in 2017.
⁹⁴ Beneficiaries that received a high-risk CRA in 2017 but did not receive a CRA in 2018.
⁹⁵ Total beneficiaries that received a high-risk CRA in 2017 and a CRA in 2018.
⁹⁶ Beneficiaries that received a high-risk CRA in 2017 and 2018.
⁹⁷ Beneficiaries that received a high-risk CRA in 2017 and a moderate-risk CRA in 2018.
⁹⁸ Beneficiaries that received a high-risk CRA in 2017 and a low-risk CRA in 2018.
⁹⁹ Percentage of beneficiaries who received a CRA in CY 2017 and did not receive a CRA in CY 2018.

County	Age Group 2017 ⁹²	High Risk in 2017 ⁹³	Did Not Receive CRA in 2018 ⁹⁴	Received CRA in 2018 ⁹⁵	Remained in High Risk in 2018 ⁹⁶	Moved to Moderate Risk in 2018 ⁹⁷	Moved to Low Risk in 2018 ⁹⁸
Tulare	% Diff	N/A	48%	52%	85%	10%	5%

The *Figure 17* shows the recall outcomes in CY 2018 for beneficiaries who received a moderate-risk CRA during CY 2017. In Sacramento County, approximately 60 percent of beneficiaries, who received a moderate-risk CRA in CY 2017 also received CRA in CY 2018. In Tulare County, approximately 83 percent of beneficiaries returned for a CRA in CY 2018.

Figure 17: CRA Movement from CY 2017 to CY 2018 for Beneficiaries with Moderate Risk in CY 2017¹⁰⁰

County	Age Group 2017 ¹⁰¹	Moderate Risk in 2017 ¹⁰²	Did Not Receive CRA in 2018 ¹⁰³	Received CRA in 2018 ¹⁰⁴	Moved to High Risk in 2018 ¹⁰⁵	Remained in Moderate Risk in 2018 ¹⁰⁶	Moved to Low Risk in 2018 ¹⁰⁷
Sacramento	0-2	659	239	420	139	200	81
Sacramento	3-4	860	279	581	236	227	118
Sacramento	5-6	765	393	372	144	155	73
Sacramento	Total	2,284	911	1,373	519	582	272
Sacramento	% Diff¹⁰⁸	N/A	40%	60%	38%	42%	20%
Tulare	0-2	739	28	711	300	313	98
Tulare	3-4	574	34	540	269	187	**109
Tulare	5-6	300	212	88	46	35	*110

¹⁰⁰ Data Source: DHCS MIS/DSS Data Warehouse as of October 2019

¹⁰¹ Age on DOS of 2017 CRA (duplicates included when a beneficiary has more than one approved CRA in the measurement year).

¹⁰² Beneficiaries that received a moderate-risk (D0602) CRA in 2017.

¹⁰³ Beneficiaries that received a moderate-risk CRA in 2017 that did not receive a CRA in 2018.

¹⁰⁴ Total beneficiaries that received a moderate-risk CRA in 2017 and a CRA in 2018.

¹⁰⁵ Beneficiaries that received a moderate-risk CRA in 2017 and a high-risk CRA in 2018.

¹⁰⁶ Beneficiaries that received a moderate-risk CRA in 2017 and 2018.

¹⁰⁷ Beneficiaries that received a moderate-risk CRA in 2017 and a low-risk CRA in 2018.

¹⁰⁸ Percentage of beneficiaries who received a CRA in CY 2017 and did not receive a CRA in CY 2018.

¹⁰⁹ ** Suppression applied: The number of the second lowest number among Tulare County age groups was suppressed as a complementary cell for the suppressed cell (*).

¹¹⁰ * Suppression applied: The number of Tulare County age 5-6 is lower than 11.

County	Age Group 2017 ¹⁰¹	Moderate Risk in 2017 ¹⁰²	Did Not Receive CRA in 2018 ¹⁰³	Received CRA in 2018 ¹⁰⁴	Moved to High Risk in 2018 ¹⁰⁵	Remained in Moderate Risk in 2018 ¹⁰⁶	Moved to Low Risk in 2018 ¹⁰⁷
Tulare	Total	1,613	274	1,339	615	535	189
Tulare	% Diff	N/A	17%	83%	46%	40%	14%

The *Figure 18* shows the recall outcomes in CY 2018 for beneficiaries who received a low-risk CRA during CY 2017. In Sacramento County, approximately 54 percent of beneficiaries who received a low-risk CRA in CY 2017 also received a CRA in CY 2018. In Tulare County, approximately 75 percent of beneficiaries received a returned for a CRA in CY 2018.

Figure 18: CRA Movement from CY 2017 to CY 2018 for Beneficiaries with Low Risk in CY 2017¹¹¹

County	Age Group 2017 ¹¹²	Low Risk in 2017 ¹¹³	Did Not Receive CRA in 2018 ¹¹⁴	Received CRA in 2018 ¹¹⁵	Moved to High Risk in 2018 ¹¹⁶	Moved to Moderate Risk in 2018 ¹¹⁷	Remained in Low Risk in 2018 ¹¹⁸
Sacramento	0-2	630	273	357	77	98	182
Sacramento	3-4	638	256	382	97	96	189
Sacramento	5-6	468	263	205	50	63	92
Sacramento	Total	1,736	792	944	224	257	463
Sacramento	% Diff⁸	N/A	46%	54%	24%	27%	49%
Tulare	0-2	311	44	267	90	73	104
Tulare	3-4	266	30	236	98	55	83
Tulare	5-6	177	112	65	24	12	29
Tulare	Total	754	186	568	212	140	216
Tulare	% Diff⁸	N/A	25%	75%	37%	25%	38%

The *Figure 19* shows a slight increase in the number of preventive dental services from

¹¹¹ Data Source: DHCS MIS/DSS Data Warehouse as of October 2019

¹¹² Age on DOS of 2017 CRA (duplicates included when a beneficiary has more than one approved CRA in the measurement year).

¹¹³ Beneficiaries that received a low-risk (D0601) CRA in 2017.

¹¹⁴ Beneficiaries that received a low-risk CRA in 2017 that did not receive a CRA in 2018.

¹¹⁵ Total beneficiaries that received a low-risk CRA in 2017 and a CRA in 2018.

¹¹⁶ Beneficiaries that received a low-risk CRA in 2017 and a high-risk CRA in 2018.

¹¹⁷ Beneficiaries that received a low-risk CRA in 2017 and a moderate-risk CRA in 2018.

¹¹⁸ Beneficiaries that received a low-risk CRA in 2017 and 2018.

CY 2017 to CY 2018 for beneficiaries who received a CRA in both years. Sacramento County had a higher increase compared to Tulare County. As a general goal, the state expects to see an increase in preventive services attributed to each risk category. Please see age breakdown in [Appendix 9: Domain 2 Number of, and Percentage Change in Preventive Dental Services for Returning CRA Beneficiaries in PY 3.](#)

Figure 19: Number of, and Percentage Change in Preventive Dental Services for Returned CRA Beneficiaries¹¹⁹ in PY 3¹²⁰

County	Groups	2017 ¹²¹	2018 ¹²²	% Diff ¹²³
Sacramento	Low Risk ¹²⁴	3,690	4,360	18%
Sacramento	Moderate Risk ¹²⁵	4,765	5,922	24%
Sacramento	High Risk ¹²⁶	9,861	12,580	28%
Tulare	Low Risk	2,388	2,711	14%
Tulare	Moderate Risk	4,468	5,341	20%
Tulare	High Risk	15,009	17,281	15%

For Tulare County, [Figure 20](#) shows a sharp reduction in the number of restorative dental services performed from CY 2017 to CY 2018 for beneficiaries who received a low and moderate risk CRA and a minor reduction for those who received a high-risk CRA. Sacramento County saw a sharp decrease in the number of restorative dental services for beneficiaries who received a low-risk CRA, and minor changes in outcomes for those who received moderate or high-risk CRAs. Please see age breakdown in [Appendix 10: Domain 2 Number of, and Percentage Change in Restorative Dental Services for Returning CRA Beneficiaries in PY 3.](#)

Figure 20: Number of, and Percentage Change in Restorative Dental Services for Returned CRA Beneficiaries¹²⁷ in PY 3¹²⁸

¹¹⁹ Age on DOS of 2017 CRA (duplicates included when a beneficiary has more than one approved CRA in the measurement year).

¹²⁰ Data Source: DHCS MIS/DSS Data Warehouse as of October 2019

¹²¹ Number of preventive dental services or ICD10 preventive dental procedures at SNCs received in CY 2017.

¹²² Number of preventive dental services or ICD10 preventive dental procedures at SNCs received in CY 2018.

¹²³ Percentage increase/decrease of preventive dental services between CY 2017 and CY 2018.

¹²⁴ Beneficiaries that received an approved CRA with a low risk (D0601) in CY 2018.

¹²⁵ Beneficiaries that received an approved CRA with a moderate risk (D0602) in CY 2018.

¹²⁶ Beneficiaries that received an approved CRA with a high risk (D0603) in CY 2018.

¹²⁷ Age on DOS of 2017 CRA (duplicates included when a beneficiary has more than one approved CRA in the measurement year).

¹²⁸ Data Source: DHCS MIS/DSS Data Warehouse as of October 2019

County	Groups ²	2017 ¹²⁹	2018 ¹³⁰	% Diff ¹³¹
Sacramento	Low Risk ¹³²	873	561	-36%
Sacramento	Moderate Risk ¹³³	1,279	1,240	-3%
Sacramento	High Risk ¹³⁴	5,396	5,438	1%
Tulare	Low Risk	513	253	-51%
Tulare	Moderate Risk	767	368	-52%
Tulare	High Risk	7,456	7,036	-6%

The *Figure 21* combines the outcomes for all Domain 2 counties. The figure shows a reduction in ER visits across all risk levels. GA visits showed a decrease for low and moderate risk levels, but an increase for the high-risk group.

Figure 21: Number of, and Percentage Change in ER Visits and GA for Returned CRA Beneficiaries¹³⁵ in PY 3¹³⁶

Measure ²	Group	2017 ¹³⁷	2018 ¹³⁸	% Diff ¹³⁹
ER	Low Risk ¹⁴⁰	9	7	-22%
ER	Moderate Risk ¹⁴¹	25	12	-52%
ER	High Risk ¹⁴²	61	43	-30%
GA	Low Risk	25	19	-24%
GA	Moderate Risk	73	49	-33%
GA	High Risk	248	452	82%

Impact Assessment for Beneficiaries Who Received a CRA in PY 2

The *Figure 22* describes the provision of dental exams. From CY 2017 to CY 2018,

¹²⁹ Number of restorative dental services or ICD10 restorative procedures at SNCs received in CY 2017.

¹³⁰ Number of restorative dental services or ICD10 restorative procedures at SNCs received in CY 2018.

¹³¹ Percentage increase/decrease of restorative dental services between CY 2017 and CY 2018.

¹³² Beneficiaries that received an approved CRA with a low risk (D0601) in CY 2018.

¹³³ Beneficiaries that received an approved CRA with a moderate risk (D0602) in CY 2018.

¹³⁴ Beneficiaries that received an approved CRA with a high risk (D0603) in CY 2018.

¹³⁵ Age on DOS of 2017 CRA (duplicates included when a beneficiary has more than one approved CRA in the measurement year).

¹³⁶ Data Source: DHCS MIS/DSS Data Warehouse as of October 2019

¹³⁷ Number of ER Visits for ACS Dental Conditions or GA services in CY 2017 (Baseline Year for beneficiaries who received CRA for the first time in CY 2018).

¹³⁸ Number of ER Visits for ACS Dental Conditions or GA services in CY 2018.

¹³⁹ Percentage increase/decrease of ER Visits for ACS Dental Conditions or GA services between CY 2017 and CY 2018.

¹⁴⁰ Beneficiaries that received an approved CRA with a low risk (D0601) in CY 2018.

¹⁴¹ Beneficiaries that received an approved CRA with a moderate risk (D0602) in CY 2018.

¹⁴² Beneficiaries that received an approved CRA with a high risk (D0603) in CY 2018.

almost all CRA groups experienced a decrease of up to 23 percent. DHCS has not yet analyzed provider practices and beneficiary behavior to identify reasons why beneficiaries at high risk had the biggest decrease in number of exams. DHCS anticipates the number of dental exams performed to returning CRA beneficiaries in the moderate and high-risk categories to continue to decrease in future PYs because of the improvement in oral health conditions. DHCS believes as beneficiaries receive more frequent services and dental treatments, they will shift their risk categories to moderate or low, or self assess that they do not need to return as frequently. Please see age breakdown in [Appendix 11: Domain 2 Number of, and Percentage Change in Dental Exams for Returning CRA Beneficiaries in PY 3.](#)

Figure 22: Number of, and Percentage Change in Dental Exams for Returning CRA Beneficiaries¹⁴³ in PY 3¹⁴⁴

County	Groups	2017 ¹⁴⁵	2018 ¹⁴⁶	% Diff ¹⁴⁷
Sacramento	Low Risk ¹⁴⁸	1,347	1,350	0%
Sacramento	Moderate Risk ¹⁴⁹	1,710	1,633	-5%
Sacramento	High Risk ¹⁵⁰	3,493	3,052	-13%
Tulare	Low Risk	807	723	-10%
Tulare	Moderate Risk	1,411	1,189	-16%
Tulare	High Risk	4,978	3,855	-23%

The [Figure 23](#) shows the number of dental treatment services provided. The high-risk beneficiaries experienced an increase compared to the low risk and moderate risk categories. High-risk beneficiaries are presumed to receive more dental treatment services than low and moderate risk levels. Please see age breakdown in [Appendix 12: Domain 2 Number of, and Percentage Change in Dental Treatments for Returning CRA Beneficiaries in PY 3.](#)

¹⁴³ Age on DOS of 2017 CRA (duplicates included when a beneficiary has more than one approved CRA in the measurement year).

¹⁴⁴ Data Source: DHCS MIS/DSS Data Warehouse as of October 2019

¹⁴⁵ Number of dental exams or ICD10 dental exam procedures at SNCs received in CY 2017.

¹⁴⁶ Number of dental exams or ICD10 dental exam procedures at SNCs received in CY 2018.

¹⁴⁷ Percentage increase/decrease of dental exams between CY 2017 and CY 2018.

¹⁴⁸ Beneficiaries that received an approved CRA with a low risk (D0601) in CY 2018.

¹⁴⁹ Beneficiaries that received an approved CRA with a moderate risk (D0602) in CY 2018.

¹⁵⁰ Beneficiaries that received an approved CRA with a high risk (D0603) in CY 2018.

Figure 23: Number of, and Percentage Change in Dental Treatments for Returning CRA Beneficiaries¹⁵¹ in PY 3¹⁵²

County	Groups	2017¹⁵³	2018¹⁵⁴	% Diff¹⁵⁵
Sacramento	Low Risk ¹⁵⁶	2,729	2,246	-18%
Sacramento	Moderate Risk ¹⁵⁷	3,520	3,837	9%
Sacramento	High Risk ¹⁵⁸	12,123	13,677	13%
Tulare	Low Risk	1,507	1,259	-16%
Tulare	Moderate Risk	2,682	2,443	-9%
Tulare	High Risk	16,050	16,636	4%

The *Figure 24* displays the expenditures for preventive dental services, dental treatment services, and GA for returning CRA beneficiaries. Both preventive dental services and dental treatment services have increased from 2017 to 2018 for the CRA groups. For preventive dental services, the CRA group’s expenditures increased by 19 percent. This is driven by CRA dental offices, which increased by 22 percent, even though SNC expenditures for the CRA group decreased by 30 percent. For dental treatment, the CRA group’s expenditures increased by 9 percent. This is driven by CRA dental offices, which increased by 10 percent, even though SNC expenditures for the CRA group decreased by 42 percent. GA services for the CRA groups have increased by 351 percent.

¹⁵¹ Age on DOS of 2017 CRA (duplicates included when a beneficiary has more than one approved CRA in the measurement year).

¹⁵² Data Source: DHCS MIS/DSS Data Warehouse as of October 2019

¹⁵³ Number of dental treatments or ICD10 dental treatment procedures at SNCs received in CY 2017.

¹⁵⁴ Number of dental treatments or ICD10 dental treatment procedures at SNCs received in CY 2018.

¹⁵⁵ Percentage increase/decrease of dental treatments between CY 2017 and CY 2018.

¹⁵⁶ Beneficiaries that received an approved CRA with a low risk (D0601) in CY 2018.

¹⁵⁷ Beneficiaries that received an approved CRA with a moderate risk (D0602) in CY 2018.

¹⁵⁸ Beneficiaries that received an approved CRA with a high risk (D0603) in CY 2018.

Figure 24: Expenditures for Returning CRA Beneficiaries¹⁵⁹ in PY 3¹⁶⁰

Measure	Service Location	2017 ¹⁶¹	2018 ¹⁶²	% Diff ¹⁶³
Preventive Services ¹⁶⁴	CRA Dental Offices ¹⁶⁵	\$970,914	\$1,180,731	22%
Preventive Services	CRA SNCs ¹⁶⁶	\$47,794	\$33,412	-30%
Preventive Services	Total CRA Locations	\$1,018,708	\$1,214,143	19%
Dental Treatment ¹⁶⁷	CRA Dental Offices	\$2,231,227	\$2,445,826	10%
Dental Treatment	CRA SNCs	\$22,330	\$12,956	-42%
Dental Treatment	Total CRA Locations	\$2,253,558	\$2,458,782	9%
GA¹⁶⁸	CRA Dental Offices	\$13,848	\$62,449	351%

Incentive Payments Analysis

The *Figure 25* displays incentives paid for Domain 2 in PY 3, which is the domain's second year of implementation. Since April 2017, Domain 2 payments are issued every week for the FFS delivery system, and every month for the SNC and DMC delivery systems. Due to the claims run-out period (providers have 12 months from DOS to submit claims), DHCS continues to receive claims with service dates in CY 2018. DHCS completed the CY 2017 payments, so the reported payments below are final. As of October 2019, DHCS issued approximately \$2 million in incentive payments for services in CY 2017 and approximately \$4 million for services in CY 2018.

¹⁵⁹ Age on DOS of 2017 CRA (duplicates included when a beneficiary has more than one approved CRA in the measurement year).

¹⁶⁰ Data Source: DHCS MIS/DSS Data Warehouse as of October 2019

¹⁶¹ Expenditures of services received in CY 2017 (Baseline Year for beneficiaries who received CRA first time in CY 2018).

¹⁶² Expenditures of services received in CY 2018.

¹⁶³ Percentage increase/decrease of expenditures between CY 2017 and CY 2018.

¹⁶⁴ Expenditures for preventive dental services (D1000-D1999) or SNC encounters with ICD10 codes (K023 K0251 K0261 K036 K0500 K0501 K051 K0510 K0511 Z012 Z0120 Z0121 Z293 Z299 Z98810).

¹⁶⁵ Beneficiaries that received an approved CRA at a dental office for the first time in CY 2018.

¹⁶⁶ Beneficiaries that received an approved CRA at an SNC for the first time in CY 2018.

¹⁶⁷ Expenditures for dental treatment services (D2000-D9999) or SNC encounters with ICD10 codes on *Appendix 4: ICD 10 CODES FOR DENTAL SERVICES*.

¹⁶⁸ Expenditures for GA (D9220-D9221).

Figure 25: Domain 2 Incentive Payment Summary¹⁶⁹

Delivery System	CY 2017	Year to Date CY 2018
FFS	\$1,383,829.10	\$2,647,234.64
DMC	\$481,828.00	\$1,166,299.00
SNC	\$162,078.00	\$212,313.00
Total	\$2,027,735.10	\$4,025,846.64

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¹⁶⁹ Data Source: DHCS Dental FI Domain 2 Incentive Payment Summary as of October 2019.

DOMAIN 3: INCREASE CONTINUITY OF CARE

Domain 3 aims to improve continuity of care for Medi-Cal children ages 20 and under by establishing and incentivizing an ongoing relationship between beneficiaries and dental providers in the following 17 selected pilot counties: Alameda, Del Norte, El Dorado, Fresno, Kern, Madera, Marin, Modoc, Nevada, Placer, Riverside, San Luis Obispo, Santa Cruz, Shasta, Sonoma, Stanislaus, and Yolo. Effective January 1, 2019, DHCS expanded Domain 3 to include an additional 19 counties: Butte, Contra Costa, Imperial, Merced, Monterey, Napa, Orange, San Bernardino, San Diego, San Francisco, San Joaquin, San Mateo, Santa Barbara, Santa Clara, Solano, Sutter, Tehama, Tulare, and Ventura, which will be discussed in future PY reports.

Incentive payments are made to dental service office locations who have maintained continuity of care by providing qualifying examinations (CDT codes: D0120, D0150, or D0145) to beneficiaries ages 20 and under for two, three, four, five, and six continuous years. Annual incentive payment for PY 3 will be issued in June 2019 for the final payment of PY 2 and first payment of PY 3.

Performance Metrics Analysis

For this program year, DHCS reviewed the number of beneficiaries who have remained with their same service office location for two, three and four continuous years. In future program years, DHCS will review the number of beneficiaries who remain with their same service office location for two, three, four, five, and six continuous years. DHCS established this domain's baseline year for the 17 original counties as CY 2015. This measure is similar to the Dental Quality Alliance measures Usual Source of Services¹⁷⁰ (also known as Usual Source of Care) and Care Continuity¹⁷¹ (also known as Continuity of Care), with the exception that DHCS incentivizes over a longer continuous period.

In *Figure 26* below, from CY 2015 to CY 2018, the percent of beneficiaries with two-year continuity of care within the 17 counties increased by 3.26 percentage points compared to the baseline – CY 2014 to CY 2015. The percent of beneficiaries with three-year continuity of care within the 17 counties increased by 2.59 percentage points compared to the baseline – CY 2013 to CY 2015 with no gap. The percent of beneficiaries with four-year continuity of care within the 17 counties increase by 2.61 percentage points compared to the baseline CY 2012 to CY 2015 with no gap.

¹⁷⁰ [DQA Measure Specifications: Administrative Claims-Based Measures Usual Source of Care, Dental Services](#). Description: Percentage of all children enrolled in two consecutive years who visited the same practice or clinical entity in both years.

¹⁷¹ [DQA Measure Technical Specifications Care Continuity, Dental Services](#). Description: Percentage of all children enrolled in two consecutive years who received a comprehensive or periodic oral evaluation in both years.

Figure 26: Domain 3 Continuity of Care in 17 Counties (Number of Beneficiaries Returning to the Same Service Location)¹⁷²

Measure Year	Baseline Year: CY 2015 ¹⁷³	PY 1: CY 2016	PY 2: CY 2017	PY 3: CY 2018
Claims Range	CY 2010 to CY 2015	CY 2015 to CY 2016	CY 2015 to CY 2017	CY 2015 to CY 2018
Denominator ¹⁷⁴	1,544,373	1,603,314	1,589,345	1,558,457
Numerator ¹⁷⁵ Second Year	211,981	245,290	264,677	264,772
Percentage Second Year	13.73%	15.30%	16.65%	16.99%
Numerator Third Year	119,956	N/A	157,963	161,519
Percentage Third Year	7.77%	N/A	9.94%	10.36%
Numerator Fourth Year	63,603	N/A	N/A	104,820
Percentage Fourth Year	4.12%	N/A	N/A	6.73%

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Incentive Payments Analysis

The *Figure 27* and *Figure 28* show the number of service office locations that were issued incentive payments for services conducted during PY 2 and PY 3. PY 1 final payment was reported in the [DTI PY 2 Annual Report](#). PY 2 payment includes both first and final payments in June 2018 and July 2019, respectively. PY 3 first payment was issued in July 2019. The final payment of PY 3 will be issued in June 2020, which will be reported in the next DTI Annual Report.

DHCS also included the number of active service office locations in CY 2017 and CY 2018 for PY 2 and PY 3, respectively (*Figure 27* and *Figure 28*). In addition to the 932 dental offices, there were a total of 83 SNCs that opted-in Domain 3 during the first three PYs. The additional details help analyze the proportion of service office locations that

¹⁷² Data Source: DHCS Dental FI Domain 3 Incentive Payment Summary as of July 2019.

¹⁷³ SNC data was not available in baseline years.

¹⁷⁴ Denominator: Number of beneficiaries ages 20 and under enrolled for at least one month in the FFS delivery system during the measurement years.

¹⁷⁵ Numerator: Number of beneficiaries ages 20 and under who received an examination from the same service office location with no gap in service for two, three, or four continuous years. Beneficiaries who visited participating SNCs were included.

received incentive payments.

Figure 27: Domain 3 Incentive Payment by County for PY 2¹⁷⁶

Provider County	Total Number of Service Office Locations ¹⁷⁷	Number of Service Office Locations that Received Incentive Payment ¹⁷⁸	Total Incentive Payment
Alameda	133	114	\$1,154,010.00
Del Norte	1	1	* ¹⁷⁹
El Dorado	9	6	\$97,690.00
Fresno	148	117	\$2,020,310.00
Kern	95	89	\$2,269,050.00
Madera	21	17	\$342,070.00
Marin	8	4	\$6,860.00
Modoc	1	2	\$8,430.00
Nevada	2	2	** ¹⁸⁰
Placer	27	12	\$209,020.00
Riverside	361	282	\$3,574,530.00
San Luis Obispo	13	11	\$270,660.00
Santa Cruz	15	11	\$551,990.00
Shasta	9	5	\$72,870.00
Sonoma	20	18	\$464,200.00
Stanislaus	57	42	\$1,041,840.00
Yolo	12	11	\$80,720.00
Total	932	745	\$12,166,710.00

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Figure 28: Domain 3 Incentive Payment by County for PY 3¹⁸¹

¹⁷⁶ Data Source: DHCS Dental FI Domain 3 2019 Payment Summary as of July 2019

¹⁷⁷ FFS Dental offices regardless of DTI participation.

¹⁷⁸ Participating FFS Dental offices and SNCs.

¹⁷⁹ * Suppression applied: The number of beneficiaries of Del Norte that returned to the same dental offices are lower than 11. Therefore, the associated expenditures were suppressed

¹⁸⁰ ** Suppression applied: The second lowest expenditure (Nevada County) was suppressed as complementary cell for the suppressed cell of Del Norte County (*).

¹⁸¹ Data Source: DHCS Dental FI Domain 3 2019 Payment Summary as of July 2019

Provider County	Total Number of Service Office Locations ¹⁸²	Number of Service Office Locations that Received Incentive Payment ¹⁸³	Total Incentive Payment
Alameda	133	113	\$1,251,670.00
Del Norte	1	1	\$280.00
El Dorado	9	7	\$128,570.00
Fresno	148	123	\$2,115,920.00
Kern	95	89	\$2,614,480.00
Madera	21	17	\$383,400.00
Marin	8	3	\$6,570.00
Modoc	1	2	\$9,380.00
Nevada	2	2	\$2,610.00
Placer	27	15	\$270,850.00
Riverside	361	290	\$3,934,500.00
San Luis Obispo	13	7	\$324,600.00
Santa Cruz	15	11	\$419,250.00
Shasta	9	5	\$83,100.00
Sonoma	20	18	\$392,800.00
Stanislaus	57	44	\$1,240,890.00
Yolo	12	12	\$75,400.00
Total	932	759	\$13,254,270.00

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The *Figure 29* and *Figure 30* show the number of unduplicated beneficiaries who received a dental examination D0120, D0150, or D0145 in the same dental office or SNC in a number of continuous years below:

- For PY 2:
 - Three continuous years: CY 2015, CY 2016 and CY 2017;
 - Two continuous years: CY 2016 and CY 2017;
- For PY 3:
 - Four continuous years: CY 2015, CY 2016, CY 2017 and CY 2018;
 - Three continuous years: CY 2016, CY 2017 and CY 2018;
 - Two continuous years: CY 2017 and CY 2018.

DHCS included the number of beneficiaries who received at least one dental exam in CY 2016 and CY 2017 for PY 2 and PY 3, respectively (*Figure 29* and *Figure 30*). The additional details help analyze the proportion of beneficiaries who returned to the same office locations.

¹⁸² FFS Dental offices regardless of DTI participation.

¹⁸³ Participating FFS Dental offices and SNCs.

Figure 29: Number of Beneficiaries Continuously Returned to the Same Dental Offices or SNC by County for PY 2¹⁸⁴

Provider County	Number of Beneficiaries that Received at least one dental exam in CY 2017	PY 2 Number of Beneficiaries Who Had Dental Exams for Two Consecutive Years in 2016 and 2017 but no Dental Exam in 2015	PY 2 Number of Beneficiaries Who Had Dental Exams for Three Consecutive Years in 2015, 2016 and 2017
Alameda	47,694	9,589	15,409
Del Norte	24	*185	*
El Dorado	4,328	941	1,201
Fresno	102,892	18,619	25,511
Kern	93,276	17,250	31,581
Madera	13,616	2,443	4,887
Marin	874	74	78
Modoc	58	72	111
Nevada	294	**186	**
Placer	9,639	1,958	2,614
Riverside	170,466	33,777	44,469
San Luis Obispo	9,741	1,754	4,010
Santa Cruz	6,585	4,451	7,479
Shasta	4,410	973	679
Sonoma	11,781	3,335	6,616
Stanislaus	48,486	10,386	12,528
Yolo	2,630	1,058	768
Total	526,794	106,714	157,963

Figure 30: Number of Beneficiaries Continuously Returned to the Same Dental Offices or SNC by County for PY 3¹⁸⁷

¹⁸⁴ Data Source: DHCS Dental FI Domain 3 2019 Payment Summary as of July 2019.

¹⁸⁵ * Suppression applied: The number of beneficiaries of Del Norte that returned to the same dental offices are lower than 11. Therefore, the associated expenditures were suppressed

¹⁸⁶ ** Suppression applied: The second lowest expenditure (Nevada County) was suppressed as complementary cell for the suppressed cell of Del Norte County (*).

¹⁸⁷ Data Source: DHCS Dental FI Domain 3 2019 Payment Summary as of July 2019

Provider County	Number of Beneficiaries that Received at least one dental exam in CY 2018	PY 3 Number of Beneficiaries Who Had Dental Exams for Two Consecutive Years in 2017 and 2018 but no Dental Exam in 2015 and 2016	PY 3 Number of Beneficiaries Who Had Dental Exams for Three Consecutive Years in 2016, 2017 and 2018 but no Dental Exam in 2015	PY 3 Number of Beneficiaries Who Had Dental Exams for Four Consecutive Years in 2015, 2016, 2017 and 2018
Alameda	45,208	10,081	5,283	9,738
Del Norte	* ¹⁸⁸	*	0	*
El Dorado	5,209	1,002	685	904
Fresno	97,019	17,260	8,510	16,667
Kern	93,138	18,626	9,952	22,864
Madera	13,675	2,445	1,428	3,570
Marin	751	66	33	38
Modoc	** ¹⁸⁹	85	38	68
Nevada	278	**	15	*
Placer	10,028	2,764	1,119	1,739
Riverside	163,314	32,518	18,166	28,758
San Luis Obispo	9,132	1,977	1,146	3,137
Santa Cruz	6,539	2,061	1,821	4,096
Shasta	4,644	856	472	421
Sonoma	10,842	2,383	1,572	3,648
Stanislaus	48,414	10,433	6,113	8,632
Yolo	2,700	662	346	527
Total	510,953	103,253	56,699	104,820

Impact Assessment

From CY 2014 to CY 2018, DHCS observed a 32.10 percent increase in the number of dental exams performed, an 18.50 percent increase in the number of preventive dental services performed and only a 7.26 percent increase in treatment services during that period. The expenditures of dental exams increased by 506.97 percent, the expenditures of preventive dental services increased by 217.66 percent, and the expenditures of dental

¹⁸⁸ * Suppression applied: The number of beneficiaries are lower than 11.

¹⁸⁹ ** Suppression applied: The second lowest number of beneficiaries of each was suppressed as complementary cells for the suppressed cells (*).

treatment services increased by 73.69 percent. The growth of expenditures was mainly driven by including SNC encounters. The data and metrics in *Figure 31* and *Figure 32* demonstrate a desired outcome for the DTI program, which is to increase the number of preventive dental services in lieu of more costly treatment services.

Although the baseline year for Domain 3 is CY 2015, to demonstrate the combined impact of Domains 1 and 3, DHCS used CY 2014 data in the analyses below. DHCS has found that the metrics for this domain are useful in understanding the effectiveness of the activities undertaken. However, further analysis is needed for a final determination on the effectiveness of the measure.

Figure 31: Domain 3 Counties’ Number of Services on Dental Exam, Preventive and Treatment Services¹⁹⁰

Number of Services	CY 2014	CY 2018	Percentage Change
Dental Exams ¹⁹¹	657,571	640,445	-2.60%
Dental Exams (ICD10) ¹⁹²	N/A ¹⁹³	228,229	N/A
Dental Exams Total	657,571	868,674	32.10%
Preventive Dental Services ¹⁹⁴	1,558,214	1,548,803	-0.60%
Preventive Dental Encounters (ICD10) ¹⁹⁵	N/A	297,612	N/A
Preventive Dental	1,558,214	1,846,415	18.50%
Dental Treatment Services ¹⁹⁶	1,296,715	1,285,730	-0.85%
Dental Treatment Services (ICD10) ¹⁹⁷	N/A	105,168	N/A
Dental Treatment Services Total	1,296,715	1,390,898	7.26%
TOTAL	3,512,500	4,105,987	16.90%

¹⁹⁰ Data Source: DHCS MIS/DSS Data Warehouse as of October 2019

¹⁹¹ Any comprehensive or period exam (D0120, D0150) or, for beneficiaries under three (3) years of age, an oral evaluation and counseling with the primary caregiver (D0145) at a dental office.

¹⁹² Any comprehensive or period exam at an SNC (dental encounter with ICD 10 codes on *Appendix 4: ICD 10 CODES FOR DENTAL SERVICES*).

¹⁹³ Data was not available because ICD10 was not implemented in CY 2014.

¹⁹⁴ Any preventive dental service (D1000-D1999) at a dental office.

¹⁹⁵ Any preventive dental service at an SNC (dental encounter with ICD 10 codes: K023 K0251 K0261 K036 K0500 K0501 K051 K0510 K0511 Z012 Z0120 Z0121 Z293 Z299 Z98810).

¹⁹⁶ Any dental treatment service (D2000-D9999) at a dental office.

¹⁹⁷ Any dental treatment service at an SNC (dental encounter with ICD 10 codes on *Appendix 4: ICD 10 CODES FOR DENTAL SERVICES*).

Figure 32: Domain 3 Counties' Expenditures on Dental Exam, Preventive and Treatment Services¹⁹⁸

Expenditures (Dollars in thousand)	CY 2014	CY 2018	Percentage Change
Dental Exams ¹⁹⁹	\$11,036	\$16,989	53.94%
Dental Exams (ICD10) ²⁰⁰	N/A ²⁰¹	\$49,996	N/A
Dental Exams Total	\$11,036	\$66,985	506.97%
Preventive Dental Services ²⁰²	\$30,679	\$33,437	8.99%
Preventive Dental Encounters (ICD10) ²⁰³	N/A	\$64,018	N/A
Preventive Dental	\$30,679	\$97,455	217.66%
Dental Treatment Services ²⁰⁴	\$71,453	\$100,966	41.30%
Dental Treatment Services (ICD10) ²⁰⁵	N/A	\$23,139	N/A
Dental Treatment Services Total	\$71,453	\$124,105	73.69%
TOTAL	\$113,168	\$288,545	154.97%

The *Figure 33* compares Domain 3 and non-Domain 3 counties' utilization of preventive dental services for beneficiaries ages one through twenty at dental offices, including services rendered at SNCs. Overall, compared to non-Domain 3 counties, Domain 3 counties with the inclusion of SNC data, demonstrate a greater increase in utilization of preventive dental services from CY 2014 to CY 2018. The non-SNC dental offices provided preventive services to more than 32,000 additional beneficiaries in CY 2018 than in CY 2014. However, despite this growth, because enrollment has also increased at such a similar rate, the overall percentage of members receiving services does not clearly reflect the growth. When including SNC encounters, the preventive dental services utilization of Domain 3 counties increased by 10.21 percent while non-Domain 3 counties increased by 7.39 percent. Moreover, DHCS and its ASO contractor are conducting ongoing outreach and training to non-SNC providers in a variety of areas, including but not limited to the importance of increasing preventive services and recall exams. DHCS

¹⁹⁸ Data Source: DHCS MIS/DSS Data Warehouse as of October 2019

¹⁹⁹ Any comprehensive or period exam (D0120, D0150) or, for beneficiaries under three (3) years of age, an oral evaluation and counseling with the primary caregiver (D0145) at a dental office.

²⁰⁰ Any comprehensive or period exam at an SNC (dental encounter with ICD 10 codes on *Appendix 4: ICD 10 CODES FOR DENTAL SERVICES*).

²⁰¹ Data was not available because ICD10 was not implemented in CY 2014.

²⁰² Any preventive dental service (D1000-D1999) at a dental office.

²⁰³ Any preventive dental service at an SNC (dental encounter with ICD 10 codes: K023 K0251 K0261 K036 K0500 K0501 K051 K0510 K0511 Z012 Z0120 Z0121 Z293 Z299 Z98810).

²⁰⁴ Any dental treatment service (D2000-D9999) at a dental office.

²⁰⁵ Any dental treatment service at an SNC (dental encounter with ICD 10 codes on *Appendix 4: ICD 10 CODES FOR DENTAL SERVICES*).

expects Domain 3 incentive payment will help improve Domain 1 results over the five-year period of DTI.

Figure 33: Preventive Dental Services Utilization Increase in Domain 3 and Non-Domain 3 Counties Including and Excluding SNCs²⁰⁶

CY	Measure	D3 Counties	Non-D3 Counties
2014	Numerator Excluding SNCs ²⁰⁷	436,423	1,560,767
2014	Denominator ²⁰⁸	1,268,279	4,010,756
2014	Utilization Excluding SNCs	34.41%	38.91%
2018	Numerator Excluding SNCs	468,654	1,634,421
2018	Denominator	1,367,284	4,139,894
2018	Utilization Excluding SNCs	34.28%	39.48%
2014 to 2018	Change of Percentage Points Excluding SNCs	-0.13%	0.57%
2018	Numerator Including SNCs ²⁰⁹	610,100	1,917,047
2018	Denominator	1,367,284	4,139,894
2018	Utilization Including SNCs	44.62%	46.31%
2014 to 2018	Change of Percentage Points Including SNCs	10.21%	7.39%

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²⁰⁶ Data Source: DHCS MIS/DSS Data Warehouse as of October 2019

²⁰⁷ Numerator Excluding SNCs: Continuous Enrolled beneficiaries who received any preventive dental service (D1000-D1999) in the identified year.

²⁰⁸ Denominator: Number of beneficiaries ages one through twenty enrolled in Medi-Cal Program for at least three continuous months in the same dental plan during the measure year.

²⁰⁹ Numerator Including SNCs: Continuous Enrolled beneficiaries who received any preventive dental service (D1000-D1999 or a SNC dental encounter with ICD 10 codes: K023 K0251 K0261 K036 K0500 K0501 K051 K0510 K0511 Z012 Z0120 Z0121 Z293 Z299 Z98810) in the identified year.

DOMAIN 4: LOCAL DENTAL PILOT PROGRAM

LDPPs address one or more of the goals of three domains through alternative programs, using strategies focused on targeted populations, such as rural and underserved areas including local case management initiatives and education partnerships, and care coordination. DHCS requires local pilots to have broad-based provider and community support and collaboration including Tribes and Indian health programs, with incentives related to goals and metrics that contribute to the overall goals of DHCS in any of the domains specified above. DHCS paid a total of \$25.1M for CY 2018 invoices. DHCS continued the bi-monthly teleconferences with all executed LDPPs to answer questions and encourage collaboration between the LDPPs.

LDPPs are required to submit quarterly as well as annual reports. Upon review, many of the LDPPs have experienced successes as well as obstacles in full implementation of their respective operations. A majority of the LDPPs have a variation of care coordination, which ultimately involve a “warm-handoff” that has demonstrated success thus far. With the grassroots approach being organic in nature, LDPPs have demonstrated success in outreach to children as well as their subsequent families through building rapport to ultimately ensure higher percentages of recall as well as reciprocal communication. Conversely, LDPPs have also experienced operational barriers, from staffing shortages responsible for training, delays in memorandum of understanding, etc. For example, many of the LDPPs have had issues taking their virtual dental home (VDH) program off the ground as self-stated, through no fault of their own, from delays in contractor deliverables, to issues obtaining agreements with their service entities.

Contract Status

The LDPP contract with San Luis Obispo County was executed on January 18, 2018, bringing the total executed LDPP contracts to thirteen (13). Whereas, the First 5 Kern’s LDPP application was withdrawn after numerous extensions were given to complete the application. As a result, DHCS reallocated their funding, as well as funding from the withdrawn Northern Valley Sierra Consortium proposal, to select LDPP applicants based upon requests for expansion of approved projects and/or needs not previously identified by the applicants during the selection process. The reallocation of funding was \$14.4M.

During the last quarter of 2018, DHCS received nine requests for additional funding and intends to distribute funds based on program and/or needs not previously identified by the applicants during the selection process.

See *Figure 34* for status of each LDPP contract.

Figure 34: LDPP Contracts Status

Lead	Statu
Alameda County	Executed April 15, 2017
California Rural Indian Health Board, Inc.	Executed June 21, 2017
California State University, Los Angeles	Executed April 15, 2017
First 5 Kern	Withdrawn
First 5 San Joaquin	Executed May 31, 2017
First 5 Riverside	Executed November 28,
Fresno County	Executed June 27, 2017
Humboldt County	Executed June 21, 2017
Northern Valley Sierra Consortium	Withdrawn
Orange County	Executed June 30, 2017
Sacramento County	Executed June 28, 2017
San Luis Obispo County	Executed January 18, 2018
San Francisco City and County Department of Public Health	Executed June 27, 2017
Sonoma County	Executed May 15, 2017
University of California, Los Angeles	Executed May 15, 2017

Funding Analysis

DHCS developed invoicing guidelines, an invoice template, and an FAQ document to assist the LDPPs with their invoicing processes. DHCS instructed the pilots to submit invoices on a quarterly basis, with a due date of 45 days after the end of each quarter. Invoicing is completed for CY 2018. The *Figure 35* shows that DHCS paid a total of \$21,492,997 as of September 2019. The total payment for each LDPP is as follows:

Figure 35: Domain 4 Funding Payment Summary²¹⁰

LDPP	Total Invoiced
Alameda County	\$3,079,734
California Rural Indian Health Board, Inc.	\$470,267
California State University, Los Angeles	\$3,537,350
First 5 San Joaquin	\$893,309
First 5 Riverside	\$2,189,364
Fresno County	\$2,353,657
Humboldt County	\$752,575
Orange County	\$2,153,527
Sacramento County	\$1,933,262
San Luis Obispo County	\$79,007
San Francisco City and County Department of Public Health	\$320,396

²¹⁰ Data Source: DHCS Domain 4 Invoices as of September 2019.

LDPP	Total Invoiced
Sonoma County	\$858,424
University of California, Los Angeles	\$2,872,125
Total	\$21,492,997

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For more information about the selected LDPPs, please refer to the LDPP [Domain 4 Webpage](#) on the DHCS website.

APPENDIXES

Appendix 1: Domain 1 Utilization of Preventive Dental Services by County in PY 3 Excluding SNCs²¹¹

County	Beneficiaries Ages One through Twenty with Continuous Eligibility in CY 2018 ²¹²	Eligible Beneficiaries Ages One through Twenty Who Received a Preventive Dental Service in CY 2018 Excluding SNC ²¹³	Preventive Dental Services Utilization Rate of CY 2018 Excluding SNC	Change of Percentage Points from CY 2014 to CY 2018
Alameda	157,982	41,734	26.42%	-1.92%
Alpine	133	* ²¹⁴	*	*
Amador	3,376	815	24.14%	6.43%
Butte	31,185	7,072	22.68%	3.19%
Calaveras	4,631	794	17.15%	-0.72%
Colusa	5,050	1,955	38.71%	11.39%
Contra Costa	111,253	31,069	27.93%	1.17%
Del Norte	4,818	136	2.82%	0.14%
El Dorado	15,492	4,611	29.76%	1.36%
Fresno	225,803	83,563	37.01%	-0.51%
Glenn	6,040	529	8.76%	-0.74%
Humboldt	19,771	625	3.16%	0.66%
Imperial	11,853	2,101	17.73%	-3.28%
Inyo	2,446	117	4.78%	1.89%
Kern	201,499	87,598	43.47%	0.89%
Kings	29,036	3,901	13.44%	-12.67%
Lake	12,370	640	5.17%	-3.57%
Lassen	3,402	158	4.64%	-5.88%
Los Angeles	1,526,457	703,820	46.11%	2.17%
Madera	35,535	12,158	34.21%	-1.26%
Marin	17,559	692	3.94%	-1.69%

²¹¹ Data Source: DHCS MIS/DSS Data Warehouse as of October 2019

²¹² Denominator: Three months continuous enrollment - Number of beneficiaries ages one through twenty enrolled in the Medi-Cal Program for at least three continuous months in the same dental plan during the measure year.

²¹³ Numerator: Three months continuously enrolled beneficiaries who received any preventive dental service (D1000 - D1999) in the identified year.

²¹⁴ * Suppression applied: The number of Alpine County beneficiaries is lower than 11.

County	Beneficiaries Ages One through Twenty with Continuous Eligibility in CY 2018²¹²	Eligible Beneficiaries Ages One through Twenty Who Received a Preventive Dental Service in CY 2018 Excluding SNC²¹³	Preventive Dental Services Utilization Rate of CY 2018 Excluding SNC	Change of Percentage Points from CY 2014 to CY 2018
Mariposa	1,773	143	8.07%	-5.05%
Mendocino	16,547	941	5.69%	-0.44%
Merced	67,311	20,964	31.14%	1.73%
Modoc	1,269	92	7.25%	-0.45%
Mono	1,579	33	2.09%	0.43%
Monterey	90,476	36,085	39.88%	-9.34%
Napa	14,820	4,025	27.16%	3.21%
Nevada	9,853	984	9.99%	4.20%
Orange	371,994	173,400	46.61%	-1.24%
Placer	27,540	8,757	31.80%	4.73%
Plumas	2,417	129	5.34%	1.86%
Riverside	401,005	151,459	37.77%	-0.49%
Sacramento	249,330	81,106	32.53%	6.51%
San Benito	4,648	1,211	26.05%	-1.55%
San Bernardino	407,255	166,747	40.94%	-0.92%
San Diego	337,660	108,777	32.21%	-1.19%
San Francisco	54,727	18,230	33.31%	-0.41%
San Joaquin	138,752	50,213	36.19%	0.04%
San Luis Obispo	25,468	9,839	38.63%	5.40%
San Mateo	55,560	18,326	32.98%	-2.65%
Santa Barbara	71,409	27,028	37.85%	3.24%
Santa Clara	154,602	56,298	36.41%	-4.52%
Santa Cruz	31,195	7,361	23.60%	-5.64%
Shasta	25,410	3,139	12.35%	0.85%
Sierra	267	**215	**	**
Siskiyou	7,205	333	4.62%	-1.91%
Solano	50,806	14,190	27.93%	4.11%
Sonoma	52,946	9,882	18.66%	-7.52%
Stanislaus	108,955	39,563	36.31%	2.80%

²¹⁵ ** Suppression applied: The number of Sierra County beneficiaries is the second lowest number of all counties and is therefore suppressed as complementary cells for Alpine County.

County	Beneficiaries Ages One through Twenty with Continuous Eligibility in CY 2018 ²¹²	Eligible Beneficiaries Ages One through Twenty Who Received a Preventive Dental Service in CY 2018 Excluding SNC ²¹³	Preventive Dental Services Utilization Rate of CY 2018 Excluding SNC	Change of Percentage Points from CY 2014 to CY 2018
Sutter	18,372	9,139	49.74%	8.76%
Tehama	12,424	577	4.64%	-0.94%
Trinity	1,754	213	12.14%	1.24%
Tulare	122,552	41,995	34.27%	-0.63%
Tuolumne	3,173	365	11.50%	-2.23%
Ventura	104,433	46,133	44.17%	5.53%
Yolo	24,955	7,086	28.40%	4.19%
Yuba	11,045	4,199	38.02%	9.79%
Statewide Total²¹⁶	5,507,178	2,103,075	38.19%	0.36%

Utilization of Preventive Dental Services by County

²¹⁶ The reporting period of this report (CY) is different from the reporting period of the CMS 416 report (FFY).

Appendix 2: Domain 1 Utilization of Preventive Dental Services by County in PY 3 Including SNCs²¹⁷

County	Beneficiaries Ages One through Twenty with Continuous Eligibility in CY 2018²¹⁸	Eligible Beneficiaries Ages One through Twenty Who Received a Preventive Dental Service in CY 2018 Including SNC²¹⁹	Preventive Dental Services Utilization Rate of CY 2018 Including SNC	Change of Percentage Points from CY 2014 to CY 2018
Alameda	157,982	68,910	43.62%	15.28%
Alpine	133	33	24.81%	21.56%
Amador	3,376	1,215	35.99%	18.28%
Butte	31,185	12,565	40.29%	20.81%
Calaveras	4,631	1,494	32.26%	14.39%
Colusa	5,050	2,896	57.35%	30.02%
Contra Costa	111,253	42,375	38.09%	11.33%
Del Norte	4,818	1,557	32.32%	29.64%
El Dorado	15,492	6,730	43.44%	15.04%
Fresno	225,803	99,093	43.88%	6.37%
Glenn	6,040	3,159	52.30%	42.81%
Humboldt	19,771	6,413	32.44%	29.94%
Imperial	11,853	3,084	26.02%	5.01%
Inyo	2,446	1,046	42.76%	39.87%
Kern	201,499	95,187	47.24%	4.66%
Kings	29,036	12,768	43.97%	17.86%
Lake	12,370	4,998	40.40%	31.66%
Lassen	3,402	1,238	36.39%	25.87%
Los Angeles	1,526,457	745,993	48.87%	4.94%
Madera	35,535	19,663	55.33%	19.86%
Marin	17,559	10,635	60.57%	54.94%
Mariposa	1,773	424	23.91%	10.80%

²¹⁷ Data Source: DHCS MIS/DSS Data Warehouse as of October 2019

²¹⁸ Denominator: Three months continuous enrollment - Number of beneficiaries ages one through twenty enrolled in the Medi-Cal Program for at least three continuous months in the same dental plan during the measure year.

²¹⁹ Numerator: Three months continuously enrolled beneficiaries who received any preventive dental service (D1000 - D1999 (CY 2014 and CY 2017) and SNC dental encounter with ICD 10 codes: K023 K0251 K0261 K036 K0500 K0501 K051 K0510 K0511 Z012 Z0120 Z0121 Z293 Z299 Z98810 (CY 2017 only)).

County	Beneficiaries Ages One through Twenty with Continuous Eligibility in CY 2018²¹⁸	Eligible Beneficiaries Ages One through Twenty Who Received a Preventive Dental Service in CY 2018 Including SNC²¹⁹	Preventive Dental Services Utilization Rate of CY 2018 Including SNC	Change of Percentage Points from CY 2014 to CY 2018
Mendocino	16,547	6,859	41.45%	35.32%
Merced	67,311	27,789	41.28%	11.87%
Modoc	1,269	226	17.81%	10.11%
Mono	1,579	875	55.41%	53.75%
Monterey	90,476	46,917	51.86%	2.63%
Napa	14,820	7,140	48.18%	24.23%
Nevada	9,853	3,504	35.56%	29.78%
Orange	371,994	189,165	50.85%	3.00%
Placer	27,540	10,183	36.98%	9.91%
Plumas	2,417	861	35.62%	32.15%
Riverside	401,005	172,520	43.02%	4.76%
Sacramento	249,330	82,235	32.98%	6.96%
San Benito	4,648	2,033	43.74%	16.14%
San Bernardino	407,255	178,673	43.87%	2.01%
San Diego	337,660	163,155	48.32%	14.92%
San Francisco	54,727	27,891	50.96%	17.24%
San Joaquin	138,752	53,474	38.54%	2.39%
San Luis Obispo	25,468	12,442	48.85%	15.62%
San Mateo	55,560	25,095	45.17%	9.54%
Santa Barbara	71,409	36,948	51.74%	17.13%
Santa Clara	154,602	71,458	46.22%	5.29%
Santa Cruz	31,195	16,737	53.65%	24.42%
Shasta	25,410	8,799	34.63%	23.12%
Sierra	267	74	27.72%	24.61%
Siskiyou	7,205	2,282	31.67%	25.14%
Solano	50,806	19,298	37.98%	14.17%
Sonoma	52,946	26,267	49.61%	23.42%
Stanislaus	108,955	46,236	42.44%	8.92%
Sutter	18,372	9,847	53.60%	12.61%
Tehama	12,424	6,168	49.65%	44.06%
Trinity	1,754	376	21.44%	10.53%
Tulare	122,552	56,088	45.77%	10.87%

County	Beneficiaries Ages One through Twenty with Continuous Eligibility in CY 2018²¹⁸	Eligible Beneficiaries Ages One through Twenty Who Received a Preventive Dental Service in CY 2018 Including SNC²¹⁹	Preventive Dental Services Utilization Rate of CY 2018 Including SNC	Change of Percentage Points from CY 2014 to CY 2018
Tuolumne	3,173	1,144	36.05%	22.33%
Ventura	104,433	56,352	53.96%	15.32%
Yolo	24,955	11,411	45.73%	21.52%
Yuba	11,045	5,149	46.62%	18.40%
Statewide Total²²⁰	5,507,178	2,527,147	45.89%	8.06%

Utilization of Preventive Dental Services by County

²²⁰ The reporting period of this report (CY) is different from the reporting period of the CMS 416 report (FFY).

Appendix 3: Domain 1 Utilization of Preventive Dental Services by County in CY 2014 Baseline Year²²¹

County	Beneficiaries Ages One through Twenty with Continuous Eligibility in CY 2014 Baseline Year²²²	Eligible Beneficiaries Ages One through Twenty Who Received a Preventive Dental Service in CY 2014 Baseline Year²²³	Preventive Dental Services Utilization Rate of CY 2014 Baseline Year
Alameda	151,507	42,936	28.34%
Alpine	123	* ²²⁴	*
Amador	2,993	530	17.71%
Butte	29,537	5,755	19.48%
Calaveras	4,432	792	17.87%
Colusa	4,597	1,256	27.32%
Contra Costa	102,550	27,438	26.76%
Del Norte	4,556	122	2.68%
El Dorado	14,434	4,100	28.41%
Fresno	211,282	79,258	37.51%
Glenn	5,540	526	9.49%
Humboldt	17,884	447	2.50%
Imperial	16,289	3,422	21.01%
Inyo	2,210	64	2.90%
Kern	178,394	75,965	42.58%
Kings	26,110	6,817	26.11%
Lake	10,728	938	8.74%
Lassen	2,984	314	10.52%
Los Angeles	1,516,424	666,213	43.93%
Madera	32,596	11,562	35.47%
Marin	15,058	848	5.63%
Mariposa	1,693	222	13.11%
Mendocino	15,127	927	6.13%
Merced	61,642	18,133	29.42%
Modoc	1,169	90	7.70%

²²¹ Data Source: DHCS MIS/DSS Data Warehouse as of October 2019

²²² Denominator: Three months continuous enrollment - Number of beneficiaries ages one through twenty enrolled in the Medi-Cal Program for at least three continuous months in the same dental plan during the measure year.

²²³ Numerator: Three months continuously enrolled beneficiaries who received any preventive dental service (D1000 - D1999).

²²⁴ * Suppression applied: The number of Alpine County beneficiaries is lower than 11.

County	Beneficiaries Ages One through Twenty with Continuous Eligibility in CY 2014 Baseline Year²²²	Eligible Beneficiaries Ages One through Twenty Who Received a Preventive Dental Service in CY 2014 Baseline Year²²³	Preventive Dental Services Utilization Rate of CY 2014 Baseline Year
Mono	1,502	25	1.66%
Monterey	79,546	39,159	49.23%
Napa	14,124	3,383	23.95%
Nevada	9,097	526	5.78%
Orange	369,099	176,636	47.86%
Placer	25,886	7,006	27.06%
Plumas	1,986	69	3.47%
Riverside	370,824	141,883	38.26%
Sacramento	220,453	57,361	26.02%
San Benito	4,561	1,259	27.60%
San Bernardino	389,348	162,996	41.86%
San Diego	325,004	108,554	33.40%
San Francisco	55,930	18,860	33.72%
San Joaquin	130,492	47,170	36.15%
San Luis Obispo	25,219	8,380	33.23%
San Mateo	54,381	19,377	35.63%
Santa Barbara	62,473	21,621	34.61%
Santa Clara	166,168	68,017	40.93%
Santa Cruz	31,495	9,207	29.23%
Shasta	24,979	2,874	11.51%
Sierra	258	**225	**
Siskiyou	6,383	417	6.53%
Solano	47,190	11,240	23.82%
Sonoma	51,630	13,521	26.19%
Stanislaus	97,366	32,629	33.51%
Sutter	17,215	7,056	40.99%
Tehama	11,584	647	5.59%
Trinity	1,651	180	10.90%
Tulare	116,412	40,624	34.90%
Tuolumne	3,285	451	13.73%
Ventura	101,469	39,212	38.64%

²²⁵ ** Suppression applied: The number of Sierra County beneficiaries is the second lowest number of all counties and is therefore suppressed as a complementary cell for Alpine County.

County	Beneficiaries Ages One through Twenty with Continuous Eligibility in CY 2014 Baseline Year²²²	Eligible Beneficiaries Ages One through Twenty Who Received a Preventive Dental Service in CY 2014 Baseline Year²²³	Preventive Dental Services Utilization Rate of CY 2014 Baseline Year
Yolo	22,787	5,516	24.21%
Yuba	9,379	2,647	28.22%
Statewide Total²²⁶	5,279,035	1,997,190	37.83%

Utilization of Preventive Dental Services by County

²²⁶ The reporting period of this report (CY) is different from the reporting period of the CMS 416 report (FFY).

Appendix 4: ICD 10 CODES FOR DENTAL SERVICES

List A: Dental Treatment Services

K0262 K029 K0252 K0532 K0263 K0530 Z463 K047 K040 K0253 K0381 Z98811 K041
K056 K0531 K027 K083 K045 K08531 K0850 K0520 K044 K0521 K0490 K046 Z4802
K099 K0851 K05322 K05329 K08530 K0522 K05321 Z48814 K055 K054 Z464 R52
K08539 Z972 K042 Z515 K0859 K0401 K05323 Z449 K05311 K05312 K05313 K05211
M2759 K0852 M2751 K05319 Z4889 G8918 K0856 K05212 K05213 K05221 K048
G8911 K05219 M2753 K05222 K05229 G8928 K05223 E11630 Z481 E10630 K025
K052

List B: Dental Exam Services

A690 B002 B370 B379 C009 C029 C050 C058 C059 C060 C061 C069 C07 C080 C099
C12 C148 C300 C310 D040 D100 D101 D102 D1030 D1039 D110 D164 D165 D230
D2330 D3709 F458 G4763 G500 G501 G508 G509 G510 G519 G8921 G8929 J0100
J320 K000 K001 K002 K003 K004 K005 K006 K007 K008 K009 K010 K011 K033 K034
K035 K037 K0389 K039 K043 K0499 K060 K061 K062 K063 K068 K069 K080 K081
K08101 K08102 K08103 K08104 K08109 K08111 K08112 K08113 K08114 K08119
K08121 K08122 K08123 K08124 K08129 K08131 K08132 K08133 K08134 K08139
K08191 K08192 K08193 K08194 K08199 K0820 K0821 K0822 K0823 K0824 K0825
K0826 K08401 K08402 K08403 K08404 K08409 K08411 K08412 K08413 K08414
K08419 K08421 K08422 K08423 K08424 K08429 K0843 K08431 K08432 K08433
K08434 K08439 K08491 K08492 K08493 K08494 K08499 K085 K0853 K0855 K088
K0881 K0882 K0889 K090 K091 K098 K111 K1120 K113 K115 K116 K117 K118 K120
K121 K122 K1230 K1232 K1239 K130 K131 K1321 K1329 K134 K135 K136 K1370
K1379 K140 K141 K143 K145 K146 K148 K149 L0291 L03211 L0390 M2602 M2603
M2607 M2609 M2610 M2612 M2619 M26219 M26220 M26221 M2624 M2629 M2630
M2631 M2633 M2635 M2636 M2637 M2639 M2650 M2651 M2652 M2653 M2655
M2657 M2659 M26601 M26602 M26603 M26609 M2661 M26621 M26623 M2670
M2671 M2672 M2674 M2679 M2682 M2689 M269 M270 M272 M273 M2740 M2749
M2752 M2761 M2762 M2763 M2769 M278 M279 M792 M87180 M879 Q351 Q359
Q360 Q369 Q371 Q374 Q375 Q379 Q380 Q381 Q385 Q386 R196 R682 S00511A
S00512A S00531A S01501A S01502A S01502D S01511A S01512A S020XXA
S02113D S022XXA S02401A S02401D S02402A S02402D S02411A S02411D
S02412D S0242XA S0242XD S025XXA S025XXB S025XXD S025XXG S025XXK
S025XXS S02600A S02600B S02600D S02609A S02609B S02609D S02609G
S02609K S02609S S0261XA S0261XD S0262XA S0264XD S02650A S0265XA
S0265XD S0265XG S0265XS S0266XA S0266XD S0266XS S0267XA S0267XD
S0269XA S0269XB S0269XD S028XXD S0292XA S0292XD S030XXA S030XXD
S032XXA S032XXD S032XXS S098XXA S0990XA S0993XA S0993XD S0993XS
T180XXA T8584XA V689 Z0000 Z00121 Z00129 Z008 Z012 Z0120 Z0121 Z0130
Z0131 Z01818 Z0189 Z0289 Z029 Z043 Z049 Z08 Z1281 Z1832 Z392 Z965

Appendix 5: Domain 2 Number of, and Percentage Change in Preventive Dental Services for New CRA Beneficiaries and Control Group in PY 3 by Age Group²²⁷

County	Groups	Age ²²⁸	2017 ²²⁹	2018 ²³⁰	% Diff ²³¹
Sacramento	Control Group ²³²	0-2	323	772	139%
Sacramento	Control Group	3-4	4,026	5,411	34%
Sacramento	Control Group	5-6	8,309	11,570	39%
Sacramento	Control Group	0-6	12,658	17,753	40%
Sacramento	Low Risk ²³³	0-2	212	3,003	1317%
Sacramento	Low Risk	3-4	766	3,556	364%
Sacramento	Low Risk	5-6	1,176	3,597	206%
Sacramento	Low Risk	0-6	2,154	10,156	371%
Sacramento	Moderate Risk ²³⁴	0-2	267	3,107	1064%
Sacramento	Moderate Risk	3-4	716	3,783	428%
Sacramento	Moderate Risk	5-6	1,038	3,860	272%
Sacramento	Moderate Risk	0-6	2,021	10,750	432%
Sacramento	High Risk ²³⁵	0-2	599	4,819	705%
Sacramento	High Risk	3-4	3,243	13,179	306%
Sacramento	High Risk	5-6	3,921	14,040	258%
Sacramento	High Risk	0-6	7,763	32,038	313%
Tulare	Control Group	0-2	208	451	117%
Tulare	Control Group	3-4	1,696	2,139	26%
Tulare	Control Group	5-6	4,102	6,385	56%
Tulare	Control Group	0-6	6,006	8,975	49%
Tulare	Low Risk	0-2	40	980	2350%
Tulare	Low Risk	3-4	162	743	359%

²²⁷ Data Source: DHCS MIS/DSS Data Warehouse as of October 2019

²²⁸ Beneficiary age at DOS. Duplicates occurred when a beneficiary received approved CRAs for more than one risk level or when a beneficiary's age changed between age groups within the measurement year.

²²⁹ Number of preventive dental services or ICD10 preventive dental procedures at SNCs received in CY 2017 (Baseline Year for beneficiaries who received CRA first time in CY 2018).

²³⁰ Number of preventive dental services or ICD10 preventive dental procedures at SNCs received in CY 2018.

²³¹ Percentage increase/decrease of preventive dental services between CY 2017 and CY 2018.

²³² Beneficiaries with at least one restorative dental service (D2000-D2999) or ICD10 restorative procedure (K0262 K029 K0252 K0263 K0253 K0381 Z98811 K027 K08531 K0850 K0851 K08530 K08539 K0859 K0852 K0856 K025) at SNCs in CY 2018 that did not receive an approved CRA.

²³³ Beneficiaries that received an approved CRA with a low risk (D0601) for the first time in CY 2018.

²³⁴ Beneficiaries that received an approved CRA with a moderate risk (D0602) for the first time in CY 2018.

²³⁵ Beneficiaries that received an approved CRA with a high risk (D0603) for the first time in CY 2018.

County	Groups	Age ²²⁸	2017 ²²⁹	2018 ²³⁰	% Diff ²³¹
Tulare	Low Risk	5-6	186	517	178%
Tulare	Low Risk	0-6	388	2,240	477%
Tulare	Moderate Risk	0-2	210	3,915	1764%
Tulare	Moderate Risk	3-4	325	1,818	459%
Tulare	Moderate Risk	5-6	161	739	359%
Tulare	Moderate Risk	0-6	696	6,472	830%
Tulare	High Risk	0-2	561	5,269	839%
Tulare	High Risk	3-4	2,226	12,088	443%
Tulare	High Risk	5-6	2,302	9,055	293%
Tulare	High Risk	0-6	5,089	26,412	419%
Other Counties	Control Group	0-2	222	515	132%
Other Counties	Control Group	3-4	707	1,026	45%
Other Counties	Control Group	5-6	426	730	71%
Other Counties	Control Group	0-6	1,355	2,271	68%
Other Counties	Low Risk	0-2	38	151	297%
Other Counties	Low Risk	3-4	59	107	81%
Other Counties	Low Risk	5-6	105	141	34%
Other Counties	Low Risk	0-6	202	399	98%
Other Counties	Moderate Risk	0-2	256	587	129%
Other Counties	Moderate Risk	3-4	317	286	-10%
Other Counties	Moderate Risk	5-6	350	260	-26%
Other Counties	Moderate Risk	0-6	923	1,133	23%
Other Counties	High Risk	0-2	103	246	139%
Other Counties	High Risk	3-4	505	583	15%
Other Counties	High Risk	5-6	611	658	8%
Other Counties	High Risk	0-6	1,219	1,487	22%

Figure 10

Appendix 6: Domain 2 Number of, and Percentage Change in Restorative Dental Services for New CRA Beneficiaries and Control Group in PY 3 by Age Group²³⁶

County	Groups	Age ²³⁷	2017 ²³⁸	2018 ²³⁹	% Diff ²⁴⁰
Sacramento	Control Group ²⁴¹	0-2	57	1,369	2302%
Sacramento	Control Group	3-4	1,872	10,313	451%
Sacramento	Control Group	5-6	4,315	12,386	187%
Sacramento	Control Group	0-6	6,244	24,068	285%
Sacramento	Low Risk ²⁴²	0-2	* ²⁴³	107	*
Sacramento	Low Risk	3-4	** ²⁴⁴	350	**
Sacramento	Low Risk	5-6	403	400	-1%
Sacramento	Low Risk	0-6	644	857	33%
Sacramento	Moderate Risk ²⁴⁵	0-2	0	390	0%
Sacramento	Moderate Risk	3-4	203	1,206	494%
Sacramento	Moderate Risk	5-6	572	1,039	82%
Sacramento	Moderate Risk	0-6	775	2,635	240%
Sacramento	High Risk ²⁴⁶	0-2	94	2,500	2560%
Sacramento	High Risk	3-4	1,338	10,775	705%
Sacramento	High Risk	5-6	2,324	8,324	258%
Sacramento	High Risk	0-6	3,756	21,599	475%
Tulare	Control Group	0-2	119	1,494	1155%
Tulare	Control Group	3-4	1,106	6,945	528%
Tulare	Control Group	5-6	2,189	9,084	315%
Tulare	Control Group	0-6	3,414	17,523	413%

²³⁶ Data Source: DHCS MIS/DSS Data Warehouse as of October 2019.

²³⁷ Beneficiary age at DOS. Duplicates occurred when a beneficiary had more than one approved CRA or when a beneficiary's age changed between age groups within the measurement year.

²³⁸ Number of restorative dental services or ICD10 restorative procedures at SNCs received in CY 2017 (Baseline Year for beneficiaries who received CRA first time in CY 2018).

²³⁹ Number of restorative dental services or ICD10 restorative procedures at SNCs received in CY 2018.

²⁴⁰ Percentage increase/decrease of preventive dental services between CY 2017 and CY 2018.

²⁴¹ Beneficiaries with at least one restorative dental service (D2000-D2999) or ICD10 restorative procedure (K0262 K029 K0252 K0263 K0253 K0381 Z98811 K027 K08531 K0850 K0851 K08530 K08539 K0859 K0852 K0856 K025) at SNCs in CY 2018 that did not receive an approved CRA.

²⁴² Beneficiaries that received an approved CRA with a low risk (D0601) for the first time in CY 2018.

²⁴³ * Suppression applied: The numbers of beneficiaries are lower than 11.

²⁴⁴ ** Suppression applied: The second lowest number of beneficiaries in the same county and risk level of each suppressed cell as complementary suppression for suppressed cells (*).

²⁴⁵ Beneficiaries that received an approved CRA with a moderate risk (D0602) for the first time in CY 2018.

²⁴⁶ Beneficiaries that received an approved CRA with a high risk (D0603) for the first time in CY 2018.

County	Groups	Age ²³⁷	2017 ²³⁸	2018 ²³⁹	% Diff ²⁴⁰
Tulare	Low Risk	0-2	0	25	0%
Tulare	Low Risk	3-4	88	69	-22%
Tulare	Low Risk	5-6	76	89	17%
Tulare	Low Risk	0-6	164	183	12%
Tulare	Moderate Risk	0-2	*	42	*
Tulare	Moderate Risk	3-4	**	147	**
Tulare	Moderate Risk	5-6	153	134	-12%
Tulare	Moderate Risk	0-6	294	323	10%
Tulare	High Risk	0-2	111	3,190	2774%
Tulare	High Risk	3-4	1,373	11,788	759%
Tulare	High Risk	5-6	1,565	7,965	409%
Tulare	High Risk	0-6	3,049	22,943	652%
Other Counties	Control Group	0-2	116	959	727%
Other Counties	Control Group	3-4	673	2,946	338%
Other Counties	Control Group	5-6	372	1,184	218%
Other Counties	Control Group	0-6	1,161	5,089	338%
Other Counties	Low Risk	0-2	15	71	373%
Other Counties	Low Risk	3-4	51	48	-6%
Other Counties	Low Risk	5-6	69	32	-54%
Other Counties	Low Risk	0-6	135	151	12%
Other Counties	Moderate Risk	0-2	97	484	399%
Other Counties	Moderate Risk	3-4	153	117	-24%
Other Counties	Moderate Risk	5-6	225	82	-64%
Other Counties	Moderate Risk	0-6	475	683	44%
Other Counties	High Risk	0-2	107	319	198%
Other Counties	High Risk	3-4	699	950	36%
Other Counties	High Risk	5-6	812	840	3%
Other Counties	High Risk	0-6	1,618	2,109	30%

Figure 11

Appendix 7: Domain 2 Number of, and Percentage Change in Dental Exams for New CRA Beneficiaries and Control Group in PY 3 by Age Group²⁴⁷

County	Groups	Age ²⁴⁸	2017 ²⁴⁹	2018 ²⁵⁰	% Diff ²⁵¹
Sacramento	Control Group ²⁵²	0-2	222	302	36%
Sacramento	Control Group	3-4	2,017	2,266	12%
Sacramento	Control Group	5-6	3,481	3,704	6%
Sacramento	Control Group	0-6	5,720	6,272	10%
Sacramento	Low Risk ²⁵³	0-2	144	1,157	703%
Sacramento	Low Risk	3-4	423	1,133	168%
Sacramento	Low Risk	5-6	468	965	106%
Sacramento	Low Risk	0-6	1,035	3,255	214%
Sacramento	Moderate Risk ²⁵⁴	0-2	164	1,219	643%
Sacramento	Moderate Risk	3-4	366	1,247	241%
Sacramento	Moderate Risk	5-6	434	1,054	143%
Sacramento	Moderate Risk	0-6	964	3,520	265%
Sacramento	High Risk ²⁵⁵	0-2	417	1,719	312%
Sacramento	High Risk	3-4	1,852	4,358	135%
Sacramento	High Risk	5-6	1,864	3,915	110%
Sacramento	High Risk	0-6	4,133	9,992	142%
Tulare	Control Group	0-2	154	252	64%
Tulare	Control Group	3-4	1,096	1,307	19%
Tulare	Control Group	5-6	2,055	2,618	27%
Tulare	Control Group	0-6	3,305	4,177	26%
Tulare	Low Risk	0-2	29	348	1100%
Tulare	Low Risk	3-4	92	226	146%
Tulare	Low Risk	5-6	90	165	83%
Tulare	Low Risk	0-6	211	739	250%
Tulare	Moderate Risk	0-2	131	1,241	847%

²⁴⁷ Data Source: DHCS MIS/DSS Data Warehouse as of October 2019

²⁴⁸ Beneficiary age at DOS. Duplicates occurred when a beneficiary had more than one approved CRA or when a beneficiary's age changed between age groups within the measurement year.

²⁴⁹ Number of dental exams or ICD10 dental exam procedures at SNCs received in CY 2017 (Baseline Year for beneficiaries who received CRA for the first time in CY 2018).

²⁵⁰ Number of dental exams or ICD10 dental exam procedures at SNCs received in CY 2018.

²⁵¹ Percentage increase/decrease of dental exams between CY 2017 and CY 2018.

²⁵² Beneficiaries with at least one restorative dental service (D2000-D2999) or ICD10 restorative procedure (K0262 K029 K0252 K0263 K0253 K0381 Z98811 K027 K08531 K0850 K0851 K08530 K08539 K0859 K0852 K0856 K025) at SNCs in CY 2018 that did not receive an approved CRA.

²⁵³ Beneficiaries that received an approved CRA with a low risk (D0601) for the first time in CY 2018.

²⁵⁴ Beneficiaries that received an approved CRA with a moderate risk (D0602) for the first time in CY 2018.

²⁵⁵ Beneficiaries that received an approved CRA with a high risk (D0603) for the first time in CY 2018.

County	Groups	Age ²⁴⁸	2017 ²⁴⁹	2018 ²⁵⁰	% Diff ²⁵¹
Tulare	Moderate Risk	3-4	164	442	170%
Tulare	Moderate Risk	5-6	83	221	166%
Tulare	Moderate Risk	0-6	378	1,904	404%
Tulare	High Risk	0-2	441	2,039	362%
Tulare	High Risk	3-4	1,396	4,059	191%
Tulare	High Risk	5-6	1,293	2,987	131%
Tulare	High Risk	0-6	3,130	9,085	190%
Other Counties	Control Group	0-2	205	413	101%
Other Counties	Control Group	3-4	608	840	38%
Other Counties	Control Group	5-6	347	440	27%
Other Counties	Control Group	0-6	1,160	1,693	46%
Other Counties	Low Risk	0-2	13	48	269%
Other Counties	Low Risk	3-4	31	36	16%
Other Counties	Low Risk	5-6	54	56	4%
Other Counties	Low Risk	0-6	98	140	43%
Other Counties	Moderate Risk	0-2	47	72	53%
Other Counties	Moderate Risk	3-4	100	66	-34%
Other Counties	Moderate Risk	5-6	145	64	-56%
Other Counties	Moderate Risk	0-6	292	202	-31%
Other Counties	High Risk	0-2	73	38	-48%
Other Counties	High Risk	3-4	227	138	-39%
Other Counties	High Risk	5-6	403	250	-38%
Other Counties	High Risk	0-6	703	426	-39%

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Figure 13

Appendix 8: Domain 2 Number of, and Percentage Change in Dental Treatment Services for New CRA Beneficiaries and Control Group in PY 3 by Age Group²⁵⁶

County	Groups	Age ²⁵⁷	2017 ²⁵⁸	2018 ²⁵⁹	% Diff ²⁶⁰
Sacramento	Control Group ²⁶¹	0-2	165	2,491	1410%
Sacramento	Control Group	3-4	3,714	17,578	373%
Sacramento	Control Group	5-6	7,877	21,796	177%
Sacramento	Control Group	0-6	11,756	41,865	256%
Sacramento	Low Risk ²⁶²	0-2	18	1,229	6728%
Sacramento	Low Risk	3-4	362	1,591	340%
Sacramento	Low Risk	5-6	688	1,502	118%
Sacramento	Low Risk	0-6	1,068	4,322	305%
Sacramento	Moderate Risk ²⁶³	0-2	17	1,761	10259%
Sacramento	Moderate Risk	3-4	354	3,144	788%
Sacramento	Moderate Risk	5-6	947	2,760	191%
Sacramento	Moderate Risk	0-6	1,318	7,665	482%
Sacramento	High Risk ²⁶⁴	0-2	187	6,192	3211%
Sacramento	High Risk	3-4	2,421	24,017	892%
Sacramento	High Risk	5-6	4,178	20,299	386%
Sacramento	High Risk	0-6	6,786	50,508	644%
Tulare	Control Group	0-2	176	2,835	1511%
Tulare	Control Group	3-4	1,757	12,108	589%
Tulare	Control Group	5-6	3,740	16,625	345%
Tulare	Control Group	0-6	5,673	31,568	456%
Tulare	Low Risk	0-2	0	389	0%
Tulare	Low Risk	3-4	122	360	195%
Tulare	Low Risk	5-6	101	262	159%
Tulare	Low Risk	0-6	223	1,011	353%

²⁵⁶ Data Source: DHCS MIS/DSS Data Warehouse as of October 2019

²⁵⁷ Beneficiary age at DOS. Duplicates occurred when a beneficiary had more than one approved CRA or when a beneficiary's age changed between age groups within the measurement year.

²⁵⁸ Number of dental treatment services or ICD10 dental treatment procedures at SNCs received in CY 2017 (Baseline Year for beneficiaries who received CRA for the first time in CY 2018).

²⁵⁹ Number of dental treatment services or ICD10 dental treatment procedures at SNCs received in CY 2018.

²⁶⁰ Percentage increase/decrease of dental treatment services between CY 2017 and CY 2018.

²⁶¹ Beneficiaries with at least one restorative dental service (D2000-D2999) or ICD10 restorative procedure (K0262 K029 K0252 K0263 K0253 K0381 Z98811 K027 K08531 K0850 K0851 K08530 K08539 K0859 K0852 K0856 K025) at SNCs in CY 2018 that did not receive an approved CRA.

²⁶² Beneficiaries that received an approved CRA with a low risk (D0601) for the first time in CY 2018.

²⁶³ Beneficiaries that received an approved CRA with a moderate risk (D0602) for the first time in CY 2018.

²⁶⁴ Beneficiaries that received an approved CRA with a high risk (D0603) for the first time in CY 2018.

County	Groups	Age ²⁵⁷	2017 ²⁵⁸	2018 ²⁵⁹	% Diff ²⁶⁰
Tulare	Moderate Risk	0-2	* ²⁶⁵	1,377	*
Tulare	Moderate Risk	3-4	232	826	256%
Tulare	Moderate Risk	5-6	** ²⁶⁶	471	**
Tulare	Moderate Risk	0-6	462	2,674	479%
Tulare	High Risk	0-2	154	6,886	4371%
Tulare	High Risk	3-4	1,997	22,211	1012%
Tulare	High Risk	5-6	2,220	15,798	612%
Tulare	High Risk	0-6	4,371	44,895	927%
Other Counties	Control Group	0-2	167	1,572	841%
Other Counties	Control Group	3-4	941	4,511	379%
Other Counties	Control Group	5-6	526	2,121	303%
Other Counties	Control Group	0-6	1,634	8,204	402%
Other Counties	Low Risk	0-2	15	92	513%
Other Counties	Low Risk	3-4	68	78	15%
Other Counties	Low Risk	5-6	99	61	-38%
Other Counties	Low Risk	0-6	182	231	27%
Other Counties	Moderate Risk	0-2	97	495	410%
Other Counties	Moderate Risk	3-4	166	131	-21%
Other Counties	Moderate Risk	5-6	258	109	-58%
Other Counties	Moderate Risk	0-6	521	735	41%
Other Counties	High Risk	0-2	128	355	177%
Other Counties	High Risk	3-4	788	1,196	52%
Other Counties	High Risk	5-6	944	1,040	10%
Other Counties	High Risk	0-6	1,860	2,591	39%

Figure 14

²⁶⁵ * Suppression applied: The number of beneficiaries are lower than 11.

²⁶⁶ ** Suppression applied: The second lowest number of beneficiaries in the same county and risk level of each suppressed cell as complementary suppression for suppressed cells (*).

Appendix 9: Domain 2 Number of, and Percentage Change in Preventive Dental Services for Returning CRA Beneficiaries in PY 3²⁶⁷

County	Groups	Age²⁶⁸	2017²⁶⁹	2018²⁷⁰	% Diff²⁷¹
Sacramento	Low Risk ²⁷²	0-2	909	1,177	29%
Sacramento	Low Risk	3-4	1,687	1,890	12%
Sacramento	Low Risk	5-6	1,094	1,293	18%
Sacramento	Low Risk	0-6	3,690	4,360	18%
Sacramento	Moderate Risk ²⁷³	0-2	1,109	1,625	47%
Sacramento	Moderate Risk	3-4	1,954	2,353	20%
Sacramento	Moderate Risk	5-6	1,702	1,944	14%
Sacramento	Moderate Risk	0-6	4,765	5,922	24%
Sacramento	High Risk ²⁷⁴	0-2	1,542	2,199	43%
Sacramento	High Risk	3-4	4,658	5,935	27%
Sacramento	High Risk	5-6	3,661	4,446	21%
Sacramento	High Risk	0-6	9,861	12,580	28%
Tulare	Low Risk	0-2	1,065	1,233	16%
Tulare	Low Risk	3-4	1,059	1,188	12%
Tulare	Low Risk	5-6	264	290	10%
Tulare	Low Risk	0-6	2,388	2,711	14%
Tulare	Moderate Risk	0-2	2,112	2,674	27%
Tulare	Moderate Risk	3-4	1,953	2,282	17%
Tulare	Moderate Risk	5-6	403	385	-4%
Tulare	Moderate Risk	0-6	4,468	5,341	20%
Tulare	High Risk	0-2	4,393	5,443	24%
Tulare	High Risk	3-4	8,273	9,557	16%
Tulare	High Risk	5-6	2,343	2,281	-3%
Tulare	High Risk	0-6	15,009	17,281	15%

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Figure 19

²⁶⁷ Data Source: DHCS MIS/DSS Data Warehouse as of October 2019

²⁶⁸ Beneficiary age at DOS. Duplicates occurred when a beneficiary had more than one approved CRA or when a beneficiary's age changed between age groups within the measurement year.

²⁶⁹ Number of preventive dental services or ICD10 preventive dental procedures at SNCs received in CY 2017.

²⁷⁰ Number of preventive dental services or ICD10 preventive dental procedures at SNCs received in CY 2018.

²⁷¹ Percentage increase/decrease of preventive dental services between CY 2017 and CY 2018.

²⁷² Beneficiaries that received an approved CRA with a low risk (D0601) in CY 2018.

²⁷³ Beneficiaries that received an approved CRA with a moderate risk (D0602) in CY 2018.

²⁷⁴ Beneficiaries that received an approved CRA with a high risk (D0603) in CY 2018.

Appendix 10: Domain 2 Number of, and Percentage Change in Restorative Dental Services for Returning CRA Beneficiaries in PY 3²⁷⁵

County	Groups	Age ²⁷⁶	2017 ²⁷⁷	2018 ²⁷⁸	% Diff ²⁷⁹
Sacramento	Low Risk ²⁸⁰	0-2	62	128	106%
Sacramento	Low Risk	3-4	465	293	-37%
Sacramento	Low Risk	5-6	346	140	-60%
Sacramento	Low Risk	0-6	873	561	-36%
Sacramento	Moderate Risk ²⁸¹	0-2	143	278	94%
Sacramento	Moderate Risk	3-4	638	648	2%
Sacramento	Moderate Risk	5-6	498	314	-37%
Sacramento	Moderate Risk	0-6	1,279	1,240	-3%
Sacramento	High Risk ²⁸²	0-2	602	1,222	103%
Sacramento	High Risk	3-4	3,080	2,748	-11%
Sacramento	High Risk	5-6	1,714	1,468	-14%
Sacramento	High Risk	0-6	5,396	5,438	1%
Tulare	Low Risk	0-2	118	107	-9%
Tulare	Low Risk	3-4	309	98	-68%
Tulare	Low Risk	5-6	86	48	-44%
Tulare	Low Risk	0-6	513	253	-51%
Tulare	Moderate Risk	0-2	113	160	42%
Tulare	Moderate Risk	3-4	578	162	-72%
Tulare	Moderate Risk	5-6	76	46	-39%
Tulare	Moderate Risk	0-6	767	368	-52%
Tulare	High Risk	0-2	1,536	2,273	48%
Tulare	High Risk	3-4	4,545	3,913	-14%
Tulare	High Risk	5-6	1,375	850	-38%
Tulare	High Risk	0-6	7,456	7,036	-6%

Figure 20

²⁷⁵ Data Source: DHCS MIS/DSS Data Warehouse as of October 2019

²⁷⁶ Beneficiary age at DOS. Duplicates occurred when a beneficiary had more than one approved CRA or when a beneficiary's age changed between age groups within the measurement year.

²⁷⁷ Number of restorative dental services or ICD10 restorative procedures at SNCs received in CY 2017.

²⁷⁸ Number of restorative dental services or ICD10 restorative procedures at SNCs received in CY 2018.

²⁷⁹ Percentage increase/decrease of restorative dental services between CY 2017 and CY 2018.

²⁸⁰ Beneficiaries that received an approved CRA with a low risk (D0601) in CY 2018.

²⁸¹ Beneficiaries that received an approved CRA with a moderate risk (D0602) in CY 2018.

²⁸² Beneficiaries that received an approved CRA with a high risk (D0603) in CY 2018.

Appendix 11: Domain 2 Number of, and Percentage Change in Dental Exams for Returning CRA Beneficiaries in PY 3²⁸³

County	Groups	Age²⁸⁴	2017²⁸⁵	2018²⁸⁶	% Diff²⁸⁷
Sacramento	Low Risk ²⁸⁸	0-2	423	432	2%
Sacramento	Low Risk	3-4	589	583	-1%
Sacramento	Low Risk	5-6	335	335	0%
Sacramento	Low Risk	0-6	1,347	1,350	0%
Sacramento	Moderate Risk ²⁸⁹	0-2	511	565	11%
Sacramento	Moderate Risk	3-4	673	635	-6%
Sacramento	Moderate Risk	5-6	526	433	-18%
Sacramento	Moderate Risk	0-6	1,710	1,633	-5%
Sacramento	High Risk ²⁹⁰	0-2	661	685	4%
Sacramento	High Risk	3-4	1,691	1,437	-15%
Sacramento	High Risk	5-6	1,141	930	-18%
Sacramento	High Risk	0-6	3,493	3,052	-13%
Tulare	Low Risk	0-2	383	351	-8%
Tulare	Low Risk	3-4	331	296	-11%
Tulare	Low Risk	5-6	93	76	-18%
Tulare	Low Risk	0-6	807	723	-10%
Tulare	Moderate Risk	0-2	744	668	-10%
Tulare	Moderate Risk	3-4	555	428	-23%
Tulare	Moderate Risk	5-6	112	93	-17%
Tulare	Moderate Risk	0-6	1,411	1,189	-16%
Tulare	High Risk	0-2	1,652	1,354	-18%
Tulare	High Risk	3-4	2,535	1,985	-22%
Tulare	High Risk	5-6	791	516	-35%
Tulare	High Risk	0-6	4,978	3,855	-23%

Figure 22

²⁸³ Data Source: DHCS MIS/DSS Data Warehouse as of October 2019

²⁸⁴ Beneficiary age at DOS. Duplicates occurred when a beneficiary had more than one approved CRA or when a beneficiary's age changed between age groups within the measurement year.

²⁸⁵ Number of dental exams or ICD10 dental exam procedures at SNCs received in CY 2017.

²⁸⁶ Number of dental exams or ICD10 dental exam procedures at SNCs received in CY 2018.

²⁸⁷ Percentage increase/decrease of dental exams between CY 2017 and CY 2018.

²⁸⁸ Beneficiaries that received an approved CRA with a low risk (D0601) in CY 2018.

²⁸⁹ Beneficiaries that received an approved CRA with a moderate risk (D0602) in CY 2018.

²⁹⁰ Beneficiaries that received an approved CRA with a high risk (D0603) in CY 2018.

Appendix 12: Domain 2 Number of, and Percentage Change in Dental Treatments for Returning CRA Beneficiaries in PY 3²⁹¹

County	Groups	Age ²⁹²	2017 ²⁹³	2018 ²⁹⁴	% Diff ²⁹⁵
Sacramento	Low Risk ²⁹⁶	0-2	460	620	35%
Sacramento	Low Risk	3-4	1,334	1,036	-22%
Sacramento	Low Risk	5-6	935	590	-37%
Sacramento	Low Risk	0-6	2,729	2,246	-18%
Sacramento	Moderate Risk ²⁹⁷	0-2	623	1,009	62%
Sacramento	Moderate Risk	3-4	1,588	1,776	12%
Sacramento	Moderate Risk	5-6	1,309	1,052	-20%
Sacramento	Moderate Risk	0-6	3,520	3,837	9%
Sacramento	High Risk ²⁹⁸	0-2	1,573	2,782	77%
Sacramento	High Risk	3-4	6,635	6,926	4%
Sacramento	High Risk	5-6	3,915	3,969	1%
Sacramento	High Risk	0-6	12,123	13,677	13%
Tulare	Low Risk	0-2	540	561	4%
Tulare	Low Risk	3-4	776	552	-29%
Tulare	Low Risk	5-6	191	146	-24%
Tulare	Low Risk	0-6	1,507	1,259	-16%
Tulare	Moderate Risk	0-2	889	1,170	32%
Tulare	Moderate Risk	3-4	1,552	1,076	-31%
Tulare	Moderate Risk	5-6	241	197	-18%
Tulare	Moderate Risk	0-6	2,682	2,443	-9%
Tulare	High Risk	0-2	3,795	5,310	40%
Tulare	High Risk	3-4	9,466	9,213	-3%
Tulare	High Risk	5-6	2,789	2,113	-24%
Tulare	High Risk	0-6	16,050	16,636	4%

Figure 23

²⁹¹ Data Source: DHCS MIS/DSS Data Warehouse as of October 2019

²⁹² Beneficiary age at DOS. Duplicates occurred when a beneficiary had more than one approved CRA or when a beneficiary's age changed between age groups within the measurement year.

²⁹³ Number of dental treatments or ICD10 dental treatment procedures at SNCs received in CY 2017.

²⁹⁴ Number of dental treatments or ICD10 dental treatment procedures at SNCs received in CY 2018.

²⁹⁵ Percentage increase/decrease of dental treatments between CY 2017 and CY 2018.

²⁹⁶ Beneficiaries that received an approved CRA with a low risk (D0601) in CY 2018.

²⁹⁷ Beneficiaries that received an approved CRA with a moderate risk (D0602) in CY 2018.

²⁹⁸ Beneficiaries that received an approved CRA with a high risk (D0603) in CY 2018.