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


**Dental Transformation Initiative Final Annual Report**

**Section 1115(a) Waiver**

**Special Terms and Conditions 104-109**

**Reporting Period:**

Program Year 1 (01/01/2016 – 12/31/2016)

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## INTRODUCTION

The Dental Transformation Initiative (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 performance measures 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 program covers four domains. The first three domains are strategically designed to cover different areas/scopes of Medi-Cal dental services: 1) preventive services, 2) caries risk assessment (CRA) and management, and 3) continuity of care. Domain 4 addresses the aforementioned domains through local dental pilot programs (LDPPs). Implementation details for Domains 1 through 4 are described in Fact Sheets for each domain.

The Medi-Cal 2020 Waiver (Waiver) Special Terms and Conditions require the Department of Health Care Services (DHCS) to provide an annual report on DTI. DHCS is responsible for reporting on data and quality measures to the Centers for Medicare and Medicaid Services (CMS) on an annual basis in the demonstration annual report. A preliminary report is due to CMS only for internal review six months following the end of the applicable Program Year (PY), which is also the Calendar Year (CY). An updated report is due to CMS and published publicly 12 months following the end of the applicable PY. The periods for each DTI PY of the Waiver are:

- 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

Key goals for DTI are listed below:

- Domain 1: Increase the statewide utilization of preventive services for children by at least ten percentage points over five years.
- Domain 2: Decrease the CRA risk level, use of ER visits and use of General Anesthesia among CRA utilized children age six and under from the pilot counties by 20 percent compared to the control group – Medi-Cal beneficiaries with same age group, caries risk levels and counties of residency who do not receive CRA treatment.
- Domain 3: Increase continuity of care for targeted children under the age of 21 in

participating counties through regular examinations with their established dental provider, with a goal of at least a five-percentage point increase in continuity of care , as defined in the STCs, over the demonstration period.

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 1. The DTI Evaluation Design addresses the goals and hypotheses of the DTI Program in further detail. This evaluation design was approved by CMS on September 12, 2017 (Approval Letter).

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

*Key findings:*

Domain 1

- The preventive service utilization rate for children increased by 4.67 percentage points from CY 2014 to CY 2016. (*Figure 1)*
- The number of Medi-Cal dentists providing preventive dental services to at least ten children increased by 6.07 percent from CY 2014 to CY 2016. (*Figure 2)*
- DHCS provided a total of $24.19 million in Domain 1 incentive payments in January and July 2017. (*Figure 4)*

Domain 3

- From CY 2015 to CY 2016, across the 17 pilot counties, the percentage of children receiving continuity of care from the same service office location increased by 2.6 percentage points. (*Figure 7*)
- DHCS sent $9.5 million in Domain 3 incentive payments to 695 dental service office locations in 17 counties in June 2017. (*Figure 8*)

Domains 1 and 3

- DHCS observed two positive results in Domain 3 counties, beyond the performance measures identified above. First, from CY 2014 to CY 2016 utilization of preventive services increased 7.46 percent in Domain 3 counties, and 3.74 percent in non-Domain 3 counties. (*Figure 10)*
- Among the 17 counties in Domain 3, those counties with higher continuity of care between CY 2015 and CY 2016 also had higher utilization of preventive services in CY 2016. (*Figure 11*)

## DTI PROGRAM IMPLEMENTATION

For DTI program implementation, DHCS worked closely with its dental Fiscal Intermediary (FI) Delta Dental of California, our contracted Dental Managed Care (DMC) plans – Access, Health Net, and Liberty, Safety Net Clinics (SNCs), and various stakeholder groups to implement the domains across all dental delivery systems in the state.

### Program Awareness

DHCS collaborated with stakeholders to implement DTI and promote awareness of all four domains. DHCS applied the following approaches to elevate the awareness about DTI:

1) Host stakeholder workgroup meetings for general updates and overall communication;
2) Host Sub-workgroups for specific DTI efforts;
3) Host webinars for provider education and communication;
4) Publish program related material on a centralized webpage at the DHCS website;
5) Maintain a DTI email inbox to collect inquiries on the various domains and use it as a means of communicating with interested external parties;
6) Leverage the dental FI in terms of their work on publishing provider bulletins specific to DTI information and their beneficiary and provider outreach efforts to share information on the DTI.

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. DHCS is learning from the results of our awareness efforts in PY 1 and developing improvements for PY 2, such as revised provider notices for Domains 1 and 3 for clearer explanations on provider benchmarks, targets and incentive payments received for rendered services.

*Stakeholder Workgroups*

In March 2016, DHCS convened a small stakeholder workgroup comprised of legislative staff, children's health advocates, dental providers (across delivery systems and academia), DMC plans, local agencies (First 5, etc.), and SNCs to discuss policy considerations for DTI implementation. As envisioned, this workgroup has continued to collaborate with DHCS on planning and rollout efforts necessary to ensure the DTI's success. Their collaboration and input provided additional information for DTI and the outcomes of each domain. The final products have been shared as they are finalized with the larger set of interested dental stakeholders and the provider community via webinars and other communication methods. This workgroup continues to meet monthly.

*SNC Sub-workgroup*

This workgroup was established in May 2016 to identify the best mechanism to collect past and prospective claims data for beneficiary and service specific data from the SNCs, such as Federally Qualified Health Centers (FQHCs), Rural Health Centers (RHCs), and Indian Health Service (IHS) Centers, for the services rendered to Medi-Cal beneficiaries. This, in turn, will then enable them to participate in the DTI. The sub-workgroup has played a critical role in providing input, insight, and suggestions for data submission alternatives by SNCs because they currently do not bill for dental services via the FI.

*Domain 2 Sub-workgroup*

California's state dental director led a subgroup to identify the risk assessment tools and training programs used in DTI Domain 2 - the CRA and Disease Management Pilot. The CRA incorporates an evidence-based philosophy that focuses on preventive and intervention therapy based on an individual patient's caries risk through prevention, intervention, education, and identification. The use of these risk assessment tools and training programs enable DHCS to work toward the achievement of the CMS Triple Aim goals by implementing provider incentives based on performing a CRA to identify a child's risk level, and developing and completing a beneficiary-specific treatment plan.

*Webinars*

DHCS facilitated the following webinars to inform and collaborate with stakeholders on DTI efforts:

- April 8, 2016: DHCS held a DTI Stakeholder Webinar and provided the participants an overview of DTI, a high-level overview of the DTI timeline, and answered stakeholder questions.
- May 18, 2016: DHCS held a DTI Stakeholder Webinar, which provided an overview of the LDPP, the application process, and an update on Domains 1-3.
- June 14, 2016: DHCS held a DTI Stakeholder Webinar, which provided general updates on the LDPP application revisions and the revised application due date.
- August 18, 2016: DHCS held a DTI Local Dental Pilot Project Budget Webinar.
- October 13, 2016: DHCS held a webinar, titled DTI SNC Data Submission Process, and provided the participants with the following resources: The webinar presentation may be accessed at the following link: http://www.dhcs.ca.gov/provgovpart/Documents/DTIWebinar10-13-16.pdf
- December 19, 2016: DHCS held a webinar on the streamlined provider enrollment application, titled DHCS 5300 and Bulletin. The provider bulletin may be accessed at the following link: http://www.denti-cal.ca.gov/provsrvcs/bulletins/Volume_32_Number_19.pdf

Please see the list of DTI outreach venues within the Waiver's Demonstration Year 11 Annual Report for additional information: http://www.dhcs.ca.gov/services/Documents/1115WaiverDY11AnnualReport.pdf

*DTI Webpage*

In March 2016, DHCS set up a webpage dedicated to DTI. The webpage contains program information, stakeholder engagement information, webinars, timelines, Frequently Asked Questions (FAQs), Medi-Cal 2020 STCs, and an inbox to direct comments, questions, or suggestions. The webpage is updated regularly and continues being updated as new information becomes available. The DTI webpage is available at the following link: http://www.dhcs.ca.gov/provgovpart/Pages/DTI.aspx

*Provider Bulletins*

| Bulletin | Date | Topic |
|---|---|---|
| Volume 32, Number 11 | July 2016 | Overview of the Dental Transformation Initiative (DTI) |
| Volume 32, Number 14 | September 2016 | Overview of the Dental Transformation Initiative (DTI) |
| Volume 32, Number 15 | September 2016 | Dental Transformation Initiative (DTI) Domain 3: Increasing Continuity of Care for Children |

*DTI Inbox and Listserv*

In March 2016, DHCS created and regularly monitored a DTI email Inbox and a listserv for interested stakeholders such as advocates, consumers, counties, legislative staff, providers, and state associations to receive comments and questions and provide information and responses. 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.

**Program Integrity**

DHCS maintains program integrity by performing annual assessments of service 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 (SURS) to prevent fraud and abuse.

For Domain 1, DHCS initially withheld 128 payments from the January 2017 payment pending further review of service office name changes or related factors, and is

currently completing an analysis to finalize the disposition of these payments. For Domain 3, DHCS identified the FI's misinterpretation of the payment methodology. Therefore, payment factors and measures were re-evaluated and validated to ensure providers received correct incentive payments. For the remaining domains, DHCS will monitor utilization in PY 2 to identify suspicious activity and follow up as needed, using existing program integrity protocols.

**Monitoring Plan and Provisions**

DHCS monitors actively participating service office locations and preventive services utilization statewide and by county via claims utilization. DHCS conducted data analysis for new and existing reports, such as those provided below for Domains 1 and 3, as well as a Domain 2 Provider Enrollment Summary Table that is posted on the DHCS website. Further analysis will be provided in subsequent reports once Domains 2 and 4 are implemented beginning in PY 2.

## 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 20 enrolled in Medi-Cal who receive a preventive dental service in a given year. DHCS' goal is to increase preventive service utilization among children by at least ten percentage points over a five-year period. DHCS will re-assess the goal after PY 2. DHCS will use the CMS 416 methodology for reporting purposes, but will pay out incentives using unrestricted eligibility criteria (i.e. children need not be continuously enrolled for 90 days or more to be included in provider incentive payment calculations).

DHCS is providing incentive payments to dental service office locations who meet or exceed 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. SNC providers are required to submit opt-in forms to participate in the program and submit encounter data via the paper form or the Electronic Data Interchange (EDI).

Service office locations receive incentive payments for services provided beyond the benchmark for the program year. DHCS notified service office locations of baseline data and the number of additional beneficiaries they must serve to be eligible to receive incentive payments in the program year. DHCS calculated benchmarks using baseline year claims or encounter data. In the event a new dental service office location enrolls in the program, this location is subject to the pre-determined benchmark of their counties.

### Awareness Plan

DHCS has worked with the state dental association and the state dental director to help outreach to providers and share information about the DTI. These stakeholders have shared DTI-specific information in various forums including meetings and newsletters. DHCS leveraged the beneficiary outreach plans for FFS and DMC to increase dental visits, especially continuous dental visits to the same office each year. DHCS encouraged beneficiaries to receive services included in DTI domains, e.g. dental exams and dental preventive services. Please view Appendix 1 for the Domain 1 Awareness Plan for PYs 1 and 2.

### Performance Metrics Analysis

DHCS calculated a CY 2014 baseline measure for children's utilization of preventive services statewide and for each service office location within the Medi-Cal FFS and DMC dental delivery systems, both including SNC encounters. DHCS also calculated the number of service locations that provided preventive services to an increased number of children. CY 2014 was the baseline year for Domain 1 in accordance with the

DTI STCs, which indicate the baseline year will consist of data from the most recent complete year preceding implementation of the waiver.

Figure 1 is used to demonstrate overall Domain 1 performance. Note that the denominators, the three-month continuous eligibility counts for CY 2014 and CY 2016, are different to calculate utilization. Compared to CY 2014, the figure indicates both an increase in the number of children who received preventive dental services in CY 2016, as well as increase in the utilization rate in CY 2016. The preventive service utilization rate for children increased by 4.67 percentage points in CY 2016. Based on prior claims run-out experience, DHCS expects this utilization rate to increase slightly after the run-out period for claims submission due to additional claims that may be submitted through December 2017 for services provided with dates of service through December 2016. DHCS has also incorporated into Figures 1, 3, 5, and 6 beneficiaries who received preventive services through SNCs to align with CMS 416 report methodology. However, the reporting periods are different between this report (calendar year) and CMS 416 report (federal fiscal year). DHCS firmly believes that as the program moves forward in terms of the ongoing promotion of the DTI and the receipt of the actual incentive payments, utilization will continue increasing over the five program years.

***Figure 1: Percent of beneficiaries ages 1-20 statewide who received any preventive dental service during the measurement period[1]***

| | Baseline Year: CY 2014 | PY 1: CY 2016 |
|---|---|---|
| **Numerator**[1] | 1,997,190 | 2,466,173 |
| **Denominator**[2] | 5,279,035 | 5,807,169 |
| **Preventive Service Utilization** | **37.80%** | **42.47%**[3] |

*[1] Numerator: Eligible beneficiaries who received any preventive dental service (D1000-D1999 or a SNC dental encounter with ICD 10: K023 K0251 K0261 K036 K0500 K0501 K051 K0510 K0511 Z012 Z0120 Z0121 Z293 Z299 Z98810) in the identified year.*
*[2] Denominator: Number of beneficiaries ages one through 20 enrolled in Medi-Cal Program for at least 90 continuous days in the same dental plan during the identified year.*
*[3] The reporting period of this report (calendar year) is different from the reporting period of CMS 416 report (federal fiscal year).*

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The data comparison on the next page in Figure 2 shows the number of FFS service office locations has slightly increased from the baseline year through PY 1. The number of FFS dentists providing preventive dental services to at least ten children from CY 2014 to CY 2016 has increased by 6.07 percent, potentially indicating a positive correlation between provider incentive payments and provider participation as a result of the DTI.

[1] Source: MISDSS Dental Dashboards

***Figure 2: Number of FFS service office locations providing preventive dental services to children and number of dentists (rendering providers) providing preventive dental services to at least ten children[2]***

| | Baseline Year: CY 2014 | PY 1: CY 2016 | Percent Change |
|---|---|---|---|
| **Number of Service Office Locations Providing Preventive Dental Services** | 5138 | 5155 | 0.33% |
| **Number of Dentists Providing Preventive Dental Services to at Least Ten Children** | 6147 | 6520 | 6.07.% |

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In Figure 3 below, the number of eligible beneficiaries varies by county from 123 beneficiaries to 1.5 million beneficiaries in the baseline year. In PY 1, the utilization of eligible beneficiaries who received preventive dental services mostly increased compared to the baseline year.

***Figure 3: Utilization of Preventive Dental Services by County[3]***

| County | Children with Continuous Eligibility in CY 2014[1] | Eligible Children who Received at least One Preventive Service in CY 2014[2] | Preventive Service Utilization Rate of CY 2014 | Children with Continuous Eligibility in CY 2016[1] | Eligible Children who Received at least One Preventive Service in CY 2016[2] | Preventive Service Utilization Rate of CY 2016 | Change of Percentage Points from CY 2014 to CY 2016 |
|---|---|---|---|---|---|---|---|
| **Alameda** | 151,507 | 42,936 | 28.30% | 165,756 | 66,731 | 40.26% | 11.96% |
| **Alpine** | 123 | * | * | 119 | 21 | 17.65% | * |
| **Amador** | 2,993 | 530 | 17.70% | 3,342 | 1,013 | 30.31% | 12.61% |
| **Butte** | 29,537 | 5,755 | 19.50% | 31,875 | 12,020 | 37.71% | 18.21% |
| **Calaveras** | 4,432 | 792 | 17.90% | 4,739 | 1,316 | 27.77% | 9.87% |
| **Colusa** | 4,597 | 1,256 | 27.30% | 5,011 | 2,608 | 52.05% | 24.75% |
| **Contra Costa** | 102,550 | 27,438 | 26.80% | 116,993 | 39,974 | 34.17% | 7.37% |
| **Del Norte** | 4,556 | 122 | 2.70% | 4,836 | 1,648 | 34.08% | 31.38% |
| **El Dorado** | 14,434 | 4,100 | 28.40% | 15,948 | 6,036 | 37.85% | 9.45% |
| **Fresno** | 211,282 | 79,258 | 37.50% | 229,207 | 93,514 | 40.80% | 3.30% |
| **Glenn** | 5,540 | 526 | 9.50% | 6,041 | 3,017 | 49.94% | 40.44% |
| **Humboldt** | 17,884 | 447 | 2.50% | 20,003 | 5,910 | 29.55% | 27.05% |
| **Imperial** | 16,289 | 3,422 | 21.00% | 13,304 | 3,603 | 27.08% | 6.08% |
| **Inyo** | 2,210 | 64 | 2.90% | 2,376 | 1,021 | 42.97% | 40.07% |
| **Kern** | 178,394 | 75,965 | 42.60% | 199,459 | 91,021 | 45.63% | 3.03% |

[2] Source: FI, California Dental Medicaid Management Information System (CD-MMIS)
[3] Source: MISDSS Dental Dashboards

| County | Children with Continuous Eligibility in CY 2014[1] | Eligible Children who Received at least One Preventive Service in CY 2014[2] | Preventive Service Utilization Rate of CY 2014 | Children with Continuous Eligibility in CY 2016[1] | Eligible Children who Received at least One Preventive Service in CY 2016[2] | Preventive Service Utilization Rate of CY 2016 | Change of Percentage Points from CY 2014 to CY 2016 |
|---|---|---|---|---|---|---|---|
| **Kings** | 26,110 | 6,817 | 26.10% | 28,395 | 9,947 | 35.03% | 8.93% |
| **Lake** | 10,728 | 938 | 8.70% | 11,979 | 4,781 | 39.91% | 31.21% |
| **Lassen** | 2,984 | 314 | 10.50% | 3,292 | 1,142 | 34.69% | 24.19% |
| **Los Angeles** | 1,516,424 | 666,213 | 43.90% | 1,667,744 | 741,692 | 44.47% | 0.57% |
| **Madera** | 32,596 | 11,562 | 35.50% | 35,274 | 17,810 | 50.49% | 14.99% |
| **Marin** | 15,058 | 848 | 5.60% | 17,139 | 10,182 | 59.41% | 53.81% |
| **Mariposa** | 1,693 | 222 | 13.10% | 1,750 | 389 | 22.23% | 9.13% |
| **Mendocino** | 15,127 | 927 | 6.10% | 16,734 | 6,253 | 37.37% | 31.27% |
| **Merced** | 61,642 | 18,133 | 29.40% | 67,535 | 25,438 | 37.67% | 8.27% |
| **Modoc** | 1,169 | 90 | 7.70% | 1,299 | 192 | 14.78% | 7.08% |
| **Mono** | 1,502 | 25 | 1.70% | 1,737 | 918 | 52.85% | 51.15% |
| **Monterey** | 79,546 | 39,159 | 49.20% | 89,954 | 48,108 | 53.48% | 4.28% |
| **Napa** | 14,124 | 3,383 | 24.00% | 15,299 | 7,157 | 46.78% | 22.78% |
| **Nevada** | 9,097 | 526 | 5.80% | 10,164 | 3,171 | 31.20% | 25.40% |
| **Orange** | 369,099 | 176,636 | 47.90% | 397,899 | 189,047 | 47.51% | -0.39% |
| **Placer** | 25,886 | 7,006 | 27.10% | 29,249 | 9,469 | 32.37% | 5.27% |
| **Plumas** | 1,986 | 69 | 3.50% | 2,246 | 886 | 39.45% | 35.95% |
| **Riverside** | 370,824 | 141,883 | 38.30% | 412,590 | 169,696 | 41.13% | 2.83% |
| **Sacramento** | 220,453 | 57,361 | 26.00% | 264,175 | 76,048 | 28.79% | 2.79% |
| **San Benito** | 4,561 | 1,259 | 27.60% | 5,065 | 2,311 | 45.63% | 18.03% |
| **San Bernardino** | 389,348 | 162,996 | 41.90% | 419,359 | 175,524 | 41.86% | -0.04% |
| **San Diego** | 325,004 | 108,554 | 33.40% | 362,676 | 156,855 | 43.25% | 9.85% |
| **San Francisco** | 55,930 | 18,860 | 33.70% | 59,037 | 28,761 | 48.72% | 15.02% |
| **San Joaquin** | 130,492 | 47,170 | 36.10% | 141,053 | 50,499 | 35.80% | -0.30% |
| **San Luis Obispo** | 25,219 | 8,380 | 33.20% | 27,161 | 12,352 | 45.48% | 12.28% |
| **San Mateo** | 54,381 | 19,377 | 35.60% | 60,098 | 24,882 | 41.40% | 5.80% |
| **Santa Barbara** | 62,473 | 21,621 | 34.60% | 71,292 | 34,039 | 47.75% | 13.15% |
| **Santa Clara** | 166,168 | 68,017 | 40.90% | 172,226 | 77,373 | 44.93% | 4.03% |
| **Santa Cruz** | 31,495 | 9,207 | 29.20% | 33,860 | 16,608 | 49.05% | 19.85% |
| **Shasta** | 24,979 | 2,874 | 11.50% | 26,574 | 8,662 | 32.60% | 21.10% |
| **Sierra** | 258 | * | * | 276 | 59 | 21.38% | * |
| **Siskiyou** | 6,383 | 417 | 6.50% | 7,007 | 1,921 | 27.42% | 20.92% |
| **Solano** | 47,190 | 11,240 | 23.80% | 53,716 | 18,393 | 34.24% | 10.44% |
| **Sonoma** | 51,630 | 13,521 | 26.20% | 56,864 | 26,214 | 46.10% | 19.90% |
| **Stanislaus** | 97,366 | 32,629 | 33.50% | 108,123 | 41,994 | 38.84% | 5.34% |
| **Sutter** | 17,215 | 7,056 | 41.00% | 18,939 | 8,975 | 47.39% | 6.39% |
| **Tehama** | 11,584 | 647 | 5.60% | 12,519 | 6,139 | 49.04% | 43.44% |
| **Trinity** | 1,651 | 180 | 10.90% | 1,785 | 405 | 22.69% | 11.79% |
| **Tulare** | 116,412 | 40,624 | 34.90% | 125,458 | 53,065 | 42.30% | 7.40% |

| County | Children with Continuous Eligibility in CY 2014[1] | Eligible Children who Received at least One Preventive Service in CY 2014[2] | Preventive Service Utilization Rate of CY 2014 | Children with Continuous Eligibility in CY 2016[1] | Eligible Children who Received at least One Preventive Service in CY 2016[2] | Preventive Service Utilization Rate of CY 2016 | Change of Percentage Points from CY 2014 to CY 2016 |
|---|---|---|---|---|---|---|---|
| **Tuolumne** | 3,285 | 451 | 13.70% | 3,230 | 1,052 | 32.57% | 18.87% |
| **Ventura** | 101,469 | 39,212 | 38.60% | 110,866 | 53,236 | 48.02% | 9.42% |
| **Yolo** | 22,787 | 5,516 | 24.20% | 25,939 | 10,646 | 41.04% | 16.84% |
| **Yuba** | 9,379 | 2,647 | 28.20% | 10,583 | 4,429 | 41.85% | 13.65% |
| **Statewide Total** | **5,279,035** | **1,997,190** | **37.83%** | **5,807,169** | **2,466,173** | **42.47%[3]** | **4.64%** |

*[1] Denominator: Number of beneficiaries ages one through 20 enrolled in Medi-Cal Program for at least 90 continuous days in the same dental plan during the identified year.*
*[2] Numerator: Eligible beneficiaries who received any preventive dental service (D1000-D1999 or a SNC dental encounter with ICD 10: K023 K0251 K0261 K036 K0500 K0501 K051 K0510 K0511 Z012 Z0120 Z0121 Z293 Z299 Z98810) in the identified year.*
*[3] The reporting period of this report (calendar year) is different from the reporting period of CMS 416 report (federal fiscal year).*
** Number(s) of beneficiaries lower than 11 is (are) suppressed*

## Incentive Payments Analysis

Figure 4 displays the amount of incentives paid for Domain 1 incentive payments in PY 1. More than $24 million were sent to service office locations in the January and July payments. DHCS' FI tracks provider data and provides DHCS with the data necessary to make incentive payment determinations.

### *Figure 4: Domain 1 Incentive Payment Summary[4]*

| Delivery System | Incentive Payment | | |
|---|---|---|---|
| | January 2017 | July 2017 | Total |
| FFS | $20,887,624.50 | $561,887.25 | **$21,449,511.75** |
| DMC | $491,342.25 | $608,666.25 | **$1,100,008.50** |
| SNC | $606,509.64 | $1,032,588.00 | **$1,639,097.64** |
| **TOTAL** | **$21,985,476.39** | **$2,203,141.50** | **$24,188,617.89** |

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[4] Source: FI Domain 1 2017 Payment Summary

## Impact Assessment

Figure 5 describes frequency and expenditures on preventive dental services versus dental treatment services. The number of treatment services increased by approximately 3.4 percent from CY 2014 to CY 2016 while the number of preventive services increased by 19.0 percent during that period.

### *Figure 5: Preventive Dental Services and Dental Treatment for Children Statewide*[5]

| | Number of Services | | | Expenditures (Dollars in thousand) | | |
|---|---|---|---|---|---|---|
| | **CY 2014** | **CY 2016** | **Percentage Change** | **CY 2014** | **CY 2016[3]** | **Percentage Change** |
| **Preventive Dental Services[1]** | 7,177,160 | 8,538,491 | 19.0% | $123,328 | $308,627 | 150.2% |
| **Treatment Dental Services[2]** | 5,624,637 | 5,813,999 | 3.4% | $261,931 | $343,226 | 31.0% |
| **TOTAL** | **12,801,797** | **14,352,490** | **12.1%** | **$385,259** | **$651,853** | **69.2%** |

*[1] Any preventive dental service (D1000-D1999 or a SNC dental encounter with ICD 10: K023 K0251 K0261 K036 K0500 K0501 K051 K0510 K0511 Z012 Z0120 Z0121 Z293 Z299 Z98810)*
*[2] Any dental treatment service (D2000-D9999 or a SNC dental encounter with ICD 10 on Appendix 2 List A )*
*[3] Total Expenditures for SNCs statewide in CY 2016 is included.*

## Effectiveness of the Activities

The performance metrics listed above, as well as the discussion under Domain 3 of the combined impact of Domains 1 and 3, provide an indication of the effectiveness of Domain 1 activities. These metrics demonstrate improvement in expanding preventive service use compared to restorations, although further improvements are still needed.
Completed

[5] Source: MIS/DSS Dental Dashboards

## Cost Per Capita

The costs per capita related to Domain 1 for CY 2014 and CY 2016 are displayed below. This calculation uses all FFS expenditures for children in the measurement period as the numerator. The denominator is the number of children ages one through 20 enrolled in Medi-Cal during the measurement period who had at least one preventive service during the measurement year. The increase in overall expenditures and cost per capita in Figure 6 is primarily driven by increased treatment expenditures (shown in Figure 5).

***Figure 6: Domain 1 Cost per Capita***

| | | Cost Per Capita |
|---|---|---|
| **Baseline Year: CY 2014** | **Numerator** | $60.49 |
| | $123,327,664 | |
| | **Denominator** | |
| | 2,038,832 | |
| **PY 1: CY 2016** | **Numerator** | $144.36 |
| | $308,627,424 | |
| | **Denominator** | |
| | 2,137,904 | |

## DOMAIN 2: CARIES RISK ASSESSMENT AND DISEASE MANAGEMENT PILOT

The goals for Domain 2, a four-year domain, are to assess caries risk and to manage the disease of caries using preventive services and non-invasive treatment approaches instead of more invasive and costly restorative procedures. This domain is only available for services performed on children age six and under. The implementation start date for this domain is February 2017.

DHCS identified the following 11 pilot counties for participation in Domain 2: Glenn, Humboldt, Inyo, Kings, Lassen, Mendocino, Plumas, Sacramento, Sierra, Tulare, and Yuba. Pilot counties were identified and selected by DHCS through an analysis of counties with a high percentage of restorative services, a low percentage of preventive services, and indication of likely participation by enrolled service office locations. DHCS will seek to expand this domain if the domain is determined to be successful in the pilot counties, subject to the availability of funding under the DTI Pool. If successful, DHCS will consider expansion no sooner than nine months following the end of PY 2.

Dental providers participating in the domain must opt-in by completing a training program, and must use a standardized CRA form to ensure uniform application of the CRAs and risk level determinations, using the same criteria. DHCS collaborated with a group of clinical experts in CY 2016 to develop and test the CRA form, and develop the CRA provider training. DHCS also collaborated with the California Dental Association to identify training curricula for use under this domain; providers are offered continuing education units for the completion of the required training course. The CRA form and training information are available on the DTI website.

To participate in Domain 2, providers must first complete a CRA to determine the appropriate treatment plan for a child, and report the results of the CRA to DHCS on a claim. Once the risk level and the treatment plan have been determined, the beneficiary may be eligible for increased frequency limitations on prophylaxis, topical fluoride varnish, and exams. Providers will be eligible to receive incentive payments for performing pre-identified treatment plans for children based upon the beneficiary's risk level.

Treatment plans are developed by the dental provider and included in the CRA documentation/claim to DHCS, and corresponded to the varying degrees of caries risk — low, moderate, and high. The treatment plan for child beneficiaries include CRA (which include behavior modification through motivational interviewing and nutritional counseling), application of fluoride procedure, prophylaxis, and oral evaluations. Increased frequencies for prophylaxis, fluoride procedure, and oral evaluations will be permitted for children evaluated and determined to be at a particular caries risk level with frequency limitations in a 12 month period, as follows: "high risk" will be authorized to visit their provider four times; "moderate risk" children will be authorized to visit three

times; and “low risk” children can visit two times. Please find more details on the Domain 2 Fact Sheet on the DHCS website.

**Performance Metrics Analysis**

The implementation date for Domain 2 is February 2017; therefore, DHCS does not have sufficient data to analyze performance metrics. DHCS will use both dental and medical claims and encounters from the program year and baseline year to develop the performance measures described below. Future reports will include results for this domain.

In the next annual report, DHCS will report on the following performance measures, broken down by age ranges under one, one through two, three through four, and five through six:

1) Number of, and percentage change in, restorative services;
2) Number of, and percentage change in, preventive dental services;
3) Utilization of CRA CDT codes and reduction of caries risk levels (not available in the baseline year prior to the Waiver implementation);
4) Change in use of emergency rooms for dental related reasons among the targeted children for this domain (use of the ER for dental trauma will be excluded from this analysis if a claims-based methodology for doing so is identified); and
5) Change in number and proportion of children receiving dental surgery under general anesthesia.

DHCS will also track and report on, for children in age ranges under one, one through two, three through four, and five through six, the utilization rates for restorative procedures against preventive services to determine if the domain has been effective in reducing the number of restorations being performed. The baseline year will consist of the most recent state fiscal year preceding implementation of the domain.

DHCS will also track and report on the utilization of CRA and treatment plan service to monitor utilization and domain participation.

**Impact Assessment**

In future reports, DHCS will provide a descriptive assessment, based on the performance metrics for Domain 2 as well as the measures below, of the impact of Domain 2 on the targeted children.

1) Provision of CRAs;
2) Provision of dental exams;
3) Use of preventive dental services;

4) Expenditures on preventive dental services;
5) Use of dental treatment services;
6) Expenditures on dental treatment services;
7) Use of dental-related general anesthesia; and
8) Expenditures on dental-related general anesthesia and facility costs.

## 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 17 select pilot counties. Incentive payments are made to dental service office locations who have maintained continuity of care by providing qualifying examinations to beneficiaries ages 20 and under for two, three, four, five, and six continuous year periods. If the pilots are successful, this domain may be expanded to other counties, contingent on available DTI funding.

Domain 3 includes the following 17 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.

DHCS made the first annual payment for this Domain in June 2017, reflecting continuity of care across PY 1 (CY 2016) and the baseline year (CY 2015). The DTI STCs indicate the baseline year will consist of data from the most recent complete state fiscal year, which is fiscal year 2014-15, however, the waiver program year is on a calendar year basis, so DHCS determined to use CY 2015 as the baseline year for Domain 3. Dental FFS and SNC providers are eligible to participate in this domain, but DMC is not as neither Sacramento nor Los Angeles counties are one of the pilot counties.

### Performance Metrics Analysis

DHCS reviewed the number of beneficiaries who have remained with their same service office location for two continuous years and will review the number of beneficiaries who remain with their same service office location for three, four, five, and six continuous years in future program years, following the establishment of the baseline year CY 2015, for the five-year DTI program period. This measure is similar to the Dental Quality Alliance measure *Usual Source of Services*, with the exception that DHCS incentivizes over a longer continuous period.

The goal of Domain 3 is to improve the continuity of care for targeted children through regular examinations with their established dental provider, with a goal of at least five-percentage point improvement in each continuous year category over a five-year period. The year categories include beneficiaries that returned from CY 2015 to CY 2016, CY 2016 to CY 2017, CY 2017 to CY 2018, CY 2018 to CY 2019 and CY 2019 to CY 2020.

In Figure 7 below, from CY 2015 to CY 2016, the percent of children with two-year continuity of care within the 17 counties in Domain 3 increased by 2.6 percentage points.

***Figure 7: Domain 3 Continuity of Care in 17 Counties (Number of Beneficiaries Returning to the Same Service Location)[6]***

| Number of Years Returned | Measure Year | Baseline Year: CY 2015 | PY1: CY 2016 | PY 2: CY 2017 | PY 3: CY 2018 | PY 4: CY 2019 | PY 5: CY 2020 |
|---|---|---|---|---|---|---|---|
| | **Claims Data Year Range** | CY 2010 to CY 2015 | CY 2015 to CY 2016 | CY 2015 to CY 2017 | CY 2015 to CY 2018 | CY 2015 to CY 2019 | CY 2015 to CY 2020 |
| | **Denominator[2]** | 1,578,116 | 1,611,324 | | | | |
| **2nd year** | **Numerator[1]** | 191,943 | 238,664 | | | | |
| | **Percent** | 12.2% | 14.8% | | | | |
| **3rd year** | **Numerator** | 108,168 | | | | | |
| | **Percent** | 6.9% | | | | | |
| **4th year** | **Numerator** | 57,533 | | | | | |
| | **Percent** | 3.6% | | | | | |
| **5th year** | **Numerator** | 36,758 | | | | | |
| | **Percent** | 2.3% | | | | | |
| **6th year** | **Numerator** | 22,494 | | | | | |
| | **Percent** | 1.4% | | | | | |
| *Data only includes 17 pilot counties: Alameda, Del Norte, El Dorado, Fresno, Kern, Madera, Marin, Modoc, Nevada, Placer, Riverside, San Luis Obispo, Santa Cruz, Shasta, Sonoma, Stanislaus, Yolo | | | | | | | |

*[1] Numerator: Number of children age 20 and under who received an examination from the same service office location with no gap in service for two, three, four, five, and six year continuous periods.*
*[2] Denominator: Number of children age 20 and under enrolled in the delivery system during the measurement periods.*

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## Incentive Payments Analysis

Figure 8 below shows the number of service office locations who received incentive payments, number of unduplicated beneficiaries who had at least one dental visit in CY 2015, and returned to the same service office location in CY 2016 and total incentive payment by county for PY 1 Domain 3. DHCS provided the payment in June 2017.

[6] Source: MIS/DSS Dental Dashboards

***Figure 8: Domain 3 Incentive Payments by County and State Total in June 2017 for Program Year 1[7]***

| County Name | Number of Service Office Locations that Received Incentive Payment | Number of Unduplicated Beneficiaries that Returned to the Same Service Office Location in CY 2016 | Total Incentive Payment |
|---|---|---|---|
| **Alameda** | 109 | 23,744 | $949,760 |
| **Del Norte** | 1 | * | * |
| **El Dorado** | 5 | 1,794 | $71,760 |
| **Fresno** | 113 | 41,290 | $1,651,600 |
| **Kern** | 80 | 47,654 | $1,906,160 |
| **Madera** | 17 | 7,117 | $ 284,680 |
| **Marin** | 3 | 136 | $5,440 |
| **Modoc** | 2 | 206 | $8,240 |
| **Nevada** | 2 | * | * |
| **Placer** | 13 | 4,422 | $176,880 |
| **Riverside** | 270 | 72,711 | $2,908,440 |
| **San Luis Obispo** | 9 | 5,327 | $213,080 |
| **Santa Cruz** | 8 | 6,330 | $253,200 |
| **Shasta** | 5 | 1,242 | $49,680 |
| **Sonoma** | 13 | 6,630 | $265,200 |
| **Stanislaus** | 36 | 18,881 | $755,440 |
| **Yolo** | 9 | 1,141 | $45,640 |
| **Total** | **695** | **238,664** | **$9,546,560** |

** Number(s) of beneficiaries lower than 11 and the payment of its county are suppressed. If there is only one number lower than 11, the second smallest number of beneficiaries and the payment of this county are suppressed as well.*

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## Impact Assessment

From CY 2014 to CY 2016, DHCS observed a 22.9 percent increase in the number of Preventive Services performed and only 6.5 percent increase in Treatment Services during that period. The data and metrics in Figure 9 demonstrate a desired outcome for the DTI program, which is to increase the number of preventive services in lieu of more

[7] Source: FI Domain 3 June 2017 Payment Summary

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 in the domain. However, further analysis is needed for a final determination on the effectiveness of the measures.

***Figure 9: Domain 3 County Utilization and Expenditures on Preventive and Other Services[8]***

| | Number of Services | | | Expenditures (Dollars in thousand) | | |
|---|---|---|---|---|---|---|
| | **CY 2014** | **CY 2016** | **Percentage Change** | **CY 2014** | **CY 2016[4]** | **Percentage Change** |
| **Dental Exams[1]** | 657,571 | 892,029 | 35.7% | $11,036 | $56,957 | 416.1% |
| **Preventive Dental Services[2]** | 1,558,214 | 1,914,760 | 22.9% | $30,679 | $94,321 | 207.4% |
| **Dental Treatment Services[3]** | 1,296,715 | 1,380,696 | 6.5% | $71,453 | $91,134 | 27.5% |
| **Total Exams & Services** | **3,512,500** | **4,187,485** | **19.2%** | **$113,168** | **$242,412** | **114.2%** |

*[1] a comprehensive or period exam (D0120, D0150 or a SNC dental encounter with ICD 10 on Appendix 2 List B) or, for beneficiaries under three (3) years of age, an oral evaluation and counseling with the primary caregiver (D0145)*
*[2] Any preventive dental service (D1000-D1999 or a SNC dental encounter with ICD 10: K023 K0251 K0261 K036 K0500 K0501 K051 K0510 K0511 Z012 Z0120 Z0121 Z293 Z299 Z98810)*
*[3] Any dental treatment service (D2000-D9999 or a SNC dental encounter with ICD 10 on Appendix 2 List A)*
*[4] Total Expenditures for SNCs for Domain 3 counties in CY 2016 is included.*

Compared to non-Domain 3 counties, Domain 3 counties show a greater increase in utilization of preventive dental services from CY 2014 to CY 2016. DHCS expects Domain 3 incentive payments will help improve Domain 1 results over the five-year period of DTI.

[8] Source: MIS/DSS Dental Dashboards

### *Figure 10: Preventive Services Utilization Increase in Domain 3 and Non-Domain 3 Counties[9]*

| County | Children with Continuous Eligibility in CY 2014[1] | Eligible Children who Received at least One Preventive Service in CY 2014[2] | Preventive Service Utilization Rate of CY 2014 | Children with Continuous Eligibility in CY 2016 | Eligible Children who Received at least One Preventive Service in CY 2016 | Preventive Service Utilization Rate of CY 2016 | Change of Percentage Points from CY 2014 to CY 2016 |
|---|---|---|---|---|---|---|---|
| **Domain 3** | 1,268,279 | 436,423 | 34.41% | 1,399,442 | 585,946 | 41.87% | **7.46%** |
| **Non-Domain 3** | 4,010,756 | 1,560,767 | 38.91% | 4,407,727 | 1,880,227 | 42.66% | **3.74%** |

*[1] Denominator: Number of beneficiaries ages one through 20 enrolled in Medi-Cal Program for at least 90 continuous days in the same dental plan during the identified year.*
*[2] Numerator: Eligible beneficiaries who received any preventive dental service (D1000-D1999 or a SNC dental encounter with ICD 10: K023 K0251 K0261 K036 K0500 K0501 K051 K0510 K0511 Z012 Z0120 Z0121 Z293 Z299 Z98810) in the identified year.*

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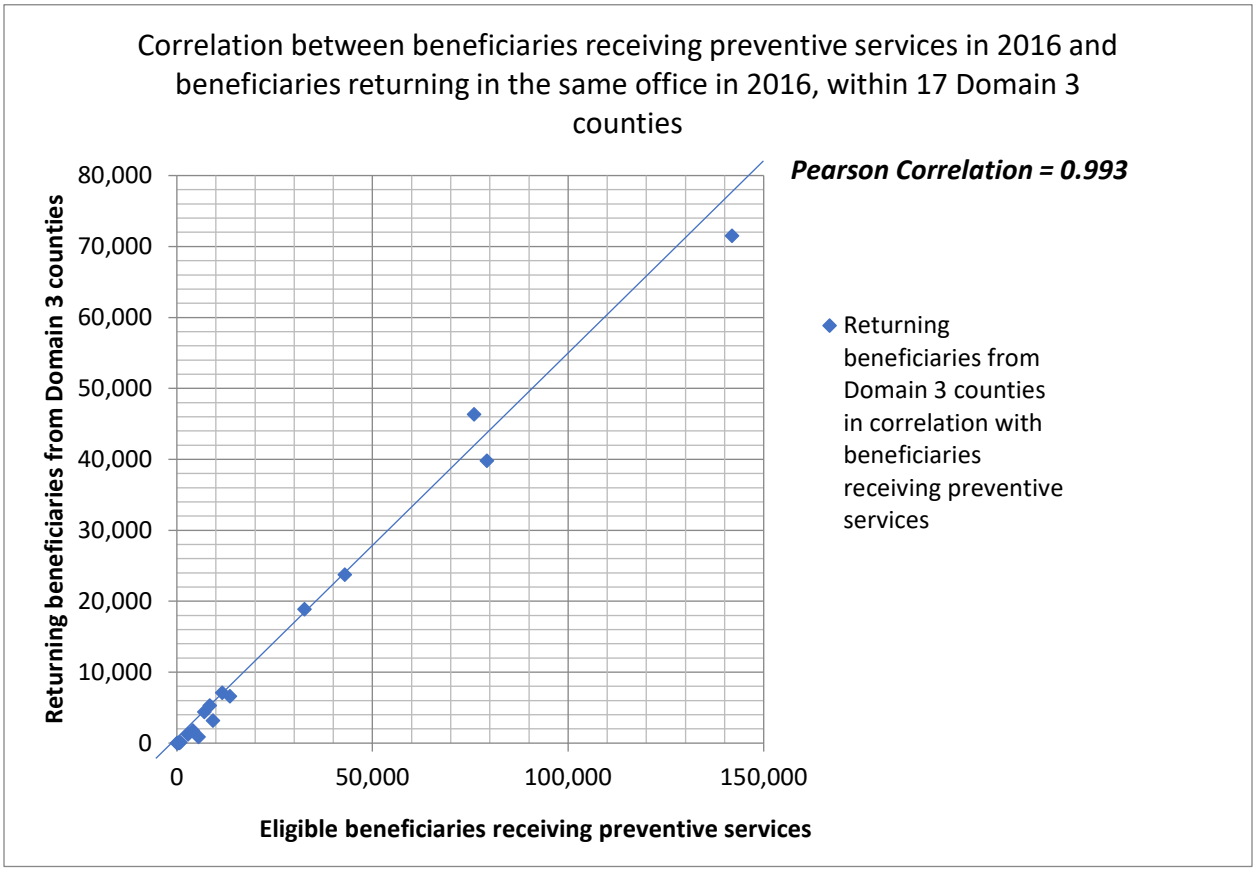
[9] Source: MIS/DSS Dental Dashboards

Based on a 0.993 Pearson correlation coefficient[10], Figure 11 shows a strong positive linear correlation between eligible beneficiaries receiving preventive services and returning to the same office in CY 2016. DHCS is optimistic this correlation between the preventive services increase (Domain 1) and continuity of care improvement (Domain 3) will continue in future program years and help improve results in both Domains.

***Figure 11: Positive Association between Domain 1's Preventive Services and Domain 3's Continuity of Care[11]***

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[10] Pearson correlation coefficient is a measure of the linear correlation between two variables X and Y, in this report, X is number of beneficiaries who received preventive services for each Domain 3 county; Y is number of beneficiaries who returned to the same service office locations in CY 2016 for each Domain 3 county. It has a value between +1 and −1, where 1 is total positive linear correlation, 0 is no linear correlation, and −1 is total negative linear correlation.

[11] Source: MIS/DSS Dental Dashboards and FI June 2017 Payment Estimate

## DOMAIN 4: LOCAL DENTAL PILOT PROGRAM

LDPPs will address one or more of the goals of three domains through alternative programs, potentially using strategies focused on rural areas including local case management initiatives and education partnerships. DHCS will require 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.

On April 22, 2016, DHCS released instructions for submission of Letter of Intent (LOI) to participate in Domain 4. The purpose of the LOI was to assess the level of existing interest to participate in an LDPP across the state, obtain preliminary LDPP design information that will assist DHCS with finalizing the LDPP application, and provide an opportunity for potential applicants to submit questions. Submission of an LOI was voluntary and nonbinding. Failure to submit did not preclude an entity from applying to participate in the LDPP. A list of the LOIs received can be found in the link below.
http://www.dhcs.ca.gov/provgovpart/Documents/DTIVoluntaryLOISubmissions.pdf

On April 22, 2016, DHCS shared a draft LDPP application and selection criteria with CMS and the DTI Small Stakeholder Workgroup for comments. DHCS received comments in early May 2016. DHCS revised the documents and released drafts for public comment on May 13, 2016. The final LDPP pilot application and selection criteria were released and posted on the DTI website on June 1, 2016, with an application due date of September 30, 2016.

For the remainder of 2016, DHCS reviewed the LDPP application submissions and provided technical assistance to the LDPP applicants. On December 14, 2016, DHCS finished its application review and sent additional questions and concerns to applicants regarding their project applications. 15 LDPPs were approved in early 2017.

The LDPP application process was competitive to ensure that qualified LDPPs were selected based on the quality and scope of their application. DHCS worked in collaboration with the CMS in the development of evaluation criteria for the LDPPs. DHCS approved LDPPs and will make payments to LDPPs in accordance with the requirements outlined in Attachment JJ.

At the time of this report submission, the following 15 projects have been selected for participation in this domain:

- Alameda County
- California Rural Indian Health Board, Inc. (CRIHB)
- California State University, Los Angeles
- First 5 Kern

- First 5 San Joaquin
- First 5 Riverside, Riverside County
- Fresno County
- Humboldt County Public Health
- Northern Valley Sierra Consortium
- Orange County
- Sacramento County
- San Luis Obispo County
- San Francisco Department of Public Health
- Sonoma County
- University of California, Los Angeles

For more information about the selected LDPPs, please find the LDPP Domain 4 Application Summary on the DHCS website.

## APPENDIX 1: DOMAIN 1 AWARENESS PLAN FOR PROGRAM YEARS 1 AND 2

### Dental Transformation Initiative
### Domain 1 Awareness Plan for Program Years 1 and 2

Dental Transformation Initiative (DTI) Domain 1 – Increase Preventive Services for Children

The goal of Domain 1 is to increase the statewide proportion of children ages 1 to 20 enrolled in Medi-Cal for at least 90 continuous days who receive a preventive dental service by at least ten percentage points over a five-year period. Program Year (PY) 1 for this domain captured all activity in 2016, and PY 2 for this domain will capture all activity in 2017.

DHCS Awareness and Outreach Efforts

During 2016 and 2017, DHCS collaborated with stakeholders to implement the DTI and to promote awareness of Domain 1. DHCS created awareness through DTI-specific stakeholder workgroups, webinars, a dedicated webpage, email inbox, and provider bulletins. Provider and beneficiary outreach efforts, even those that did not specifically mention DTI, supported the goals of DTI to increase access and utilization of preventive services for children. DHCS is learning from preliminary results of our awareness efforts through such indicators as increases in provider participation and beneficiary use of preventive services for PY 1. DHCS has initiated some improvements for PY 2, which includes revised provider notices for Domain 1 that clearly explain benchmarks, targets, and incentive payments received for rendered services. This awareness plan describes Domain 1 activities for PY 1.

DHCS collaborated with stakeholders to promote awareness of Domain 1 among its provider population and Medi-Cal enrollees. In 2016, provider awareness included mailers with DTI information for Domain 1, presentations at provider seminars and California Dental Association (CDA) Conferences, 174 County Visits for provider and beneficiary outreach with 19 visits specifically about the DTI, and three (3) online Denti-Cal Bulletins. During outreach events, providers received copies of Denti-Cal Bulletins, the DTI Domain 1 Fact Sheet, and information about scheduled DTI webinars. DTI information was distributed and contracted dental consultants presented on overall DTI at CDA conventions in Anaheim and San Francisco. Denti-Cal representatives were available to respond to provider inquiries regarding Domain 1 and DTI in general. Outreach materials also encouraged providers to use alternative modalities in rural areas to deliver dental services such as teledentistry, mobile dental van services, and school based health centers.

In 2017, provider awareness activities that were conducted to help increase preventive service utilization for beneficiaries 20 years and younger, and to encourage provider enrollment in the Medi-Cal Dental Program and participation in the DTI, consisted of three (3) Denti-Cal Bulletins, email blasts, face-to-face encounters and telephone service call center support. DHCS provided technical support to safety net clinics on

topics such as electronic data submissions and claims processing. For DTI Domain 1, all participating providers received Domain 1 and general DTI information as part of the provider training seminars, CDA Conventions in Anaheim and San Francisco, provider on-site visits, outreach visits (face-to-face) to counties, and postcards containing general DTI information mailed to all providers every month for six (6) months.

Provider handouts included DTI Fact Sheets for each domain, depending on the county, and copies of DTI Denti-Cal Bulletins. As of September 2017, there were a combined 227 onsite county visits during 2016 and 2017 to the following rural or urban counties: Alpine, Amador, Calaveras, Colusa, Contra Costa, Del Norte, Fresno, Glenn, Humboldt, Inyo, Imperial, Kern, Kings, Los Angeles, Madera, Mariposa, Marin, Mendocino, Merced, Monterey, Nevada, Orange, Placer, Plumas, Riverside, Sacramento, San Bernardino, San Diego, San Francisco, San Joaquin, Santa Clara, Santa Cruz, Shasta, Sierra, Siskiyou, Solano, Sonoma, Tehama, Trinity, Tulare, Tuolumne, and Yuba. The county visits included local county and community agencies, health fairs, schools, stakeholder meetings, and dental provider enrollment assistance events. In some counties not listed above, existing and newly enrolled Denti-Cal providers received Domain 1 training and technical support at dental offices, federally qualified health centers, Regional Health Centers, and Indian Health Services clinics.

Payments for DTI Domain 1 are evidence that some providers are meeting annual benchmarks for increased preventive services. In January 2017, $22 million was paid to 2,552 service office locations, including Fee-For-Service (FFS), Dental Managed Care (DMC), and Safety Net Clinics. In July 2017, additional payments brought the total to $24.2 million paid to 3,613 service office locations for PY 1.

From September 2016 to September 2017, the number of active billing providers and service office locations increased from 4,520 in 2016 compared to 4,591 in 2017. The number of service office locations increased from 5,436 in 2016 compared to 5,576 in 2017.

Delta Dental (Delta) and DHCS meet monthly to review Delta's objectives and goals, status of activities in process, results of ongoing and completed activities, and to determine corrective action plans for activities that do not meet pre-established objectives. For Delta activities that exceed objectives, with approval from DHCS, Delta will develop expansion plans for execution. DHCS will continue to provide outreach activities in underserved areas and regions as proposed in both Provider and Beneficiary Outreach plans, and to increase awareness about DTI, which includes:

- Outreach to Medi-Cal dental providers participating in Domains 1, 2 & 3 to ensure a robust pool of provider participation for each domain;
- Outreach to remaining Medi-Cal dental providers participating in Domain 1 only;
- General outreach to non Denti-Cal providers and local dental societies (e.g., mailers);
- Outreach to State, County, local agencies, and participation at community events to provide DTI information;

- Disseminating dental outreach materials to organizations (e.g., community health workers and health plans) that work directly with Denti-Cal beneficiaries; and
- Continue to work with rural and urban areas to encourage the use of alternative methods to obtain preventive dental services.

In 2016 and 2017, Domain 1 enrollee awareness was accomplished through a variety of outreach venues. In partnership with county and state agencies, enrollees received materials about benefits available and oral health education. Participating agencies received soft (DVD) and hard copies of a Denti-Cal information packet, which they may use to inform beneficiaries regarding the Denti-Cal program. The packet for beneficiary distribution included, but was not limited to, how to contact the Denti-Cal program, website information on beneficiary benefits including "Find a Dentist," promotional brochure "First Tooth or First Birthday Initial Dental Checkup" and two brochures, "Have a Healthy Smile" and "Dental Health Begins with your Child's First Tooth."

In early 2017, under DHCS direction, Delta issued pediatric dental mailers with letters and brochures, in the preferred threshold language, to households that had children under the age of four enrolled for 90 days and with no utilization in previous 12 months. Parents were informed about the availability of preventive dental services, the importance of a dental visit, and dental care accessibility. Delta followed up with auto-dialer calls to 546,000 of the households who had received a letter. Preliminary statistics will be available in early November 2017.

DHCS directed Delta to initiate a second outreach effort during Summer 2017, and issue letters in the preferred threshold language to beneficiaries over the age of four (with no utilization in previous 12 months) to increase awareness about the availability of preventive dental services, the importance of seeing a dentist, and to encourage access to care. Delta then followed up with 1,250 live calls and 1,250 auto-dialer calls completed by August 30, 2017. The results of these efforts will be available in April 2018.

DHCS directed Delta to initiate a third outreach effort during the summer of 2017, to issue informational notices in the preferred threshold language to all newly enrolled beneficiaries during their first 90 days of enrollment, to increase awareness about the importance of preventive dental services, and to encourage them to visit a dentist. Newly enrolled beneficiaries or their parents received a letter and a brochure each quarter about Denti-Cal benefits available and the available resources available for finding a dentist and making dental appointments. In the first quarter of 2017, 563,308 newly enrolled beneficiaries received a letter and a brochure. Beginning September 26, 2017, 544,000 newly enrolled beneficiaries eligible during the 2nd quarter received a letter and brochure. The results of these efforts will be available in quarterly ad hoc reports to begin April 2018.

In August 2017, DHCS initiated a social media outreach campaign that included photographs and messages about the availability of preventive dental services, the importance of oral health, and how to locate a dentist.

New marketing research will begin in fall 2017, which begins with an online enrollee survey, followed by outreach campaigns launching in 2018. The targets of the market research survey are utilizers and non-utilizers of two groups: parents or health care decision makers of children ages 1-20 who are beneficiaries, and young adults aged 18-20 who are beneficiaries and make their own decisions. The survey questions ask about knowledge, use, and satisfaction with the Medi-Cal Dental Program, in order to design a more effective outreach program.

DMC plans provide an Annual Member Reminder in the preferred threshold language during the member's enrollment anniversary month. The member receives a one-page information guide that includes the member's Primary Care Dentist (PCD) name and contact information as well as the PCD's address and hours of operation, the plan's member services phone number, and how to access information regarding benefits. Newly enrolled DMC plan members enrolled for 90 days or longer receive a postcard reminder about preventive services.

Awareness Plan Results

Our overall goal of increasing awareness about available dental benefits for Medi-Cal beneficiaries is to inform them how to access preventive dental services, the benefits available, and the importance of oral health. These materials are also available to the public on the beneficiary tab of the Denti-Cal website at www.denti-cal.ca.gov.

DTI Annual Report for PY 1 provides an analysis of the impact of DHCS' Domain 1 awareness plan. It shows that the plan has succeeded in generating the necessary utilization to meet the goals of Domain 1.

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## APPENDIX 2: ICD 10 CODES FOR DENTAL SERVICES

### List A

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

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