# DHCS Stakeholder Webinar – Dental Transformation Initiative

### Medi-Cal 2020 Waiver

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### Medi-Cal 2020 Overview

CMS approval for renewal on December 30, 2015 Effective January 1, 2016 through December 31, 2020

\$6.2 billion total initial federal funding over 5 years

### Program Period & Funding Overview



### Dental Transformation Initiative: Purpose and Goals

#### **Program Purpose**

- Improve the dental health of children to achieve overall better health outcomes
- Focus on high-quality care and improving access to dental care for Medi-Cal children
- Utilize performance measures to drive dental delivery system reform
- Develop dental health homes
- Prevent and mitigate oral disease through the delivery of preventive services in lieu of more invasive and costly procedures

#### Program Goals

- Increase the utilization of preventive dental and oral health services among children
- Expand prevention and risk assessment model to prevent and treat early childhood caries
- Increase dental continuity of care for children

## Dental Transformation Initiative: Structure and Requirements

### **Program Structure**

#### • <u>Core Components</u>

- Promotes overall utilization of preventive services and oral health disease management
- Providers may qualify for each provider incentive program (3 domains) simultaneously

#### <u>Required Project Metrics</u>

- Baseline data and active data tracking of preventive and restorative services provided
- Tracking effectiveness of caries management based on positive changes relative to the beneficiary "risk" level
- Baseline data and active monitoring of participating dental providers
- 90 days continuous eligibility as parameters for beneficiaries ages 20 and under

#### Incentive Payments

 Total of \$750 million in total funds over 5-year period with \$10 million in total funds contingent on achieving statewide metrics

### Dental Transformation Initiative: Domain Areas

Domain 1: Increase Preventive Services Utilization for Children

Domain 2: Caries Risk Assessment and Disease Management

Domain 3: Increase Continuity of Care

Domain 4: Local Dental Pilot Programs (LDPPs)

Domain 1: Increase Preventive Service Utilization for Children

#### <u>Domain Goal</u>

- Increase statewide proportion of children ages 20 and under enrolled in Medi-Cal who receive a preventive dental service by 10 percentage points over a five-year period.
- Implementation date: July 2016.

#### Metric Benchmarking

- Performance targets will be set based on the most recent completed year preceding implementation of the waiver.
- Incentive payments will be made annually to providers for utilization and provider participation and will be used to determine the subsequent year's threshold.

Domain 1: Increase Preventive Service Utilization for Children

#### <u>Criteria</u>

- Semi-annual (January and July) incentive payments will be made to dental provider service locations that provide preventative services to an increased number of Medi-Cal children, as compared to the department determined baseline.
- Incentive payments will be made to the service office locations for rendered preventive services once they have met the Department established goal.
- DHCS may earn up to a maximum of \$10 million, to be added to the DTI Pool for use in paying incentives to qualifying providers under the DTI.

#### Domain 1: Increase Preventive Service Utilization for Children

#### Additional Incentive Funding

DY	Target	\$1 million in additional demonstration authority for achieving:	\$2 million in additional demonstration authority for achieving:
1	+ two (2) percentage points over baseline year	Not Applicable	+ three (3) or more percentage points over baseline year
2	+ four (4) percentage points over baseline year	+5 or more percentage points over the baseline	+ six (6) or more percentage points over baseline year
3	+ six (6) percentage points over baseline year	+7.5 or more percentage points over the baseline	+ nine (9) or more percentage points over baseline year
4	+ eight (8) percentage points over baseline year	+10 or more percentage points over the baseline	+ twelve (12) or more percentage points over baseline year
5	+ ten (10) percentage points over baseline year	+12.5 or more percentage points over the baseline	+ fifteen (15) or more percentage points over baseline year

Domain 1: Increase Preventive Service Utilization for Children

#### **Additional DHCS Considerations**

- Preventive service package.
- Baseline calculations.
- Structure of incentive payments based on meeting identified benchmarks.
- Use of small workgroup of clinic representatives (FQHCs, RHCs, Tribal) to provide recommendations to DHCS on data reporting for entities that do not bill Denti-Cal.

#### Domain 2: Caries Risk Assessment and Disease Management

#### <u>Domain Goal</u>

- Diagnose early childhood caries by utilizing Caries Risk Assessments (CRA) to treat it as a chronic disease.
- Introduce a model that proactively prevents and mitigates oral disease through the delivery of preventative services in lieu of more invasive and costly procedures (restorative services).
- Identify the effectiveness of CRA and treatment plans for children ages 6 and under.
  - Treatment plans are prescribed based on caries risk level and include: CRA (globally includes motivational interviewing, nutritional counseling, and use of antimicrobials), topical fluoride varnish application, toothbrush prophylaxis, and exams.
- Implementation date: January 2017.

#### Metric Benchmarking

- Baseline year will consist of statewide data for the most recent state fiscal year preceding implementation of the domain.
- DHCS will track and report the following measures:
  - 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; and
  - 5. Change in number and proportion of children receiving dental surgery under general anesthesia.

- Dentists must opt-in by completing a Department recognized training program.
- Treatment plans and associated procedures will be carried out as follows, over a 12 month period:
  - "high risk" children will be authorized to visit 4 times
  - "moderate risk" children will be authorized to visit 3 times
  - "low risk" children will be authorized to visit 2 times
- Incentive payments will be made to providers for successful completion of caries treatment plan and improvement in "elevated risk" levels.

### **Dental Transformation Initiative:**

### Domain Areas, Benchmarking, and Criteria

Additional DHCS Considerations

- Use of small workgroup of clinical staff to provide recommendations to DHCS on screening tool and training curricula.
- Ensure diverse county representation.
- Assess criteria to help inform success of pilot and expansion of domain.
- Avoid overlaps with other pilot domains.

### Domain 3: Increase Continuity of Care

#### <u>Domain Goal</u>

- Increase continuity of care for beneficiaries ages 20 and under for 2, 3, 4, 5, and 6 continuous periods.
- Implementation date: July 2016.

#### **Metric Benchmarking**

- Baseline year will be based on data from the most recent complete state fiscal year.
- Claims data will determine number of beneficiaries who received an examination each year from the same service office location for 2, 3, 4, 5, and 6 year continuous periods.

<u>Criteria</u>

- Incentive payments will be available to service office locations that provide examinations to an enrolled Medi-Cal child for 2, 3, 4, 5, and 6 continuous periods.
- The incentive payment will be an annual flat payment for providing continuity of care to the beneficiary.
- Evaluation of success will occur in third year.

### **Dental Transformation Initiative:**

### Domain Areas, Benchmarking, and Criteria

**Additional DHCS Considerations** 

- Level of incentive payment.
- Ensure diverse county representation.
- Assess criteria to help inform success of pilot and expansion of domain.
- Avoid overlaps with other pilot domains.
- Use of small workgroup of clinic representatives (FQHCs, RHCs, Tribal) to provide recommendations to DHCS on data reporting for entities that do not bill Denti-Cal.

# Dental Transformation Initiative Optional Project

Domain 4: Local Dental Pilot Programs (LDPPs)

Project Goal

- LDPPS will address 1 or more of the 3 domains through alternative programs, potentially using strategies focused on rural areas including local case management initiatives and education partnerships
  - DHCS will solicit proposals once at the beginning of the demonstration and shall review, approve, and make payments for LDPPs in accordance with the requirements stipulated in the Medi-Cal 2020 Waiver
  - A maximum of 15 LDPPs shall be approved
  - Implementation date: January 2017.

Metric Benchmarking

 LDPPs will be evaluated consistent with the performance metric of the aforementioned dental domains and the goals outlined in the individual proposals

## Dental Transformation Initiative Optional Project

#### <u>Criteria</u>

- The specific strategies, target populations, payment methodologies, and participating entities shall be proposed by the entity submitting the application for participation and included in the submission to the Department.
  - DHCS shall approve only those applications that meet the requirements to further the goals of 1 or more of the 3 dental domains.
- Each pilot application shall designate a responsible county, Tribe, Indian Health Program, UC or CSU campus as the entity that will coordinate the pilot.
- Evaluation of success will occur in third year.

### **Dental Transformation Initiative:**

### Domain Areas, Benchmarking, and Criteria

Additional DHCS Considerations

- Use of case management and administrative costs DHCS has this as question into CMS for consideration
- Nonbinding Letter of Interest.
- Additional webinars for application review.

### **Stakeholder Engagement**

- Small Stakeholder Workgroup membership comprised of legislative staff, children's health advocates, dental providers (across delivery systems and academia), dental managed care plans, local agencies (First 5) and clinics.
  - Subworkgroups
    - Dental Clinicians for the Caries Risk Assessment
    - Clinic representatives (FQHCs, RHCs, Tribal) for data reporting
- Webinars for ongoing stakeholder engagement and application efforts for LDPP.

### Stakeholder Engagement (cont'd)

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

## **Comments/Questions**

Please email <u>DTI@dhcs.ca.gov</u> for questions or comments.

