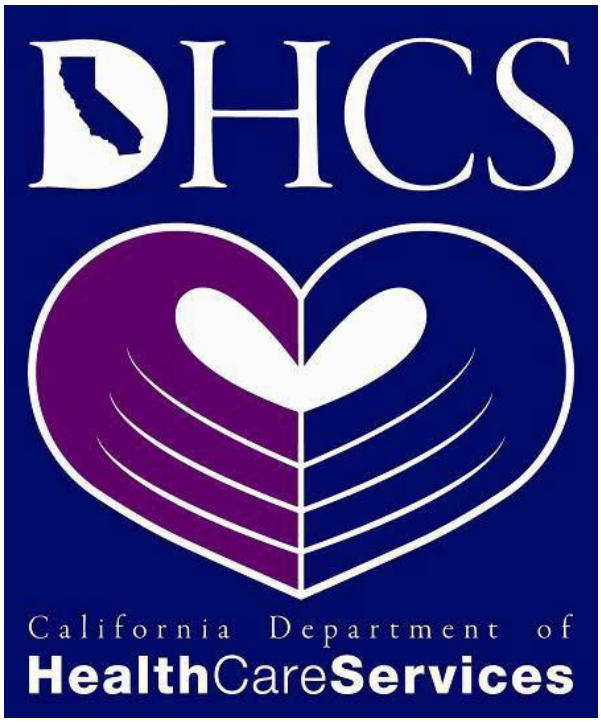
CALIFORNIA'S MEDI-CAL 2020 DEMONSTRATION (11-W-00103/9)



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

Final Annual Report Period:

Program Year (PY) 5 (01/01/2020 – 12/31/2020)

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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 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 in the selected 29 counties, and (3) continuity of care in the selected 36 counties. Domain 4 addresses the aforementioned domains through Local Dental Pilot Programs (LDPP). Additionally, Domain 3 annual incentive payment amounts increased by $60 per beneficiary with dates of service of January 1, 2019 or later. Implementation details 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. This evaluation design was approved by the Centers for Medicare and Medicaid Services (CMS) on September 12, 2017 (Approval Letter).

The Medi-Cal 2020 Section 1115 Demonstration Waiver (Medi-Cal 2020 Waiver) was originally approved by CMS on December 30, 2015, and would be effective through December 31, 2020. Following the end of the waiver period, DHCS intended to implement the California Advancing and Innovating Medi-Cal (CalAIM), a multi-year initiative to build upon the successful outcomes of DTI and implement statewide oral health policy. However, implementation of CalAIM was delayed due to the 2019-Novel Coronavirus (COVID-19) public health emergency (PHE), DHCS submitted a one-year extension of the Medi-Cal 2020 Waiver to CMS on September 16, 2020, which CMS approved on December 29, 2020, with an additional demonstration year for PY 6 ending on December 31, 2021. The extension included DTI Domains 1, 2, and 3; Domain 4 concluded on December 31, 2020 as originally scheduled and was not extended because of the various challenges experienced by LDPP, including delayed contract execution with partners and/or subcontractors, staff turnover, and inability to meet self-selected performance metrics during the first two years of operations. In addition, DHCS determined that it lacked sufficient projected amount of expenditures in the extension year to fully fund all four DTI domains and therefore, prioritized the funding for the continuation of Domains 1-3.

The Medi-Cal 2020 Waiver Special Terms and Conditions (STCs) require DHCS to report on data and quality measures to CMS on an annual basis. A preliminary report for program activities during each program year (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 with an additional demonstration period per the approval of the Medi-Cal 2020 12-month extension:

- 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
- PY 6: January 1, 2021 through December 31, 2021[1]

This annual report contains results of the DTI goals in PY 5 to the extent available. The content includes, but is not limited to, performance metrics, a description of DTI operations, payment summary, dental utilization and COVID-19 PHE impact analysis, effectiveness of domain activities, and program integrity. In compliance with the Americans with Disabilities Act (ADA), this report includes appendices in a separate attachment.

Key Findings

Domain 1

- The preventive dental services utilization rate for children ages one through twenty increased by 1.20 percentage points from baseline year CY 2014 to PY 5 (CY 2020) and decreased by 9.38 percentage points from PY 4 (CY 2019) to PY 5 (CY 2020) because of the COVID-19 PHE. (Figure 1)
- The number of unduplicated fee-for-service (FFS) and dental managed care (DMC) Medi-Cal providers rendering preventive dental services to at least ten children ages one through twenty increased by 5.91 percentage points from baseline year CY 2014 to PY 5 and decreased by 2.2 percentage points from PY 4 to PY 5 because of the COVID-19 PHE. (Figure 2)
- DHCS issued a total of $56.3 million in PY 4 (total payment) incentive payments, $35.1 million for PY 5, as of September 2021. (Figure 3 and Figure 4)

Domain 2

- Preventive dental services in the CRA risk groups increased on average by 108 percentage points when compared to the control group for beneficiaries ages zero through six who received CRA for the first time in PY 5 with dental history in PY 4 (Figure 10)
- DHCS issued payments of more than: $2 million for PY 2, $4 million for PY 3, $56.6

[1] PY 6 is only for DTI Domains 1 to 3.

million for PY 4, and $70.8 million for PY 5 as of September 2021. The increase in payments for PY 4 and PY 5 is due to implementation of Domain 2 into the expansion counties. (Figure 40)

Domain 3

- From baseline year CY 2015 to PY 5 across the 17 initial pilot counties, the percentage of children ages 20 and under receiving continuity of care increased by 1.8 percentage points on average for the various continuity of care years. (Figure 41)
- From baseline year CY 2015 to PY 5, due to implementation of Domain 3across 19 expansion counties, the percentage of children ages 20 and under receiving two-year continuity of care increased by 0.90 and three-year continuity of care increased by 1.82 percentage points. (Figure 42)
- DHCS issued a total of $84.02 million in PY 4 total incentive payments, $73.1 million for PY 5 (first payment), as of July 2021. (Figures 43 and 44)
- Utilization of preventive dental services in PY 5 across the 36 Domain 3 counties increased by 2.19 percentage points when compared to baseline year CY 2014 but decreased by 9.47 percentage points when compared to PY 4 because of the COVID-19 PHE. (Figure 49)

Domain 4

- In PY 5, LDPPs utilized teledentistry services, leveraged virtual platforms, performed educational outreach, and provided emergency services to patients in need.
- Domain 4 was not included in the 12 month Medi-Cal 2020 waiver extension to include 2021 due to various challenges experienced by LDPPs such as delayed contract execution with partners and/or subcontractors, staff turnover, and inability to meet self-selected performance metrics during the first two years of operations. All 13 LDPPs concluded their operations on December 31, 2020.
- Based on the quarterly invoices LDPPs submitted, DHCS issued a total of $108.5 million payments to LDPPs for all PYs as of September 2021. (Figure 50)

Although DTI Domains 1-3 have made significant progress in improving the overall dental health in Medi-Cal children in the first four PYs, PY 5 was significantly impacted by the COVID-19 PHE with dental office closures, stay-at-home orders, and social distancing. However, DHCS is working diligently with the Administrative Services Organization (ASO) contractor, Delta Dental of California, through outreach activities to educate both beneficiaries and providers on safe office practices to resume/increase preventive and other oral health services. The impact of COVID-19 PHE on each domain's performance will be discussed in the individual sections.

DTI Program Implementation

For DTI implementation, DHCS worked closely with its Fiscal Intermediary (FI) contractor, Gainwell Technologies LLC (previously DXC Technology Services), the ASO contractor, Delta Dental of California, six contracted DMC plans, and various stakeholder groups to implement the domains across the two dental delivery systems in the state, FFS and managed care. The DMC plans include Geographic Managed Care (GMC) plans in Sacramento County and Prepaid Health Plans (PHP) in Los Angeles 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. All providers enrolled in FFS and SNCs can participate in all DTI domains. DMC providers can only participate in Domains 1 and 2.

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, discussed topics of potential concern and resolution, and increased 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.
8) Addressed topics of COVID-19 PHE concerns including dental utilization decrease, offices re-opening, and provider bulletins regarding Personal Protective Equipment and safety protocols.

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 each respective domain section. The Domain 1 Awareness Plan efforts published in the DTI Annual Report PY 1, Appendix 1 continue to be utilized in PY 5.

Stakeholder Workgroups

In previous PYs, DHCS facilitated 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. As envisioned, this workgroup has collaborated with DHCS on various

changes and updates to the DTI program necessary to ensure its success. 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 5, the workgroup did not convene as there were no discussion items for the meetings. In lieu of those meetings in January, March, May, July, September, and November, DHCS shared DTI updates via email.

Stakeholder Sub-workgroups

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

- Domain 2 Sub-workgroup
  DHCS created this sub-workgroup to identify the risk assessment tools and training programs used in DTI Domain 2 - CRA and Disease Management Pilot and to address issues or concerns about the domain. Due to a lack of agenda items, this sub-workgroup is no longer active. DHCS released an email notification on September 9, 2020 to inform participants that this meeting series was cancelled, and any new issues and updates for Domain 2 would be discussed in the DTI Small Workgroup meetings.

- DTI SNC Sub-workgroup
  DHCS created this sub-workgroup to collaborate with representatives from the 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 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. This sub-workgroup did not convene during PY 5 and is no longer active.

- Domain 3 Sub-workgroup
  DHCS created this sub-workgroup in PY 2, 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 meeting did not convene during PY 5 and is no longer active.

- Domain 4 Sub-workgroup
  DHCS continued bi-monthly teleconferences with the contracted LDPPs in PY 5 and held additional teleconferences to discuss specific topics as needed. The purpose of

these meetings is to answer questions and encourage collaboration between the LDPPs. The teleconferences expanded to include rotating presentations by the LDPPs to share their best practices, outcomes, and challenges, if any, with other LDPP entities. In PY 5, this meeting occurred on the following dates: February 20, April 30, June 18, August 20, October 15, and December 17, 2020.

- Data Sub-workgroup
  DHCS created this sub-workgroup to garner stakeholder feedback regarding data being reported in annual DTI reports. In PY 5, this sub-workgroup did not convene because stakeholders did not share any feedback on the PY 3 Annual Report. DHCS will continue these meetings as needed to review and address stakeholder feedback on future reports.

DTI Outreach Venues

DHCS presented DTI information at 12 venues during PY 5. Please see the list of DTI outreach venues within the 1115 Waiver Demonstration Year (DY) 15 Annual Report, DY 16 Quarter 1 Progress Report, and DY 16 Quarter 2 Progress 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 email inbox to direct comments, questions, or suggestions. The DTI webpage is updated on an ongoing basis as new information becomes available. During PY 5, the postings included updates to Domain 2 and Domain 3 fact sheets, DTI PY 3 Annual Report, and the DTI Interim Evaluation Report.

Provider Bulletins

DHCS also communicated DTI information through dental provider bulletins. Below are the bulletins that contain DTI updates and notification to providers in PY 5.

Bulletin	Date	Topic
Volume 36, Number 4	March 2020	CDT-19 Update: Dental Transformation Initiative Domain 1 Codes
Volume 37, Number 1	January 2021	Dental Transformation Initiative Extended through 2021 and Updated Adjudication Reason Code 002A

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. Most inquiries during this reporting period included, but were not limited to, the following categories: DTI extension, encounter data submission, opt-in form submission, payment status and calculations, resource documents, and Domain 2 billing and opt-in questions. 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. Please refer to the 1115 Waiver DY 15 Annual, DY 16 Quarter 1 and DY 16 Quarter 2 progress reports for the number of inquiries received in each domain.

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 (SURS) to prevent fraud and abuse. DHCS discovered no program integrity issues related to DTI during PY 5.

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's 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 toward this goal in PY 5; however, due to the COVID-19 PHE, statewide preventive services utilization decreased because of the initial shelter-in-place mandate and suspension of all non-emergency dental services to slow the spread of the COVID-19. In May 2020, DHCS recommended Medi-Cal dental providers review the California Department of Public Health guidance for resuming deferred and preventive dental care amidst the COVID-19 PHE. By December 2020, 98 percent of the FFS dental offices and 100 percent of the DMC offices re-opened for routine dental procedures. However, the office closures during the initial stages of the COVID-19 PHE, followed by many Californians choosing to stay at home and practice social distancing impacted dental utilization in PY 5, including Domain 1 goals. Figures 1, 5, 6, and Appendices 1 and 2 depict this impact when compared to previous PYs.

For reporting purposes, DHCS uses the CMS 416 methodology 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.

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 beneficiaries in PY 5. 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.

Figure 1 demonstrates statewide Domain 1 performance. Compared to the baseline year, when excluding SNCs, preventive dental services utilization rate decreased by 4.96 with SNCs excluded and increased by 1.20 percentage points with SNCs included for PY 5. Since the baseline year is prior to the implementation of International Classification of Diseases 10 codes (ICD-10), which became effective October 1, 2015, DHCS still provides the analysis including and excluding SNC data for comparison purposes. Statewide preventive dental utilization in beneficiaries ages one through twenty decreased by approximately 9.38 percentage points from PY 4 to PY 5 (when including SNCs) because of the COVID-19 PHE. Please note that PY 5 utilization is expected to slightly increase after the run-out period for claims submission ending on December 31, 2021. DHCS anticipates utilization will increase in PY 6 following ongoing promotions via outreach efforts, sharing safe office practices and provider information, and continued provider incentive payments.

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

Measure	Baseline Year: CY 2014	PY 5 Excluding SNCs	PY 5 Including SNCs
Numerator	1,997,190	1,710,834	2,031,119
Denominator	5,279,035	5,204,581	5,204,581
Preventive Dental Services Utilization	**37.83%**	**32.87%**	**39.03%**
Percentage Changes from Baseline Year	**N/A**	**-4.96%**	**1.20%**

The data comparison in Figure 2 shows the number of FFS and DMC office locations increased by 9.02 percent from the baseline year to PY 5. The number of unduplicated FFS and DMC providers rendering preventive dental services to at least ten beneficiaries from baseline year to PY 5 also increased by 5.91 percent. Both increases indicate a positive correlation between provider incentive payments and preventive services provided to Medi-Cal beneficiaries through DTI.

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

Measure	Baseline Year: CY 2014	PY 5	Percent Diff
Number of FFS and DMC Service Office Locations Providing Preventive Dental Services to Beneficiaries Ages One through Twenty	5,600	6,105	9.02%
Number of Unduplicated FFS and DMC Rendering Providers Providing Preventive Dental Services to at Least Ten Beneficiaries Ages One through Twenty	5,908	6,257	5.91%

Footnotes on Figures 1 and 2:

- Data Source: DHCS MIS/DSS Data Warehouse as of September 2021.
- Numerator: Three months continuously enrolled beneficiaries who received any preventive dental service (Current Dental Terminology (CDT) codes D1000-D1999 or Current Procedural Terminology (CPT) Code 99188, 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.
- 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.
- The reporting period of this report (CY) is different from the reporting period of the CMS 416 report (FFY).

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Utilization of Preventive Dental Services by County

For purposes of ADA compliance, please see separate attachment for appendices 1, 2, 3, and 4 pertaining to Domain 1. In Appendix 1: Domain 1 Utilization of Preventive Dental Services by County in PY 5 Excluding SNCs and Appendix 2: Domain 1 Utilization of Preventive Dental Services by County in PY 5 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 received services. In PY 5, the utilization of beneficiaries enrolled in Medi-Cal for three months continuously and received preventive dental services (including SNC data) increased in most counties when compared to the baseline year. However, when compared to PY 4, the preventive dental service utilization in all counties decreased, largely due to the COVID-19 PHE.

Appendix 3 shows Domain 1 Utilization of Preventive Dental Services by County in Baseline Year CY 2014. Overall, preventive service utilization excluding and including SNCs decreased by 4.96 percent points and increased by 1.20 percent points respectively in PY 5 compared with the baseline year. DHCS expects this utilization rate to increase slightly after the run-out period for claims submission ending on December 31, 2021.

Compared to the baseline year, the preventive dental services utilization in children ages one through twenty increased by 4.64, 7.48, 8.06, 10.58 and 1.20 percent points when including SNC encounters in each respective PY. This increase in the first four PYs demonstrate the effectiveness in meeting the Domain's goal, which decreased in PY 5 due to the COVID-19 PHE.

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Incentive Payments Analysis

The total incentive payments disbursed for PY 3 was $54.5 million as discussed in the PY 4 Annual Report. Figure 3 and Figure *4* display the amount of incentives paid to service office locations for Domain 1 services provided in PY 4 and PY 5 as of September 2021. The total incentive payments disbursed for PY 4 and PY 5 was approximately $56.3 million and $35.1 million respectively. There will be one follow-up payment for PY 5 made in January 2022 that will be discussed in the PY 6 Annual Report. The total payments per PY in Domain 1 increased on average by seven (7) percent until PY 4, which is a reflective of achieving Domain 1 goals.

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

Delivery System	PY 4 First Payment (January 2020)	PY 4 Second Payment (July 2020)	PY 4 Third Payment (January 2021)	PY 4 Total Payment
FFS	$49,161	$1,076	$41	$50,278
DMC	$1,485	$1,269	$63	$2,817
SNC	$1,346	$1,501	$376	$3,223
Total	**$51,992**	**$3,846**	**$480**	**$56,318**

Figure 4: Domain 1 Incentive Payment Summary – PY 5 (Dollars in Thousands)

Delivery System	PY 5 First Payment (January 2021)	PY 5 Second Payment (July 2021)
FFS	$31,908	$851
DMC	$925	$549
SNC	$235	$622
Total	**$33,070**	**$2,022**

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Impact Assessment

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 decreased by approximately 15.92 percent from baseline year to PY 5, while the number of preventive dental services decreased by 5.86 percent during the same period. In contrast with the previous PYs where preventive and treatment services increased, the overall dental utilization in PY 5 is showing a decrease because of the COVID-19 PHE. Beneficiaries postponed non-essential treatment services and continued with preventive services; therefore, the decrease in dental preventive services is not as significant as the decrease in dental treatment services in PY 5. In Figure 6, the expenditures of treatment services increased by 66.11 percent from baseline year to PY 5, while the expenditures of preventive dental services increased by 132.05 percent during the same period. Similar to above, PY 5 increase in expenditures is less when compared to previous PYs because of the overall decrease in the dental utilization.

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

Number of Services	Baseline Year: CY 2014	PY 5	Percent Diff
Preventive Dental Services	7,177,160	6,131,182	-14.57%
Preventive Dental Encounters (ICD-10)	N/A	625,749	N/A
Preventive Dental Services Total	**7,177,160**	**6,756,931**	**-5.86%**

Number of Services	Baseline Year: CY 2014	PY 5	Percent Diff
Dental Treatment Services	5,624,637	4,465,810	-20.60%
Dental Treatment Encounters (ICD-10)	N/A	263,414	N/A
Dental Treatment Services Total	**5,624,637**	**4,729,224**	**-15.92%**
Total Count of Preventive and Treatment Services	**12,801,797**	**11,486,155**	**-10.28%**

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

Expenditures	Baseline Year: CY 2014	PY 5	Percent Diff
Preventive Dental Services	$123,328	$134,117	8.75%
Preventive Dental Encounters (ICD-10)	N/A	$152,070	N/A
Preventive Dental Services Total	**$123,328**	**$286,187**	**132.05%**
Dental Treatment Services	$261,931	$371,173	41.71%
Dental Treatment Encounters (ICD-10)	N/A	$63,927	N/A
Dental Treatment Services Total	**$261,931**	**$435,100**	**66.11%**
Total Expenditure of Preventive and Treatment Services	**$385,259**	**$721,287**	**87.22%**

Footnotes for Figures 5 and 6:

- Data Source: DHCS MIS/DSS Data Warehouse as of September 2021.
- Preventive Dental Services: Any preventive dental service (CDT codes D1000-D1999 or CPT Code 99188) at a dental office.
- Preventive Dental Encounters (ICD-10): 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).
- Dental Treatment Services: Any dental treatment service (CDT codes D2000-D9999) at a dental office.
- Dental Treatment Services (ICD-10): Any dental treatment service at an SNC (dental encounter with ICD 10 codes on Appendix 4: ICD 10 CODES FOR DENTAL SERVICES, List A).
- N/A: Data was not available because ICD-10 was not implemented in baseline year.

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Effectiveness of the Activities

The performance metrics listed above, in the appendixes, as well as Figure 49 under Domain 3, provide an indication of Domain 1 activities. These metrics demonstrate the efforts in increasing preventive dental services through Domain 1 and 3 incentive payments compared to restorations. DHCS observed quantifiable results in SNCs rendering the dental services from Figures 1, 5, and 6 to improve preventive services utilization during the COVID-19 PHE. When excluding SNC encounters, utilization of preventive dental services among all counties changed between -16.15 to 10.08 percentage points with a total of 4.96 percentage point decrease from baseline year to PY 5 statewide (Appendix 1). When including SNC encounters, all counties changed utilization between -4.74 to 44.67 percentage points (Appendix 2). SNCs continued to play an important role in providing dental services to Medi-Cal beneficiaries. SNC expenditures have increased continuously from PY 1 (PY 2 Annual Report) to PY 4 (Figure 3) by 57.4 percent and is pending completion of PY 5 payments.

Services Per Capita

DHCS added services per capita, Figure 7, comparing Domain 1 in baseline year and PY 5 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 ages one through twenty enrolled in Medi-Cal during the measurement year who had at least one preventive dental service. Based on Figure 7, on an average, every 10 beneficiaries received 2 fewer dental services from the baseline year to PY 5. The decrease in both the number of beneficiaries and preventive dental services was driven by both enrollment and utilization in dental offices and SNCs.

Figure 7: Domain 1 Services per Capita

Measure Year	Number of Beneficiaries	Number of Preventive Dental Services	Service Per Capita
Baseline Year: CY 2014	2,038,977	7,177,160	3.52
PY 5	2,035,669	6,756,931	3.32

Cost Per Capita

The cost per capita related to Domain 1 for baseline year and PY 5 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, and 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 the DMC delivery system. Cost per capita increased in PY 5 compared to baseline year because of the DTI program incentives and Proposition 56 supplemental payments; however, the increase in cost per capita in PY 5 is less when compared to the previous PYs because of the overall decrease in the preventive dental services utilization.

Figure 8: Domain 1 FFS Cost per Capita

Measures Year	Number of FFS Beneficiaries	Expenditures of FFS Preventive Dental Services	FFS Cost Per Capita
Baseline Year: CY 2014	1,894,607	$123,327,664	$65.09
PY 5	1,945,609	$286,187,332	$147.09

Footnotes for Figures 7 and 8:

- Data Source: DHCS MIS/DSS Data Warehouse as of September 2021.
- Number of Beneficiaries: 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.
- Number of FFS Beneficiaries: 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.
- Number of Preventive Dental Services: Number of preventive dental services for beneficiaries ages one through twenty in a dental office or an SNC.
- Expenditures of FFS Preventive Dental Services: Expenditures of preventive dental services for FFS beneficiaries ages one through twenty.

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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. Beginning PY 4, DHCS expanded this Domain to an additional 18 counties, along with the initial 11 counties bringing the total to 29 pilot counties: Contra Costa, Fresno, Glenn, Humboldt, Imperial, Inyo, Kern, Kings, Lassen, Los Angeles, Madera, Mendocino, Merced, Monterey, Orange, Plumas, Riverside, Sacramento, San Bernardino, San Diego, San Joaquin, Santa Barbara, Santa Clara, Sierra, Sonoma, Stanislaus, Tulare, Ventura and Yuba.

DHCS used dental claims, medical claims, and encounters from the previous PYs and baseline year to develop the performance measures for this domain. CY 2020 is the fourth PY of Domain 2. To keep consistency of this report, DHCS used PY 2, 3, 4 and 5 to represent the first, second, third and fourth year of Domain 2, which are CY 2017, 2018, 2019 and 2020. This report separates the beneficiaries into four groups and presents their performance in four different sections. Incentive payment analysis contains all four groups of beneficiaries.

- Section One: Figure 9 through Figure 15 show the performance of beneficiaries who received a CRA for the first time in PY 5 in comparison with the control group. This section analyzes the performance of beneficiaries from the 29 pilot counties.

- Section Two: Figure 16 through Figure 23 show the performance of beneficiaries who received a CRA for the first time in PY 4 and their performance in PY 5. 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 PY 5. This section analyzes the performance of beneficiaries from the 29 pilot counties.

- Section Three: Figure 24 through Figure 31 show the performance of beneficiaries who received a CRA for the first time in PY 3 and returned in PY 4, and their performance in PY 5. 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 PY 5. This section analyzes the performance of beneficiaries from the original 11 counties.

- Section Four: Figure 32 through Figure 39 show the performance of beneficiaries who received a CRA in PY 2, PY 3, and PY 4, and their performance in PY 5. 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 PY 5. This section analyzes the performance of beneficiaries from the original 11 counties.

- Figure 40 is the incentive payment analysis for all four groups of beneficiaries in PY 2, PY 3, PY 4, and PY 5.

With the addition of data from the 18 expansion counties since the PY 4 report, data measures were not broken down by county in this report. Instead, the data is categorized by the following groups: control, low risk, moderate risk, and high risk to provide a high level overview of program performance. County level measures on Domain 2 performance are available in Appendices 5 through 38.

The age group of the following performance measures is zero to six. The age group (under two, three through four, and five through six) breakdowns for these measures can also be found in the Appendices 5 through 38. 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.

The control group consists of all beneficiaries who had at least one restorative service at a dental office or an SNC from the 29 pilot counties in PY 5 but did not receive a CRA. The low, moderate, and high-risk groups consist of beneficiaries who received a CRA and the associated treatment plan for their respective risk levels. This report presents the changes in service counts from PY 4 to PY 5 for each group. PY 4 is the baseline for the new or returned beneficiaries who received services in PY 5.

Section One: New CRA Beneficiaries in PY 5

The performance of beneficiaries who received a CRA for the first time in PY 5 are captured in this section. Beneficiaries in this new CRA group may have received dental services in the past or not; therefore, DHCS further categorized these beneficiaries into groups that received dental services in PY 4 versus those who did not receive dental services previously and received a CRA for the first time in PY 5.

Performance Metrics Analysis

Figure 9 reflects the number of new beneficiaries in the CRA and control group in PY 5 based on the beneficiary category.

- ‘01’ category are beneficiaries who were not eligible for CRA in PY 4 due to age.
- ‘02’ category are beneficiaries who were eligible for CRA in PY 4 but did not receive dental services in PY 4 or prior, making PY 5 the first visit to the dentist.
- ‘03’ category are beneficiaries who were eligible for CRA in PY 4 but did not receive

dental services in PY 4 and received dental services in prior program years.

- '04' category are beneficiaries who were eligible for CRA in PY 4 and received dental services in PY 4.
- '05' category is the total of 01, 02, 03, and 04 categories.
- '00' category is the total of 01, 02, and 03 categories.

DHCS summarized data in 00, 04, and 05 categories for comparison between the control and risk groups in Figure 10 through 14. Please see age and county breakdown in Appendix 5: Domain 2 Number of New CRA Beneficiaries and Control Group in PY 5 by County and Age Group.

Figure 9: Number of New CRA Beneficiaries and Control Group in PY 5

Group	Beneficiary Category in PY 5	Beneficiary Count	% Total
Control	01 Not Eligible in PY 4	1,466	3%
Control	02 Eligible in PY 4 did not receive services in PY 4	8,029	14%
Control	03 Eligible in PY 4 did not receive services in PY 4 but received services prior to PY 4	5,578	10%
Control	04 Received services in PY 4	41,646	73%
Control	**05 Total PY 5 Beneficiaries**	**56,719**	**100%**
Low Risk	01 Not Eligible in PY 4	1,901	5%
Low Risk	02 Eligible in PY 4 did not receive services in PY 4	20,725	51%
Low Risk	03 Eligible in PY 4 did not receive services in PY 4 but received services prior to PY 4	3,800	9%
Low Risk	04 Received services in PY 4	14,423	35%
Low Risk	**05 Total PY 5 Beneficiaries**	**40,849**	**100%**
Moderate Risk	01 Not Eligible in PY 4	1,594	4%
Moderate Risk	02 Eligible in PY 4 did not receive services in PY 4	19,965	52%
Moderate Risk	03 Eligible in PY 4 did not receive services in PY 4 but received services prior to PY 4	3,665	10%
Moderate Risk	04 Received services in PY 4	13,115	34%

Moderate Risk	**05 Total PY 5 Beneficiaries**	**38,339**	**100%**
High Risk	01 Not Eligible in PY 4	5,077	4%
High Risk	02 Eligible in PY 4 did not receive services in PY 4	43,892	37%
High Risk	03 Eligible in PY 4 did not receive services in PY 4 but received services prior to PY 4	18,761	16%
High Risk	04 Received services in PY 4	50,580	43%
High Risk	**05 Total PY 5 Beneficiaries**	**118,310**	**100%**

The total beneficiaries in PY 5 who received CRA for the first time included beneficiaries who were not eligible for CRA in PY 4 (01 category) and did not receive services in PY 4 (02 and 03 categories); therefore, including these beneficiaries may inflate the service count and introduce high percentage changes that could potentially mislead the service utilization shown in Figures 10 through 14 unrelated to CRA. Consequently, services and percentage difference between the risk and control groups in Figures 10 through 14 are broken down in various scenarios: 00 category - beneficiaries who did not receive dental services in PY 4, 04 category - beneficiaries who received dental services in PY 4, and 05 category - all beneficiaries who received CRA for the first time in PY 5 regardless if they received dental services in PY 4.

Figure 10 shows the comparison between the control group and the CRA risk groups in number of preventive dental services received in PY 4 and PY 5. Preventive services in the CRA risk groups increased on an average by 108 percentage points when compared to the control group for beneficiaries, who received dental services in PY 4. When comparing between groups regardless of the PY 4 dental history, preventive services increased by 358 percentage points. Both data points show an overall increase in the preventive dental service utilization between the CRA risk groups versus the control group, which is a desired outcome for the Domain. Please see age and county breakdown in Appendix 6: Domain 2 Count of Preventive Dental Services for New CRA Beneficiaries and Control Group in PY 5 by County and Age Group.

Figure 10: **Number and Percentage Change in Preventive Dental Services for New CRA Beneficiaries and Control Group in PY 5**

Group	Beneficiary Category in PY 5	PY 4 Preventive	PY 5 Preventive	Percent Diff
Control	00 Did not receive services in PY 4	0	44,352	N/A
Control	04 Received services in PY 4	139,006	124,440	-10%
Control	**05 Total PY 5 Beneficiaries**	**139,006**	**168,792**	**21%**
Low Risk	00 Did not receive services in PY 4	0	105,487	N/A
Low Risk	04 Received services in PY 4	38,296	71,799	87%
Low Risk	**05 Total PY 5 Beneficiaries**	**38,296**	**177,286**	**363%**
Moderate Risk	00 Did not receive services in PY 4	0	110,985	N/A
Moderate Risk	04 Received services in PY 4	34,825	67,257	93%
Moderate Risk	**05 Total PY 5 Beneficiaries**	**34,825**	**178,242**	**412%**
High Risk	00 Did not receive services in PY 4	0	340,316	N/A
High Risk	04 Received services in PY 4	136,202	289,943	113%
High Risk	**05 Total PY 5 Beneficiaries**	**136,202**	**630,259**	**363%**

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Figure 11 shows that the restorative services for beneficiaries, who received dental services in PY 4, in the control group increased by 164 percent, which is significantly more than the risk level groups from PY 4 to PY 5. For the low and moderate risk groups, restorative services decreased by 39 and 28 percent respectively, which demonstrates that the caries condition of the risk groups were better controlled and managed than the control group. The increase in the high-risk group is less than the control group by 109 percentage points, which is a desired outcome. The increase in high-risk group compared to low and moderate risk groups can be attributed to beneficiaries diagnosed in the high-risk group who were treated for caries in PY 5. Overall, DHCS observed a positive trend among the risk level groups compared with the control group. Please see age and county breakdown in Appendix 7: Domain 2 Count of Restorative Dental Services for New CRA Beneficiaries and Control Group in PY 5 by County and Age Group.

Figure 11: Number and Percentage Change in Restorative Dental Services for New CRA Beneficiaries and Control Group in PY 5

Group	Beneficiary Category in PY 5	PY 4 Restorative	PY 5 Restorative	Percent Diff
Control	00 Did not receive services in PY 4	0	89,418	N/A
Control	04 Received services in PY 4	74,211	196,250	164%
Control	**05 Total PY 5 Beneficiaries**	**74,211**	**285,668**	**285%**
Low Risk	00 Did not receive services in PY 4	0	6,157	N/A
Low Risk	04 Received services in PY 4	10,499	6,445	-39%
Low Risk	**05 Total PY 5 Beneficiaries**	**10,499**	**12,602**	**20%**
Moderate Risk	00 Did not receive services in PY 4	0	9,236	N/A
Moderate Risk	04 Received services in PY 4	12,587	9,069	-28%
Moderate Risk	**05 Total PY 5 Beneficiaries**	**12,587**	**18,305**	**45%**
High Risk	00 Did not receive services in PY 4	0	191,778	N/A
High Risk	04 Received services in PY 4	94,292	145,971	55%
High Risk	**05 Total PY 5 Beneficiaries**	**94,292**	**337,749**	**258%**

Figures 12a and 12b displays the number of ER visits that occurred within PY 4 and PY 5 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 groups, equivalent to the preceding Domain 2 figures. In PY 5, GA is identified by CDT codes D9220, D9221, D9222 and D9223 and only includes GA billed through dental FFS and DMC delivery systems. D9220 is deep sedation/general anesthesia for the first 30 minutes; D9221 is for each subsequent 15 minute increments. CDT codes D9222 and D9223 replaced D9220 and D9221 on March 14, 2020 respectively.

Each of the risk groups, as well as the control group, encountered a decrease in ER visits from PY 4 to PY 5. However, on average the risk groups encountered a significant decrease in ER visits from PY 4 to PY 5 than the control group. DHCS expects the decrease in ER visits among the risk groups is attributed to beneficiaries' abilities to obtain dental services and increase utilization of preventive services for Medi-Cal children.

For GA services among the beneficiaries who received dental services in PY 4, the control

group experienced an increase by 757 percent while the low and moderate risk groups decreased by 61 and 48 percent respectively. The increase in high-risk group is less than the control group by 649 percentage points. The GA case increase in the control group represents the baseline count of GA cases without DTI specific intervention.

Overall, those beneficiaries who participated in a caries risk assessment made fewer ER visits, and had significantly less need for GA services, than the control group. Therefore, the data presented in Figures 12a and 12b show benefits of an increased focus on using preventive services to treat caries early on, rather than relying on restorative procedures. Please see age and county breakdown in Appendix 8: Domain 2 Count of ER Visits for New CRA Beneficiaries and Control Group in PY 5 by County and Age Group and Appendix 9: Domain 2 Count of GA Services for New CRA Beneficiaries and Control Group in PY 5 by County and Age Group.

Figure 12a: Number and Percentage Change in ER Visits for New CRA Beneficiaries and Control Group in PY 5

Group	Beneficiary Category in PY 5	PY 4 ER	PY 5 ER	Percent Diff
Control	00 Did not receive services in PY 4	0	143	N/A
Control	04 Received services in PY 4	441	297	-33%
Control	**05 Total PY 5 Beneficiaries**	**441**	**440**	**0%**
Low Risk	00 Did not receive services in PY 4	0	136	N/A
Low Risk	04 Received services in PY 4	298	30	-90%
Low Risk	**05 Total PY 5 Beneficiaries**	**298**	**166**	**-44%**
Moderate Risk	00 Did not receive services in PY 4	0	127	N/A
Moderate Risk	04 Received services in PY 4	234	51	-78%
Moderate Risk	**05 Total PY 5 Beneficiaries**	**234**	**178**	**-24%**
High Risk	00 Did not receive services in PY 4	0	554	N/A
High Risk	04 Received services in PY 4	996	342	-66%
High Risk	**05 Total PY 5 Beneficiaries**	**996**	**896**	**-10%**

Figure 13b: Number and Percentage Change in GA for New CRA Beneficiaries and Control Group in PY 5

Group	Beneficiary Category in PY 5	PY 4 GA	PY 5 GA	Percent Diff
Control	00 Did not receive services in PY 4	0	5,046	N/A
Control	04 Received services in PY 4	1,292	11,069	757%
Control	**05 Total PY 5 Beneficiaries**	**1,292**	**16,115**	**1147%**
Low Risk	00 Did not receive services in PY 4	0	339	N/A
Low Risk	04 Received services in PY 4	525	203	-61%
Low Risk	**05 Total PY 5 Beneficiaries**	**525**	**542**	**3%**
Moderate Risk	00 Did not receive services in PY 4	0	366	N/A
Moderate Risk	04 Received services in PY 4	479	248	-48%
Moderate Risk	**05 Total PY 5 Beneficiaries**	**479**	**614**	**28%**
High Risk	00 Did not receive services in PY 4	0	8,241	N/A
High Risk	04 Received services in PY 4	2,691	5,593	108%
High Risk	**05 Total PY 5 Beneficiaries**	**2,691**	**13,834**	**414%**

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Impact Assessment

Figure 13 describes the provision of dental exams. The number of dental exams increased on an average by 44 percentage points in the CRA risk groups compared to the control group from PY 4 to PY 5 among beneficiaries who received dental services in PY 4. DHCS anticipates the number of dental exams performed on CRA groups to continue increasing in PY 6. Please see age and county breakdown in Appendix 10: Domain 2 Count of Dental Exams for New CRA Beneficiaries and Control Group in PY 5 by County and Age Group.

Figure 14: Number and Percentage Change in Dental Exams for New CRA Beneficiaries and Control Group in PY 5

Group	Beneficiary Category in PY 5	PY 4 Exams	PY 5 Exams	Percent Diff
Control	00 Did not receive services in PY 4	0	18,656	N/A
Control	04 Received services in PY 4	60,121	48,580	-19%
Control	**05 Total PY 5 Beneficiaries**	**60,121**	**67,236**	**12%**
Low Risk	00 Did not receive services in PY 4	0	33,887	N/A
Low Risk	04 Received services in PY 4	18,097	21,832	21%
Low Risk	**05 Total PY 5 Beneficiaries**	**18,097**	**55,719**	**208%**
Moderate Risk	00 Did not receive services in PY 4	0	35,461	N/A
Moderate Risk	04 Received services in PY 4	16,777	20,903	25%
Moderate Risk	**05 Total PY 5 Beneficiaries**	**16,777**	**56,364**	**236%**
High Risk	00 Did not receive services in PY 4	0	106,511	N/A
High Risk	04 Received services in PY 4	69,580	90,045	29%
High Risk	**05 Total PY 5 Beneficiaries**	**69,580**	**196,556**	**182%**

Figure 14 shows the number of dental treatment services provided. The number of dental treatment services decreased on an average by 55 percentage points in the CRA risk groups compared to the control group from PY 4 to PY 5 among beneficiaries who received dental services in PY 4, which aligns with the Domain goal. Please see age and county breakdown in Appendix 11: Domain 2 Count of Dental Treatment Services for New CRA Beneficiaries and Control Group in PY 5 by County and Age Group.

Figure 15: Number of, and Percentage Change in Dental Treatments for New CRA Beneficiaries and Control Group in PY 5

Group	Beneficiary Category in PY 5	PY 4 Treatment	PY 5 Treatment	Percent Diff
Control	00 Did not receive services in PY 4	0	155,472	N/A
Control	04 Received services in PY 4	137,829	335,976	144%
Control	**05 Total PY 5 Beneficiaries**	**137,829**	**491,448**	**257%**
Low Risk	00 Did not receive services in PY 4	0	46,298	N/A
Low Risk	04 Received services in PY 4	18,924	33,714	78%
Low Risk	**05 Total PY 5 Beneficiaries**	**18,924**	**80,012**	**323%**

Moderate Risk	00 Did not receive services in PY 4	0	52,371	N/A
Moderate Risk	04 Received services in PY 4	21,551	36,845	71%
Moderate Risk	**05 Total PY 5 Beneficiaries**	**21,551**	**89,216**	**314%**
High Risk	00 Did not receive services in PY 4	0	451,178	N/A
High Risk	04 Received services in PY 4	159,848	346,845	117%
High Risk	**05 Total PY 5 Beneficiaries**	**159,848**	**798,023**	**399%**

Lastly, Figure 15 displays the expenditures for preventive dental services, dental treatment services, and GA for Domain 2. Expenditure of all service categories have increased from PY 4 to PY 5 for both the control and CRA groups. The Figure 15 provides further evidence of Domain 2's success in increasing the utilization of preventive services rather than the more costly restorative dental services, with the expenditures reflecting many of the same trends that have been discussed in previous figures. The CRA groups experienced a larger increase in preventive services than the control group. For preventive dental services, the CRA group's expenditures increased by 244 percentage points more than the control group. Unlike PY 4, the CRA groups experienced a larger increase in dental treatment services than the control group. For dental treatment services, the CRA group increased by 37 percentage points more than the control group. This is likely due to the impact of COVID-19 PHE, when patients were encouraged to avoid dental appointments unless absolutely necessary. Due to the CRA groups having personalized treatment plans with their dentists, they likely would have continued to attend their appointments through this period. For GA services, the CRA group experienced a significantly smaller percentage increase when compared to the control group.

Figure 16: Expenditures for New CRA Beneficiaries and Control Group in PY 5

Measure	Service Location	PY 4 Expenditures	PY 5 Expenditures	Percent Diff
Preventive Services	CRA Dental Offices	$4,535,012	$28,817,556	535%
Preventive Services	CRA SNCs	$4,942,960	$5,200,547	5%
Preventive Services	**Total CRA Locations**	**$9,477,972**	**$34,018,103**	**259%**
Preventive Services	Control Group Dental Offices	$3,247,490	$4,267,970	31%
Preventive Services	Control Group SNCs	$2,074,009	$1,853,616	-11%

Measure	Service Location	PY 4 Expenditures	PY 5 Expenditures	Percent Diff
Preventive Services	**Total Control Group Locations**	**$5,321,499**	**$6,121,586**	**15%**
Dental Treatment	CRA Dental Offices	$16,302,680	$76,006,278	366%
Dental Treatment	CRA SNCs	$1,077,326	$1,569,596	46%
Dental Treatment	**Total CRA Locations**	**$17,380,005**	**$77,575,874**	**346%**
Dental Treatment	Control Group Dental Offices	$10,007,970	$42,981,650	329%
Dental Treatment	Control Group SNCs	$674,053	$696,313	3%
Dental Treatment	**Total Control Group Locations**	**$10,682,023**	**$43,677,963**	**309%**
GA	**CRA Dental Offices**	**$1,182,979**	**$5,018,107**	**324%**
GA	**Control Group Dental Offices**	**$349,060**	**$4,821,585**	**1281%**

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.

Footnotes for Figures 9 through 15:

- Data Source: DHCS MIS/DSS Data Warehouse and DTI Domain 2 Report as of September 2021.
- New CRA Beneficiaries: Beneficiaries that received a CRA (CDT code D0601, D0602, or D0603) in PY 5, but did not receive a CRA in PY 4.
- Control Group: Beneficiaries with at least one restorative dental service (CDT codes D2000-D2999) or ICD-10 restorative procedure (K0262, K029, K0252, K0263, K0253, K0381, Z98811, K027, K08531, K0850, K0851, K08530, K08539, K0859, K0852, K0856, K025) at an SNC in PY 5 that did not receive a CRA.
- Low Risk: Number of beneficiaries that received a CRA with a low risk (CDT code D0601) for the first time in PY 5.
- Moderate Risk: Number of beneficiaries that received a CRA with a moderate risk (CDT code D0602) for the first time in PY 5.
- High Risk: Number of beneficiaries that received a CRA with a high risk (CDT code D0603) for the first time in PY 5.

- Beneficiary Category in PY 5: Beneficiaries included in the new CRA and Control groups are categorized based on previous eligibility or rendered dental services in the previous PY.
- 01 Not Eligible in PY 4: Beneficiaries included in the New CRA Beneficiaries group that had no valid eligibility in PY 4 due to age.
- 02 Eligible in PY 4 did not receive services in PY 4: Beneficiaries included in the New CRA Beneficiaries group who were eligible for CRA in PY 4 but did not receive dental services in PY 4 or prior, making PY 5 the first visit to the dentist.
- 03 Eligible in PY 4 did not receive services in PY 4 but received services prior to PY 4: Beneficiaries included in the New CRA Beneficiaries group who were eligible for CRA in PY 4 but did not receive dental services in PY 4 and received dentals services in prior program years.
- 04 Received services in PY 4: Beneficiaries included in the new CRA beneficiaries group who were eligible for CRA in PY 4 and received dental services in PY 4.
- 05 Total PY 5 Beneficiaries: Total of 01, 02, 03 and 04 beneficiary categories.
- 00 Did not receive services in PY 4: Total of 01, 02 and 03 beneficiary categories.
- Beneficiary Count: Unduplicated count of beneficiaries.
- Duplicates exist when a beneficiary had more than one CRA in the measurement year.
- Percent Diff: Percentage increase/decrease of indicated dental services between PY 4 and PY 5.
- PY 4 Preventive: Number of preventive dental services or ICD-10 preventive dental procedures at an SNC received in PY 4 (Baseline Year for beneficiaries who received CRA for the first time in PY 5).
- PY 5 Preventive: Number of preventive dental services CDT codes D1000- D1999, or CPT Code 99188, or ICD-10 preventive dental procedures at an SNC received in PY 5.
- PY 4 Restorative: Number of restorative dental services or ICD-10 restorative procedures at an SNC received in PY 4 (Baseline Year for beneficiaries who received CRA first time in PY 5).
- PY 5 Restorative: Number of restorative dental services or ICD-10 preventive dental procedures at an SNC received in PY 5.
- PY 4 ER: Number of ER Visits for ACS Dental Conditions in PY 4 (Baseline Year for beneficiaries who received CRA for the first time in PY 5).
- PY 5 ER: Number of ER Visits for ACS Dental Conditions in PY 5.
- PY 4 GA: Number of GA services in PY 4 (Baseline Year for beneficiaries who received CRA for the first time in PY 5).
- PY 5 GA: Number of GA services in PY 5.
- PY 4 Exams: Number of dental exams or ICD-10 dental exam procedures at an SNC received in PY 4 (Baseline Year for beneficiaries who received CRA for the first time

in PY 5).

- PY 5 Exams: Number of dental exams or ICD-10 dental exam procedures at an SNC received in PY 5.
- PY 4 Treatment: Number of dental treatment services or ICD-10 dental treatment procedures at an SNC received in PY 4 (Baseline Year for beneficiaries who received CRA for the first time in PY 5).
- PY 5 Treatment: Number of dental treatment services or ICD-10 dental treatment procedures at an SNC received in PY 5.
- Preventive Expenditures: Expenditures for preventive dental services CDT codes D1000-D1999, or CPT code 99188, or SNC encounters with ICD-10 codes (K023, K0251, K0261, K036, K0500, K0501, K051, K0510, K0511, Z012, Z0120, Z0121, Z293, Z299, Z98810).
- Treatment Expenditures: Expenditures for dental treatment services (CDT codes D2000-D9999) or SNC encounters with ICD-10 codes on Appendix 4: ICD-10 CODES FOR DENTAL SERVICES, List A.
- GA Expenditures: Expenditures for GA (CDT codes D9220-D9223).
- Dental Offices: Any Medi-Cal enrolled office that provides and bills dental services (CDT code D0100-D9999 or CPT code 99188).
- SNCs: Any Medi-Cal enrolled Safety Net Clinic that provides and bills dental encounters (CPT code 00003).

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Section Two: Beneficiaries Who Received CRA for the First Time in PY 4

The performance of beneficiaries who received a CRA for the first time in PY 4 is captured in this section.

Performance Metrics Analysis

Figure 16 and Figure 17 show the continuity and risk level movement of CRA in PY 5 for beneficiaries who received a CRA for the first time during PY 4. For beneficiaries who received a low-risk CRA for the first time in PY 4, 56 percent also received a CRA in PY 5, 12 percent aged out and 32 percent did not continue the CRA treatment in PY 5. Among those 45,705 beneficiaries who received low-risk CRA for the first time in PY 4, 35 percent became high risk, 19 percent became moderate risk and 46 percent stayed in low risk in PY 5.

For beneficiaries who received a moderate-risk CRA the first time in PY 4, 56 percent also received a CRA in PY 5, while 11 percent aged out and 33 percent did not continue the CRA treatment. Among those 48,652 beneficiaries who received moderate-risk CRA for the first time in PY 4, 44 percent became high risk, 40 percent stayed in moderate risk and 16 percent became low risk in PY 5.

For beneficiaries who received a high-risk CRA the first time in PY 4, 53 percent also received a CRA in PY 5, while 19 percent aged out and 28 percent did not continue the CRA treatment. Among those 109,642 beneficiaries who received high-risk CRA for the first time in PY 4, 84 percent stayed in high risk, 9 percent became moderate risk and 7 percent became low risk in PY 5.

The data in Figures 16 and 17 demonstrate that a patient's caries risk level is not necessarily something that can significantly improve over a short period of time. In order to see the impact in reducing the caries risk level of beneficiaries, both the beneficiary and the provider must adhere to their respective treatment plan over a longer period of time. Although more than 53 percent of the beneficiaries continued with CRA in each of the respective risk categories in PY 5, 35 percent of beneficiaries are moving from low-risk level to a high-risk level and 19 percent from low to moderate-risk level. The data also shows many beneficiaries did not continue the CRA treatment in PY 5. As stated earlier, the long-term commitment of beneficiaries and providers to the CRA treatment is crucial to the effectiveness of the program and DHCS is actively working with the ASO contractor on outreach activities regarding CRA continuity.

Please see age and county breakdown in the following three appendices:

- Appendix 12: Domain 2 CRA Movement from PY 4 to PY 5 for Beneficiaries in High-Risk in PY 4
- Appendix 13: Domain 2 CRA Movement from PY 4 to PY 5 for Beneficiaries in Moderate-Risk in PY 4
- Appendix 14: Domain 2 CRA Movement from PY 4 to PY 5 for Beneficiaries in Low-Risk in PY 4

Figure 17: CRA Continuity from PY 4 to PY 5

Risk Level in PY 4	Received CRA in PY 4	Received CRA in PY 4, not in PY 5	Received CRA in PY 4, aged out in PY 5	Received CRA in PYs 4 & 5
Low Risk	81,667	25,789	10,173	45,705
Low Risk	100%	32%	12%	56%
Moderate Risk	87,247	28,817	9,778	48,652
Moderate Risk	100%	33%	11%	56%
High Risk	206,966	58,207	39,117	109,642
High Risk	100%	28%	19%	53%

Figure 18: CRA Risk Level Movement from PY 4 to PY 5

Risk Level in PY 4	Received CRA in PYs 4 & 5	Move to/ Remained in High Risk in PY 5	Move to/ Remained in Moderate Risk in PY 5	Move to/ Remained in Low Risk in PY 5
Low Risk	45,705	15,973	8,527	21,205
Low Risk	100%	35%	19%	46%
Moderate Risk	48,652	21,553	19,383	7,716
Moderate Risk	100%	44%	40%	16%
High Risk	109,642	92,580	9,807	7,255
High Risk	100%	84%	9%	7%

Figure 18 shows an increase in the number of preventive dental services from PY 4 to PY 5 for beneficiaries who received a CRA for the first time in PY 4 and returned in PY 5. As a general goal, the state expects to see an increase in preventive services attributed to each risk category. Although the increase is minimal due to COVID-19 PHE and some beneficiaries not continuing with CRA in PY 5, Figure 18 demonstrates an increase in preventive services attributed to each risk category meeting the expectations for this measure in PY 5. Please see age and county breakdown in Appendix 15: Domain 2 Count of Preventive Dental Services for Beneficiaries Who Received CRA for the First Time in PY 4 and Returned in PY 5 by County and Age Group.

Figure 19: Number and Percentage Change in Preventive Dental Services for Beneficiaries Who Received CRA for the First Time in PY 4 and Returned in PY 5

Group	PY 4 Preventive	PY 5 Preventive	Percent Diff
Low Risk	160,281	166,458	4%
Moderate Risk	176,939	192,869	9%
High Risk	658,857	697,722	6%

Figure 19 shows a sharp reduction in the number of restorative dental services performed from PY 4 to PY 5 for beneficiaries who received a low and moderate-risk CRA and a slight reduction for those who received a high-risk CRA. The values presented in Figure 19 represent a significant success for Domain 2 in its aim to reduce reliance on restorative dental services. These values, as well as the values in Figure 18, demonstrate Domain 2 is

making progress towards its objective of increasing utilization of preventive services, rather than the more invasive and costly restorative procedures. Please see age breakdown in Appendix 16: Domain 2 Count of Restorative Dental Services for Beneficiaries Who Received CRA for the First Time in PY 4 and Returned in PY 5 by County and Age Group.

Figure 20: Number and Percentage Change in Restorative Dental Services for Beneficiaries Who Received CRA for the First Time in PY 4 and Returned in PY 5

Group	PY 4 Restorative	PY 5 Restorative	Percent Diff
Low Risk	23,461	12,052	-49%
Moderate Risk	28,949	17,819	-38%
High Risk	261,432	229,365	-12%

Figure 20 shows a reduction in ER visits across each of the risk groups. The fact that ER visits decreased for each of the risk groups provides further evidence of the success of Domain 2 in PY 5. Due to more beneficiaries undergoing preventive services, they are usually able to receive treatment before their condition worsens to the point that an ER visit becomes necessary. GA visits showed a decrease for the low and moderate risk levels, but an increase for the high-risk group. DHCS' analysis suggests that the reason GA visits increased for high-risk groups in PY 5 is due to returning high-risk beneficiaries from PY 4 utilizing restorative services in PY 5. Please see the age and county breakdown in Appendix 17: Domain 2 Count of ER Visits for Beneficiaries Who Received CRA for the First Time in PY 4 and Returned in PY 5 by County and Age Group and Appendix 18: Domain 2 Count of GA Services for Beneficiaries Who Received CRA for the First Time in PY 4 and Returned in PY 5 by County and Age Group.

Figure 21: Number and Percentage Change in ER Visits and GA for Beneficiaries Who Received CRA for the First Time in PY 4 and Returned in PY 5

Measure	Groups	PY 4	PY 5	Percent Diff
ER	Low Risk	235	80	-66%
ER	Moderate Risk	248	100	-60%
ER	High Risk	1,033	551	-47%
GA	Low Risk	812	440	-46%
GA	Moderate Risk	616	417	-32%

Measure	Groups	PY 4	PY 5	Percent Diff
GA	High Risk	4,939	7,910	60%

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Figure 21 describes the provision of dental exams. From PY 4 to PY 5, all CRA groups experienced a slight percentage decrease in the provision of dental exams. This may be partially due to some patients avoiding follow up appointments due to the guidance issued at the beginning of the COVID-19 PHE to avoid dental appointments unless absolutely necessary. DHCS does not expect the low risk group to increase dental exams significantly in PY 6 as there are no additional frequency procedures allotted for this risk level. Please see age and county breakdown in Appendix 19: Domain 2 Count of Dental Exams for Beneficiaries Who Received CRA for the First Time in PY 4 and Returned in PY 5 by County and Age Group.

Figure 22: Number and Percentage Change in Dental Exams for Beneficiaries Who Received CRA for the First Time in PY 4 and Returned in PY 5

Group	PY 4 Exam	PY 5 Exams	Percent Diff
Low Ris	54,52	49,684	-9%
Modere Risk	59,85	57,179	-4%
Highk	220,144	202,693	-8%

Figure 22 shows the number of dental treatment services provided for returning beneficiaries from PY 4. All CRA groups experienced a decrease in the count of dental treatment services being provided in PY 5 which demonstrates further evidence that Domain 2 is making progress towards meeting its objectives. As stated earlier, under Domain 2, providers are able to assess a patient's caries risk level and subsequently determine a preventive treatment plan suitable to their risk level. Consequently, they are able to greatly reduce the need for patients to undergo many of the invasive dental treatments. Please see age and county breakdown in Appendix 20: Domain 2 Count of Dental Treatments for Beneficiaries Who Received CRA for the First Time in PY 4 and Returned in PY 5 by County and Age Group.

Figure 23: Number and Percentage Change in Dental Treatments for Beneficiaries Who Received CRA for the First Time in PY 4 and Returned in PY 5

Groups	PY 4 Treatment	PY 5 Treatment	Percent Diff
Low Risk	86,169	76,666	-11%
Moderate Risk	99,194	93,992	-5%
High Risk	629,546	626,941	0%

Figure 23 displays the expenditures for preventive dental services, dental treatment services, and GA for beneficiaries who received a CRA for the first time in PY 4 and returned in PY 5. Among the total CRA locations, preventive dental services expenditures increased, while dental treatment services expenditures decreased from PY 4 to PY 5. For preventive dental services, the CRA group's expenditures increased by 2 percent. For dental treatment, the CRA group's expenditures decreased by 4 percent. GA services for the CRA groups increased by 51 percent. The increase in preventive dental services expenditure, as well as the decrease in dental treatment expenditure, demonstrates Domain 2's success in incentivizing providers to increase utilization of preventive services, rather than restorative procedures for beneficiaries returning from PY 4. However, the increase in the GA expenditure can be linked back to the high-risk beneficiaries returning from PY 4 to PY 5 for their treatment plan, which may require GA to treat their caries condition.

Figure 24: Expenditures for Beneficiaries Who Received CRA for the First Time in PY 4 and Returned in PY 5

Measure	Service Location	PY 4	PY 5	Percent Diff
Preventive Services	CRA Dental Offices	$28,816,371	$30,934,383	7%
Preventive Services	CRA SNCs	$4,197,388	$2,731,872	-35%
Preventive Services	**Total CRA Locations**	**$33,013,759**	**$33,666,255**	**2%**
Dental Treatment	CRA Dental Offices	$60,144,870	$58,027,189	-4%
Dental Treatment	CRA SNCs	$899,777	$703,534	-22%
Dental Treatment	**Total CRA Locations**	**$61,044,648**	**$58,730,722**	**-4%**

Measure	Service Location	PY 4	PY 5	Percent Diff
GA	**CRA Dental Offices**	**$1,961,616**	**$2,960,131**	**51%**

Footnote for Figures 16 through 23:

- Data Source: DHCS MIS/DSS Data Warehouse and DTI Domain 2 Report as of September 2021.
- Received CRA in PY 4: Beneficiaries that received a CRA (CDT code D0601, D0602, or D0603) in PY 4 for the first time.
- Received CRA in PY 4 but not in PY 5: Beneficiaries that received a CRA (CDT codes D0601-D0603) in PY 4 for the first time, but did not received a CRA in PY 5.
- Received CRA in PY 4 but aged out in PY 5: Beneficiaries that received a CRA (CDT codes D0601-D0603) in PY 4 for the first time, but were over age 6 in PY 5.
- Received CRA in PY 4 & PY 5: Beneficiaries that received a CRA (CDT codes D0601-D0603) in PY 4 and PY 5.
- Moved to/ Remained in High Risk in PY 5: Total beneficiaries that moved from low or moderate risk to high risk or remained in high risk.
- Moved to/ Remained in Moderate Risk in PY 5: Total beneficiaries that moved from low or high risk to moderate risk or remained in moderate risk.
- Moved to/ Remained in Low Risk in PY 5: Total beneficiaries that moved from moderate or high risk to low risk or remained in low risk.
- Low Risk: Number of beneficiaries that received a CRA with a low risk (CDT code D0601) in PY 5.
- Moderate Risk: Number of beneficiaries that received a CRA with a moderate risk (D0602) in PY 5.
- High Risk: Number of beneficiaries that received a CRA with a high risk (CDT code D0603) in PY 5.
- Beneficiary Count: Unduplicated count of beneficiaries.
- Duplicates exist when a beneficiary had more than one CRA in the measurement year.
- Percentage Diff: Percentage increase/decrease of indicated dental services between PY 4 and PY 5.
- PY 4 Preventive: Number of preventive dental services or ICD-10 preventive dental procedures at an SNC received in PY 4 (Baseline Year for beneficiaries who received CRA in PY 4 and PY 5).
- PY 5 Preventive: Number of preventive dental services CDT codes D1000-D1999, or CPT Code 99188, or ICD-10 preventive dental procedures at an SNC received in PY 5.
- PY 4 Restorative: Number of restorative dental services or ICD-10 restorative

procedures at an SNC received in PY 4 (Baseline Year for beneficiaries who received CRA in PY 4 and PY 5).

- PY 5 Restorative: Number of restorative dental services or ICD-10 preventive dental procedures at an SNC received in PY 5.
- PY 4 ER: Number of ER Visits for ACS Dental Conditions in PY 4 (Baseline Year for beneficiaries who received CRA in PY 4 and PY 5).
- PY 5 ER: Number of ER Visits for ACS Dental Conditions in PY 5.
- PY 4 GA: Number of GA services in PY 4 (Baseline Year for beneficiaries who received CRA in PY 4 and PY 5).
- PY 5 GA: Number of GA services in PY 5.
- PY 4 Exams: Number of dental exams or ICD-10 dental exam procedures at an SNC received in PY 4 (Baseline Year for beneficiaries who received CRA in PY 4 and PY 5).
- PY 5 Exams: Number of dental exams or ICD-10 dental exam procedures at an SNC received in PY 5.
- PY 4 Treatment: Number of dental treatment services or ICD-10 dental treatment procedures at an SNC received in PY 4 (Baseline Year for beneficiaries who received CRA in PY 4 and PY 5).
- PY 5 Treatment: Number of dental treatment services or ICD-10 dental treatment procedures at an SNC received in PY 5.
- Preventive Expenditures: Expenditures for preventive dental services CDT D1000-D1999, or CPT Code 99188, or SNC encounters with ICD-10 codes (K023, K0251, K0261, K036, K0500, K0501, K051, K0510, K0511, Z012, Z0120, Z0121, Z293, Z299, Z98810).
- Treatment Expenditures: Expenditures for dental treatment services (D2000-D9999) or SNC encounters with ICD-10 codes on Appendix 4: ICD 10 CODES FOR DENTAL SERVICES, List A.
- GA Expenditures: Expenditures for GA (CDT codes D9220-D9223).
- Dental Offices: Any Medi-Cal enrolled office that provides and bills dental services (CDT code D0100-D9999 or CPT Code 99188).
- SNCs: Any Medi-Cal enrolled Safety Net Clinic that provides and bills dental encounters (CPT code 00003).

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Section Three: Beneficiaries Who Received a CRA for the First Time in PY 3 and Also Received a CRA in PY 4

The performance of beneficiaries who received a CRA for the first time in PY 3 and returned for a CRA in PY 4 are captured in this section.

Performance Metrics Analysis

Figure 24 and Figure 25 show the continuity and risk level movement of CRA in PY 5 for beneficiaries who received a CRA during PY 3 and PY 4. The continuity and risk level movement of CRA from PY 3 to PY 4 is analyzed in the PY 4 Annual Report.

For beneficiaries who received a low risk CRA in PY 3 and any CRA in PY 4, 46 percent also received a CRA in PY 5, while 22 percent aged out and 32 percent did not continue the CRA treatment in PY 5. Among those 744 beneficiaries who received low risk CRA in PY 3 and continued any CRA in PY 4, 35 percent became high risk, 24 percent became moderate risk and 40 percent stayed in low risk in PY 5.

For beneficiaries who received a moderate risk CRA in PY 3 any CRA in PY 4, 60 percent also received a CRA in PY 5, while 14 percent aged out and 26 percent did not continue the CRA treatment in PY 5. Among those 1,512 beneficiaries who received a moderate-risk CRA in PY 3 and continued any CRA in PY 4, 48 percent became high risk, 42 percent stayed in moderate risk and 10 percent became low risk in PY 5.

For beneficiaries who received a high-risk CRA in PY 3 any CRA in PY 4, 50 percent also received a CRA in PY 5, while 23 percent aged out and 28 percent did not continue the CRA treatment in PY 5. Among those 3,202 beneficiaries who received a high-risk CRA in PY 3 and continued any CRA in PY 4, 84 percent stayed in high risk, 11 percent became moderate risk and 5 percent became low risk in PY 5.

The data in Figures 24 and 25 demonstrates that a patient's caries risk level is not necessarily something that can significantly improve over a short period of time. In order for this program to be effective in reducing the caries risk levels of beneficiaries, both the beneficiary and the provider must adhere to their respective treatment plan over a longer period of time. Although more than 45 percent of the beneficiaries continued with CRA in their respective risk categories in PY 5, 35 percent of beneficiaries moved from low to high risk level, 24 percent from low to moderate risk level, and 48 percent of beneficiaries moved from moderate to high risk level. These are trends being monitored for concern.

Please see age and county breakdown in the following three appendices:

- Appendix 21: Domain 2 CRA Movement from PY 3 to PY 5 for Beneficiaries in High-Risk in PY 3
- Appendix 22: Domain 2 CRA Movement from PY 3 to PY 5 for Beneficiaries in Moderate-Risk in PY 3
- Appendix 23: Domain 2 CRA Movement from PY 3 to PY 5 for Beneficiaries in Low-Risk in PY 3

Figure 25: CRA Continuity from PY 3 to PY 5

Risk Level in PY 3	Received CRA in PYs 3 & 4	Received CRA in PYs 3 & 4, not in PY 5	Received CRA in PYs 3 & 4, aged out in PY 5	Received CRA in PYs 3, 4, & 5
Low Risk	1,607	514	349	744
Low Risk	100%	32%	22%	46%
Moderate Risk	2,515	659	344	1,512
Moderate Risk	100%	26%	14%	60%
High Risk	6,464	1,791	1,471	3,202
High Risk	100%	28%	23%	50%

Figure 26: CRA Risk Level Movement from PY 3 to PY 5

Risk Level in PY 3	Received CRA in PYs 3, 4, & 5	Move to/ Remained in High Risk in PY 5	Move to/ Remained in Moderate Risk in PY 5	Move to/ Remained in Low Risk in PY 5
Low Risk	744	264	181	299
Low Risk	100%	35%	24%	40%
Moderate Risk	1,512	730	632	150
Moderate Risk	100%	48%	42%	10%
High Risk	3,202	2,676	357	169
High Risk	100%	84%	11%	5%

Figure 26 shows a decrease in the number of preventive dental services from PY 4 to PY 5 for beneficiaries who received a CRA in all three years. The state generally expects to see an increase in preventive services attributed to each risk category to ensure beneficiaries are effectively getting the preventive services they need. Figure 26 demonstrates that there was a decrease in preventive services attributed to each risk category. This may be partially due to some patients avoiding follow up appointments due to the guidance issued at the beginning of the COVID-19 PHE to avoid dental appointments unless absolutely necessary. Please see age and county breakdown in Appendix 24: Domain 2 Count of Preventive Dental Services for Beneficiaries Who Received CRA in PY 3, PY 4 and Returned in PY 5 by County and Age Group.

Figure 27: Number and Percentage Change in Preventive Dental Services for Beneficiaries Who Received CRA in PY 3, PY 4 and Returned in PY 5

Group	PY 4 Preventive	PY 5 Preventive	Percent Diff
Low Risk	3,652	3,153	-14%
Moderate Risk	7,236	6,113	-16%
High Risk	24,375	20,955	-14%

Figure 27 shows a sharp reduction in the number of restorative dental services performed from PY 4 to PY 5 for beneficiaries who received a CRA in all three years. The values presented in Figure 27 represents the Domain's progress in reducing the reliance on restorative services for beneficiaries who continued with the program in all three years. Please see age and county breakdown in Appendix 25: Domain 2 Count of Restorative Dental Services for Beneficiaries Who Received CRA in PY 3, PY 4 and Returned in PY 5 by County and Age Group.

Figure 28: Number and Percentage Change in Restorative Dental Services for Beneficiaries Who Received CRA in PY 3, PY 4 and Returned in PY 5

Group	PY 4 Restorative	PY 5 Restorative	Percent Diff
Low Risk	573	473	-17%
Moderate Risk	1,014	560	-45%
High Risk	6,933	5,665	-18%

Figure 28 shows a reduction in both ER visits and GA service across most risk levels for beneficiaries who received a CRA in all three years. ER visits have decreased across all levels representing a significant success for Domain 2 in PY 5. GA services have decreased across moderate and high risk levels representing a significant success for Domain 2 in PY 5. Due to more beneficiaries undergoing preventive services, they are usually able to receive treatment before their condition worsens to the point that an ER visit or GA service becomes necessary. Suppression (*) and complementary suppression (**) is applied to beneficiaries less than 11 in each risk category. Please see age and county breakdown in Appendix 26: Domain 2 Count of ER Visits for Beneficiaries Who Received a CRA in PY 3, PY 4 and Returned in PY 5 by County and Age Group and Appendix 27: Domain 2 Count of GA Services for Beneficiaries Who Received a CRA in PY 3, PY 4 and Returned in PY 5 by County and Age Group.

Figure 29: Number and Percentage Change in ER Visits and GA for Beneficiaries Who Received CRA in PY 3, PY 4 and Returned in PY 5

Measure	Groups	PY 4	PY 5	Percent Diff
ER	Low Risk	*	0	-100%
ER	Moderate Risk	*	*	0%
ER	High Risk	**	*	-64%
GA	Low Risk	77	79	3%
GA	Moderate Risk	145	109	-25%
GA	High Risk	792	640	-19%

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Figure 29 describes the provision of dental exams. From PY 4 to PY 5, all CRA groups experienced a decrease of up to 20 percent. This may be partially due to some patients avoiding follow up appointments due to the guidance issued at the beginning of the COVID-19 PHE to avoid dental appointments unless absolutely necessary. DHCS does not expect low-risk groups to increase dental exams significantly in PY 6 because there are no additional frequencies allotted to this risk level. Please see age and county breakdown in Appendix 28: Domain 2 Count of Dental Exams for Beneficiaries Who Received a CRA in PY 3, PY 4 and Returned in PY 5 by County and Age Group.

Figure 30: Number and Percentage Change in Dental Exams for Beneficiaries Who Received a CRA in PY 3, PY 4 and Returned in PY 5

Group	PY 4 Exams	PY 5 Exams	Percent Diff
Low Risk	1,066	884	-17%
Moderate Risk	2,014	1,626	-19%
High Risk	7,000	5,571	-20%

Figure 30 shows the number of dental treatment services provided for beneficiaries who received a CRA in all three years. All CRA groups experienced a decrease in the count of dental treatment services being provided in PY 5 which is evidence that Domain 2 is making

progress towards meeting its objectives. As stated earlier, under Domain 2, providers are able to assess a patient's caries risk level and subsequently determine a preventive treatment plan suitable to their risk level. Consequently, they are able to greatly reduce the need for patients to undergo many of the invasive dental treatments. DHCS presumes that the DTI program has incentivized the Medi-Cal dental provider population to treat more children ages zero to six. With an increased number of children being treated it may uncover more patients in the high risk group that are in need of dental treatment services. Please see age and county breakdown in Appendix 29: Domain 2 Count of Dental Treatment Services for Beneficiaries Who Received CRA in PY 3, PY 4 and Returned in PY 5 by County and Age Group.

Figure 31: Number and Percentage Change in Dental Treatments for Beneficiaries Who Received a CRA in PY 3, PY 4 and Returned in PY 5

Groups	PY 4 Treatment	PY 5 Treatment	Percent Diff
Low Risk	2,150	1,788	-17%
Moderate Risk	3,922	2,986	-24%
High Risk	19,615	16,922	-14%

Figure 31 displays the expenditures for preventive dental services, dental treatment services, and GA for beneficiaries who received a CRA in PY 3, PY 4 and returned in PY 5. The total expenditures for the CRA locations decreased for preventive dental services and dental treatment services, but increased for GA. The decrease in preventive services expenditures may be attributed to the COVID-19 PHE where some patients missed their appointments, but the decrease in treatment services expenditures reflect Domain 2's success as beneficiaries who received a CRA for the first time in PY 3 and continued to return through PY 5 had a decreased need for dental treatment services.

Figure 32: Expenditures for Beneficiaries who received a CRA in PY 3, PY 4 and Returned in PY 5

Measure	Service Location	PY 4	PY 5	Percent Diff
Preventive Services	CRA Dental Offices	$777,840	$612,107	-18%
Preventive Services	CRA SNCs	$98,757	$69,681	0%
Preventive Services	**Total CRA Locations**	**$876,597**	**$735,630**	**-16%**
Dental Treatment	CRA Dental Offices	$1,567,985	$1,433,975	-9%

Dental Treatment	CRA SNCs	$74,680	$83,440	12%
Dental Treatmt	**Total CRA Locations**	**$1,642,665**	**$1,517,415**	**-8%**
GA	**CRA Dental Offices**	**$143,60**	**$155,503**	**8%**

Footnotes for Figures 24 through 31:

- Data Source: DHCS MIS/DSS Data Warehouse and DTI Domain 2 Report as of September 2021.
- Received CRA in PY 3 & PY 4: Beneficiaries that received a CRA (CDT codes D0601-D0603) in PY 3 and PY 4.
- Received CRA in PY 3 & PY 4 but not in PY 5: Beneficiaries that received a CRA (CDT Code D0601, D0602, or D0603) in PY 3 and PY 4 but did not received a CRA in PY 5.
- Received CRA in PY 3 & PY 4 but aged out in PY 5: Beneficiaries that received a CRA (CDT codes D0601-D0603) in PY 3 and PY 4 but were over age 6 in PY 5.
- Received CRA in PY 3 & PY 4 & PY 5: Beneficiaries that received a CRA (CDT codes D0601-D0603) in PY 3, PY 4 and PY 5.
- Moved to/ Remained in High Risk in PY 5: Total beneficiaries that moved from low or moderate risk to high risk or remained in high risk.
- Moved to/ Remained in Moderate Risk in PY 5: Total beneficiaries that moved from low or high risk to moderate risk or remained in moderate risk.
- Moved to/ Remained in Low Risk in PY 5: Total beneficiaries that moved from moderate or high risk to low risk or remained in low risk.
- Low Risk: Number of beneficiaries that received a CRA with a low risk (CDT code D0601) in PY 5.
- Moderate Risk: Number of beneficiaries that received a CRA with a moderate risk (CDT code D0602) in PY 5.
- High Risk: Number of beneficiaries that received a CRA with a high risk (CDT code D0603) in PY 5.
- Beneficiary Count: Unduplicated count of beneficiaries.
- Duplicates exist when a beneficiary had more than one CRA in the measurement year.
- Percentage Diff: Percentage increase/decrease of indicated dental services between PY 4 and PY 5.
- PY 4 Preventive: Number of preventive dental services or ICD-10 preventive dental procedures at an SNC received in PY 4 (Baseline Year for beneficiaries who received CRA in PY 3, PY 4 and PY 5).
- PY 5 Preventive: Number of preventive dental services CDT codes D1000-D1999, or CPT code 99188, or ICD-10 preventive dental procedures at an SNC received in PY 5.

- PY 4 Restorative: Number of restorative dental services or ICD-10 restorative procedures at an SNC received in PY 4 (Baseline Year for beneficiaries who received CRA in PY 3, PY 4 and PY 5).
- PY 5 Restorative: Number of restorative dental services or ICD-10 preventive dental procedures at an SNC received in PY 5.
- PY 4 ER: Number of ER Visits for ACS Dental Conditions in PY 4 (Baseline Year for beneficiaries who received CRA in PY 3, PY 4 and PY 5).
- PY 5 ER: Number of ER Visits for ACS Dental Conditions in PY 5.
- PY 4 GA: Number of GA services in PY 4 (Baseline Year for beneficiaries who received CRA in PY 3, PY 4 and PY 5).
- PY 5 GA: Number of GA services in PY 5.
- PY 4 Exams: Number of dental exams or ICD-10 dental exam procedures at an SNC received in PY 4 (Baseline Year for beneficiaries who received CRA in PY 3, PY 4 and PY 5).
- PY 5 Exams: Number of dental exams or ICD-10 dental exam procedures at an SNC received in PY 5.
- PY 4 Treatment: Number of dental treatment services or ICD-10 dental treatment procedures at an SNC received in PY 4 (Baseline Year for beneficiaries who received CRA in PY 3, PY 4 and PY 5).
- PY 5 Treatment: Number of dental treatment services or ICD-10 dental treatment procedures at an SNC received in PY 5.
- Preventive Expenditures: Expenditures for preventive dental services CDT codes D1000-D1999, or CPT Code 99188, or SNC encounters with ICD-10 codes (K023, K0251, K0261, K036, K0500, K0501, K051, K0510, K0511, Z012, Z0120, Z0121, Z293, Z299, Z98810).
- Treatment Expenditures: Expenditures for dental treatment services (D2000-D9999) or SNC encounters with ICD-10 codes on Appendix 4: ICD 10 CODES FOR DENTAL SERVICES, List A.
- GA Expenditures: Expenditures for GA (CDT codes D9220-D9223).
- Dental Offices: Any Medi-Cal enrolled office that provides and bills dental services (CDT code D0100-D9999 or CPT code 99188).
- SNCs: Any Medi-Cal enrolled SNC that provides and bills dental encounters (CPT code 00003).

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Section Four: Beneficiaries Who Received a CRA in PY 2, PY 3, and PY 4

The performance of beneficiaries who received a CRA for the first time in PY 2 and returned for a CRA in PY 3, PY 4, and PY 5 are captured in this section.

Performance Metrics Analysis

Figure 32 and 33 show the continuity and risk level movement of CRA in PY 5 for beneficiaries who received a CRA during PY 2, PY 3, and PY 4. The continuity and risk level movement of CRA from PY 2 to PY 4 is analyzed in the PY 4 Annual Report.

For beneficiaries who received a low risk CRA in PY 2, and any CRA in PY 3 and PY 4, 48 percent also received a CRA in PY 5, while 26 percent aged out and 26 percent did not continue the CRA treatment. Among those 379 beneficiaries who received low risk CRA in PY 2 and continued any CRA in PY 3 and PY 4, 35 percent became high risk, 29 percent became moderate risk and 36 percent stayed in low risk in PY 5.

For beneficiaries who received a moderate-risk CRA in PY 2 any CRA in PY 3 and PY 4, 63 percent also received a CRA in PY 5, while 21 percent aged out and 16 percent did not continue the CRA treatment. Among those 867 beneficiaries who received moderate-risk CRA in PY 2 and continued any CRA in PY 3 and PY 4, 51 percent became high risk, 36 percent stayed in moderate risk and 13 percent became low risk in PY 5.

For beneficiaries who received a high-risk CRA in PY 2 any CRA in PY 3 and PY 4, 55 percent also received a CRA in PY 5, while 28 percent aged out and 17 percent did not continue the CRA treatment. Among those 1,997 beneficiaries who received a high-risk CRA in PY 2 and continued any CRA in PY 3 and PY 4, 81 percent stayed in high risk, 14 percent became moderate risk and 5 percent became low risk in PY 5.

The data in Figures 32 and 33 demonstrates that a patient's caries risk level is not necessarily something that can significantly improve over a short period of time. In order for this program to be effective in reducing the caries risk levels of beneficiaries, both the beneficiary and the provider must adhere to their respective treatment plan over a longer period of time. Although at least 48 percent of the beneficiaries continued with CRA in the respective risk categories in PY 5, 35 percent of beneficiaries moved from low to high risk level, 29 percent moved from low to moderate-risk level, and 51 percent of beneficiaries moved from moderate to high-risk level. These are trends being monitored for concern.

Please see age and county breakdown in the following three appendices:

- Appendix 30: Domain 2 CRA Movement from PY 2 to PY 5 for Beneficiaries in High-Risk in PY 2
- Appendix 31: Domain 2 CRA Movement from PY 2 to PY 5 for Beneficiaries in Moderate-Risk in PY 2
- Appendix 32: Domain 2 CRA Movement from PY 2 to PY 5 for Beneficiaries in Low-Risk in PY 2

Figure 33: CRA Continuity from PY 2 to PY 5

Risk Level in PY 2	Received a CRA in PYs 2, 3, & 4	Received a CRA in PYs 2, 3, & 4, not in PY 5	Received a CRA in PYs 2, 3, & 4, aged out in PY 5	Received a CRA in PYs 2, 3, 4, & 5
Low Risk	792	206	207	379
Low Risk	100%	26%	26%	48%
Moderate Risk	1,375	214	294	867
Moderate Risk	100%	16%	21%	63%
High Risk	3,604	616	991	1,997
High Risk	100%	17%	28%	55%

Figure 34: CRA Risk Level Movement from PY 2 to PY 5

Risk Level in PY 2	Received a CRA in PYs 2, 3, 4, & 5	Move to/ Remained in High Risk in PY 5	Move to/ Remained in Moderate Risk in PY 5	Move to/ Remained in Low Risk in PY 5
Low Risk	379	133	108	138
Low Risk	100%	35%	29%	36%
Moderate Risk	867	442	314	111
Moderate Risk	100%	51%	36%	13%
High Risk	1,997	1,615	283	99
High Risk	100%	81%	14%	5%

Figure 34 shows a decrease in the number of preventive dental services from PY 4 to PY 5 for beneficiaries who received a CRA in all four years. The state generally expects to see an increase in preventive services attributed to each risk category to ensure beneficiaries are effectively getting the preventive services they need. Figure 34 demonstrates that there was a decrease in preventive services attributed to each risk category. This may be partially due to some patients avoid follow up appointments due to the guidance issued at the beginning of the COVID-19 PHE to avoid dental appointments unless absolutely necessary. Please see age and county breakdown in Appendix 33: Domain 2 Count of Preventive Dental Services for Beneficiaries Who Received a CRA in PY 2, PY 3, PY 4 and Returned in PY 5 by County and Age Group.

Figure 35: Number and Percentage Change in Preventive Dental Services for Beneficiaries Who Received a CRA in PY 2, PY 3, PY 4 and Returned in PY 5

Group	PY 4 Preventive	PY 5 Preventive	Percent Diff
Low Risk	2,076	1,840	-11%
Moderate Risk	4,570	4,103	-10%
High Risk	14,956	12,677	-15%

Figure 35 shows a sharp reduction in the number of restorative dental services performed from PY 4 to PY 5 for beneficiaries who received a CRA in all four years. The values presented in Figure 35 represents the Domain's progress in reducing the reliance on restorative services for beneficiaries who continued with the program in all four years. Please see age and county breakdown in Appendix 34: Domain 2 Count of Restorative Dental Services for Beneficiaries Who Received a CRA in PY 2, PY 3, PY 4 and Returned in PY 5 by County and Age Group.

Figure 36: Number and Percentage Change in Restorative Dental Services for Beneficiaries Who Received a CRA in PY 2, PY 3, PY 4 and Returned in PY 5

Group	PY 4 Restorativ	PY 5 Restorative	Percent Diff
Low Ris	268	170	-37%
Modere Risk	570	240	-58%
Highk	3,924	3,361	-14%

Figure 36 shows that the number of ER visits among low and moderate groups remained at zero, and demonstrates a decrease among the high-risk group. Figure 36 also shows a sharp reduction in GA service across low and moderate-risk groups and a slight increase in the high-risk group. DHCS' analysis suggests that the reason GA visits increased for high-risk groups in PY 5 is due to returning high-risk beneficiaries utilizing restorative services with GA as a part of their treatment plan. Overall, ER visits and GA services have decreased, which represents a significant success for Domain 2 in PY 5. Due to more beneficiaries undergoing preventive services, they are usually able to receive treatment before their condition worsens to the point that an ER visit or GA service becomes necessary. Suppression (*) is applied to beneficiaries with count less than 11 in the high risk category. Please see age and county breakdown in Appendix 35: Domain 2 Count of ER Visits for Beneficiaries Who Received CRA in PY 2, PY 3, PY 4 and Returned in PY 5 by County and Age Group and Appendix 36: Domain 2 Count of GA Services for Beneficiaries

Who Received CRA in PY 2, PY 3, PY 4, and Returned in PY 5 by County and Age Group.

Figure 37: Number and Percentage Change in ER Visits and GA for Beneficiaries Who Received a CRA in PY 2, PY 3, PY 4 and Returned in PY 5

Measure	Groups	PY 4	PY 5	Percent Diff
ER	Low Risk	0	0	N/A
ER	Moderate Risk	0	0	N/A
ER	High Risk	*	*	-44%
GA	Low Risk	25	14	-44%
GA	Moderate Risk	31	27	-13%
GA	High Risk	213	239	12%

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Impact Assessment

Figure 37 describes the provision of dental exams. From PY 4 to PY 5, all CRA groups experienced a decrease of up to 18 percent. This may be partially due to some patients avoiding follow up appointments due to the guidance issued at the beginning of the COVID-19 PHE to avoid dental appointments unless absolutely necessary. DHCS does not expect the low-risk group to increase dental exams significantly in PY 6 because there are no additional frequencies allotted to this risk level. Please see age and county breakdown in Appendix 37: Domain 2 Count of Dental Exams for Beneficiaries Who Received CRA in PY 2, PY 3, PY 4, and Returned in PY 5 by County and Age Group.

Figure 38: Number and Percentage Change in Dental Exams for Beneficiaries Who Received a CRA in PY 2, PY 3, PY 4 and Returned in PY 5

Group	PY 4 Exams	PY 5 Exams	Percent Diff
Low Risk	647	534	-17%
Moderate Risk	1,447	1,224	-15%
High Risk	4,595	3,753	-18%

Figure 38 shows the number of dental treatment services provided to beneficiaries who received a CRA in all four years. All CRA groups experienced a decrease in the count of dental treatment services being provided in PY 5 which is evidence that Domain 2 is making

progress towards meeting its objectives. As stated earlier, under Domain 2, providers are able to assess a patient's caries risk level, and subsequently determine a preventive treatment plan suitable to their risk level. Consequently, they are able to greatly reduce the need for patients to undergo many of the invasive dental treatments. DHCS presumes that the DTI program has incentivized the Medi-Cal provider population to treat more children ages zero to six. Please see age and county breakdown in Appendix 38: Domain 2 Count of Dental Treatment Services for Beneficiaries Who Received a CRA in PY 2, PY 3, PY 4, and Returned in PY 5 by County and Age Group.

Figure 39: Number and Percentage Change in Dental Treatments for Beneficiaries Who Received a CRA in PY 2, PY 3, PY 4 and Returned in PY 5

Groups	PY 4 Treatment	PY 5 Treatment	Percent Diff
Low Risk	1,097	816	-26%
Moderate Risk	2,479	1,776	-28%
High Risk	11,236	10,072	-10%

Figure 39 displays the expenditures for preventive dental services, dental treatment services, and GA for beneficiaries who received a CRA in PY 2, PY 3, PY 4, and returned in PY 5. The total expenditures for the CRA locations decreased for preventive dental services and dental treatment services, while the GA expenditure increased. The overall decrease in preventive dental service and treatment service expenditure reflects the fact that as beneficiaries continued with the program, the need for preventive and treatment services decreased over the course of four years while adhering to their basic treatment plan. However, the increase in the GA expenditure can be attributed to beneficiaries in the high-risk group returning from PY 2 to PY 5 for their treatment plan which requires GA to treat their caries condition.

Figure 40: Expenditures for Beneficiaries who received a CRA in PY 2, PY 3, PY 4 and Returned in PY 5

Measure	Service Location	PY 4	PY 5	Percent Diff
Preventive Services	CRA Dental Offices	$596,318	$476,777	-20%
Preventive Services	CRA SNCs	$4,220	$6,388	51%
Preventive Services	**Total CRA Locations**	**$600,538**	**$483,165**	**-20%**
Dental Treatment	CRA Dental Offices	$976,376	$864,954	-11%

Dental Treatment	CRA SNCs	$1,856	$3,251	75%
Dental Treatment	**Total CRA Locations**	**$978,232**	**$868,205**	**-11%**
GA	**CRA Dental Offices**	**$49,682**	**$64,201**	**29%**

Footnotes for Figures 32 through 39:

- Data Source: DHCS MIS/DSS Data Warehouse and DTI Domain 2 Report as of September 2021.
- Received CRA in PY 2, PY 3 & PY 4: Beneficiaries that received a CRA (CDT codes D0601-D0603) in PY 2, PY 3 and PY 4.
- Received CRA in PY 2, PY 3 & PY 4 but not in PY 5: Beneficiaries that received a CRA (CDT Code D0601, D0602, or D0603) in PY 2, PY 3 and PY 4 but did not received a CRA in PY 5.
- Received CRA in PY 2, PY 3 & PY 4 but aged out in PY 5: Beneficiaries that received a CRA (CDT codes D0601-D0603) in PY 2, PY 3 and PY 4 but were over age 6 in PY 5.
- Received CRA in PY 2, PY 3 & PY 4 & PY 5: Beneficiaries that received a CRA (CDT codes D0601-D0603) in PY 2, PY 3, PY 4 and PY 5.
- Moved to/ Remained in High Risk in PY 5: Total beneficiaries that moved from low or moderate risk to high risk or remained in high risk.
- Moved to/ Remained in Moderate Risk in PY 5: Total beneficiaries that moved from low or high risk to moderate risk or remained in moderate risk.
- Moved to/ Remained in Low Risk in PY 5: Total beneficiaries that moved from moderate or high risk to low risk or remained in low risk.
- Low Risk: Number of beneficiaries that received a CRA with a low risk (CDT code D0601) in PY 5.
- Moderate Risk: Number of beneficiaries that received a CRA with a moderate risk (CDT code D0602) in PY 5.
- High Risk: Number of beneficiaries that received a CRA with a high risk (CDT code D0603) in PY 5.
- Beneficiary Count: Unduplicated count of beneficiaries.
- Duplicates exist when a beneficiary had more than one CRA in the measurement year.
- Percentage Diff: Percentage increase/decrease of indicated dental services between PY 4 and PY 5.
- PY 4 Preventive: Number of preventive dental services or ICD-10 preventive dental procedures at an SNC received in PY 4 (Baseline Year for beneficiaries who received CRA in PY 2, PY 3, PY 4 and PY 5).
- PY 5 Preventive: Number of preventive dental services CDT codes D1000-D1999, or CPT code 99188, or ICD-10 preventive dental procedures at an SNC received in PY5

- PY 4 Restorative: Number of restorative dental services or ICD-10 restorative procedures at an SNC received in PY 4 (Baseline Year for beneficiaries who received CRA in PY 2, PY 3, PY 4 and PY 5).
- PY 5 Restorative: Number of restorative dental services or ICD-10 preventive dental procedures at an SNC received in PY 5.
- PY 4 ER: Number of ER Visits for ACS Dental Conditions in PY 4 (Baseline Year for beneficiaries who received CRA in PY 2, PY 3, PY 4 and PY 5).
- PY 5 ER: Number of ER Visits for ACS Dental Conditions in PY 5.
- PY 4 GA: Number of GA services in PY 4 (Baseline Year for beneficiaries who received CRA in PY 2, PY 3, PY 4 and PY 5).
- PY 5 GA: Number of GA services in PY 5.
- PY 4 Exams: Number of dental exams or ICD-10 dental exam procedures at an SNC received in PY 4 (Baseline Year for beneficiaries who received CRA in PY 2, PY 3, PY 4 and PY 5).
- PY 5 Exams: Number of dental exams or ICD-10 dental exam procedures at an SNC received in PY 5.
- PY 4 Treatment: Number of dental treatment services or ICD-10 dental treatment procedures at an SNC received in PY 4 (Baseline Year for beneficiaries who received CRA in PY 2, PY 3, PY 4 and PY 5).
- PY 5 Treatment: Number of dental treatment services or ICD-10 dental treatment procedures at an SNC received in PY 5.
- Preventive Expenditures: Expenditures for preventive dental services CDT codes D1000-D1999, or CPT Code 99188, or SNC encounters with ICD-10 codes (K023, K0251, K0261, K036, K0500, K0501, K051, K0510, K0511, Z012, Z0120, Z0121, Z293, Z299, Z98810).
- Treatment Expenditures: Expenditures for dental treatment services (D2000-D9999) or SNC encounters with ICD-10 codes on Appendix 4: ICD 10 CODES FOR DENTAL SERVICES, List A.
- GA Expenditures: Expenditures for GA (CDT codes D9220-D9223).
- Dental Offices: Any Medi-Cal enrolled office that provides and bills dental services (CDT code D0100-D9999 or CPT code 99188).
- SNCs: Any Medi-Cal enrolled SNC that provides and bills dental encounters (CPT code 00003).

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Incentive Payments Analysis

Figure 40 displays incentives paid for Domain 2 from PY 3 through PY 5. The final PY 2 payments are listed in the PY 4 Annual Report. 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 the date of service to submit claims), DHCS continues to receive claims with service dates in PY 5. As of September 2021, DHCS issued approximately $4 million in payments for services in PY 3, approximately $56.6 million for services in PY 4, and approximately $70.8 million for services in PY 5. The increase in payments for PY 4 and PY 5 is because of the Domain 2 expansion counties.

Figure 41: Domain 2 Incentive Payment Summary

Delivery System	PY 3	PY 4	Year to Date PY 5
FFS	$2,647,515.89	$49,989,464.54	$66,916,776.83
DMC	$1,222,257.00	$2,486,419.00	$1,880,008.00
SNC	$212,313.00	$4,089,569.00	$1,968,051.00
Total	**$4,082,085.89**	**$56,565,452.54**	**$70,764,835.83**

Footnotes for Figures 40:

- Data Source: DHCS Dental FI Domain 2 Incentive Payment Summary as of September 2021.

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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. Beginning PY 4, DHCS expanded this Domain to an additional 19 counties, along with the initial 17 counties bringing the total to 36 pilot counties: Alameda, Butte, Contra Costa, Del Norte, El Dorado, Fresno, Imperial, Kern, Madera, Marin, Merced, Modoc, Monterey, Napa, Nevada, Orange, Placer, Riverside, San Bernardino, San Diego, San Francisco, San Joaquin, San Luis Obispo, San Mateo, Santa Barbara, Santa Clara, Santa Cruz, Shasta, Solano, Sonoma, Stanislaus, Sutter, Tehama, Tulare, Ventura and Yolo. 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, six and seven continuous years.

Additionally, Domain 3 annual incentive payment amounts increased by $60 per beneficiary with dates of service of January 1, 2019 or later. The revised payment scale was reflected starting with the June 2020 incentive payment. The next annual incentive payment in June 2022 includes the final payment for PY 5 and first payment for PY 6 and will be discussed in the DTI PY 6 Final Annual Report.

As mentioned earlier, due to the impacts of COVID-19 PHE, which led to postponing non-emergency services such as dental exams and preventive care, DHCS observed a decrease in the overall dental utilization during PY 5. This also affected Domain 3 efforts to maintain continuity of care and is evident from Figures 47, 48, and 49 when compared to the previous PYs.

Performance Metrics Analysis

For PY 5, DHCS analyzed the number of beneficiaries who have remained with the same service office location for two, three, four, five and six continuous years in the 17 initial pilot counties. With the addition of expansion counties, this report also includes two and three year continuity analysis of beneficiaries in the 19 expansion counties. DHCS established this domain's baseline year as CY 2015. The performance measure for this domain is similar to the Dental Quality Alliance measures, Usual Source of Services[2] (also known as Usual Source of Care) and Care Continuity[3] (also known as Continuity of Care), with the exception

[2] 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.
[3] 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.

that DHCS incentivizes over a longer continuous period.

Figure 41 shows continuity of care from the 17 initial pilot counties. From baseline year to PY 5, beneficiaries receiving two-year continuity of care changed from 13.73 to 15.21 percentage which is a 1.48 percentage points increase compared to the baseline – CY 2014 to CY 2015. Similarly, the three-year continuity of care increased by 1.89 percentage points, four-year continuity of care increased by 2.36 percentage points, five-year continuity of care increased by 1.74 percentage points and the six-year continuity of care increased by 1.40 percentage points compared to the baseline year with no gap. This data shows a steady increase in beneficiaries returning to their dental home from the baseline year until PY 4. The increase in PY 5 is affected by COVID-19 PHE, however, the return rate in PY 5 is greater than the baseline year but less than PY 4. Even though the denominators decreased each year, the numerators steadily increased, showing the incentive payments have an effect on continuity of care. In the next PY, DHCS will review the number of beneficiaries who remained with their same service office location for two, three, four, five, six and seven continuous years from the 17 initial pilot counties.

Figure 42: Domain 3 Continuity of Care in 17 Initial Pilot Counties (Number of Beneficiaries Returning to the Same Service Location)

Measure	Baseline Year: CY 2015	PY 1	PY 2	PY 3	PY 4	PY 5
Claims 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	1,544,373	1,603,314	1,589,345	1,558,457	1,529,753	1,484,402
Numerator Second Year	211,981	245,290	264,677	272,224	278,449	225,745
Percentage Second Year	**13.73%**	**15.30%**	**16.65%**	**17.47%**	**18.20%**	**15.21%**
Numerator Third Year	119,956	N/A	157,963	164,530	172,401	143,404
Percentage Third Year	**7.77%**	N/A	**9.94%**	**10.56%**	**11.27%**	**9.66%**
Numerator Fourth Year	63,603	N/A	N/A	107,049	112,118	96,149
Percentage Fourth Year	**4.12%**	N/A	N/A	**6.87%**	**7.33%**	**6.48%**
Numerator Fifth Year	40,819	N/A	N/A	N/A	**76,104**	**65,027**

Percentage Fifth Year	**2.64%**	N/A	N/A	N/A	**4.97%**	**4.38%**
Numerator Sixth Year	**25,206**	N/A	N/A	N/A	N/A	**45,019**
Percentage Sixth Year	**1.63%**	N/A	N/A	N/A	N/A	**3.03%**

Similar to Figure 41, the Figure 42 below shows continuity of care from the 19 expansion counties. From baseline year to PY 5, beneficiaries receiving two-year continuity of care changed from 17.27 to 18.17 percentage which is a 0.90 percentage points increase compared to the baseline – CY 2014 to CY 2015. Similarly, the three-year continuity of care changed from 10.17 to 11.99 percentage which is a 1.82 percentage points increase compared to the baseline – CY 2013 to CY 2015 with no gap. In the next PY, DHCS will review the number of beneficiaries in the 19 expansion counties who remained with their same service office location for two, three and four years.

Figure 42: Domain 3 Continuity of Care in 19 Expansion Counties (Number of Beneficiaries Returning to the Same Service Location)

Measure	Baseline Year: CY 2015	PY 4	PY 5
Claims Range	CY 2010 to CY 2015	CY 2018 to CY 2019	CY 2018 to CY 2020
Denominator	2,603,258	2,498,979	2,440,769
Numerator Second Year	449,528	521,109	443,502
Percentage Second Year	**17.27%**	**20.85%**	**18.17%**
Numerator Third Year	**264,711**	N/A	**292,604**
Percentage Third Year	**10.17%**	N/A	**11.99%**

Footnotes for Figures 41 and 42:

- Data Source: DHCS Dental FI Domain 3 Incentive Payment Summary as of September 2021.
- Baseline Year: DHCS determined CY 2015 to be the baseline year. SNC data was not available in baseline years.
- Denominator: Number of beneficiaries ages 20 and under enrolled for at least one month in the FFS delivery system during the measurement years.
- 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, four, five or six continuous years. Beneficiaries who visited participating SNCs were included.

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Incentive Payments Analysis

Figures 43 and 44 show the number of service office locations that were issued incentive payments for services conducted during PY 4 and PY 5. PY 3 final payment was reported in the DTI PY 4 Annual Report. PY 4 payment includes both the first and the final payments in July 2020 and July 2021, respectively. PY 5's first payment was issued in July 2021. The final payment of PY 5 will be issued in June 2022, which will be reported in the next DTI Annual Report.

DHCS also included the number of active service office locations in CY 2019 and CY 2020 for PY 4 and PY 5, respectively in Figure 43 and Figure 44. In addition to the 3,065 dental offices, there were a total of 123 SNCs that opted-in Domain 3 during the first five PYs. The additional details help analyze the proportion of service office locations that received incentive payments. Due to the $60 rate increase and expansion counties effective January 2019, an inference based on incentive amounts compared to previous PYs cannot be made to determine program successes.

Figure 43: Domain 3 Incentive Payment by County for PY 4

Provider Count	Total Number of Service Office Locations	Number of Service Office Locations that Received Incentive Payment	Total Incentive Payment
Alameda	139	121	$3,501,620
Butte	18	*	$225,700
Contra Costa	59	43	$1,446,000
Del Norte*	0	0	$0
El Dorado	12	*	$153,080
Fresno	143	125	$5,250,930
Imperial	14	13	$373,300
Kern	94	89	$6,016,230
Madera	19	15	$837,890
Marin	*	*	$10,870
Merced	28	20	$879,800
Modoc	*	*	$17,570
Monterey	25	24	$2,769,400
Napa	*	*	$359,700
Nevada	*	*	$5,750
Orange	838	655	$11,118,300

Plac	28	18	$705,810
Riveride	389	283	$8,793,020
San Bnardino	456	354	$8,807,800
San Dego	418	270	$7,644,700
Sanrancisco	83	48	$1,457,300
San Joaquin	78	66	$2,562,200
San Lui Obispo	13	*	$720,530
San Mteo	27	26	$1,052,200
Santarbara	37	26	$1,773,800
Santlara	203	184	$3,522,700
Santruz	15	11	$882,460
Shasa	*	*	$174,930
Solan	39	30	$920,900
Sonoa	18	18	$1,422,210
Stanilaus	63	50	$3,693,300
Sutte	15	12	$1,423,700
Teha	0	*	$81,900
Tular	53	45	$2,374,700
Venta	129	106	$3,542,100
Yolo	14	13	$156,470
Tota	**3,494**	**2,705**	**$84,029,320**

Figure 44: Domain 3 Incentive Payment by County for PY 5

Provider Count	Total Number o Service Office Locations	Number of Service Office Locations that Received Incentive Payment	Total Incentive Payment
Alameda	139	116	$2,396,780
Butte	18	*	$191,010
Contra Costa	59	45	$1,213,800
Del Norte*	0	0	$0
El Dorado	12	*	$252,430
Fresno	143	120	$4,567,270
Imperial	14	12	$217,510
Kern	94	80	$5,063,300
Madera	19	15	$730,930
Marin	*	*	$8,040
Merced	28	21	$844,850
Modoc	*	*	$2,530
Monterey	25	23	$2,418,000

Provider Count	Total Number o Service Office Locations	Number of Service Office Locations that Received Incentive Payment	Total Incentive Payment
Napa	*	*	$155,460
Nevada	*	*	$15,970
Orange	838	682	$9,886,090
Placer	28	20	$600,150
Riverside	389	295	$7,590,550
San Bernardino	456	372	$8,114,690
San Diego	418	287	$6,832,640
San Francisco	83	45	$1,285,440
San Joaquin	78	69	$2,495,990
San Luis Obispo	13	*	$584,010
San Mateo	27	27	$967,870
Santa Barbara	37	27	$1,663,000
Santa Clara	203	177	$2,846,670
Santa Cruz	15	11	$789,010
Shasta	*	*	$140,660
Solano	39	33	$1,001,910
Sonoma	18	15	$509,390
Stanislaus	63	52	$2,671,990
Sutter	15	11	$1,494,180
Tehama	*	*	$65,340
Tulare	53	46	$2,197,200
Ventura	129	110	$3,186,540
Yolo	14	12	$101,520
Total	**3,495**	**2,765**	**$73,102,720**

Footnotes for Figures 43 and 44:

- Data Source: DHCS Dental FI Domain 3 Incentive Payment Summary as of September 2021.
- Total Number of Service Office Locations: includes FFS Dental offices regardless of DTI participation. Total service offices in Del Norte (PY4 and PY5) are represented by * because the one service office that was eligible for a payment is no longer an active service office in Medi-Cal FFS.
- Number of Service Office Locations that received Incentive Payments: includes participating FFS Dental offices and SNCs.
- Total Incentive Payment: includes the total incentives disbursed. Suppression (*) is applied for count less than 11.

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Continuity of Care Analysis

Figure 45 shows the number of unduplicated beneficiaries in PY 4 who received a dental examination D0120, D0150, or D0145 from the same dental office or SNC for two, three, four and five consecutive years. The additional details on beneficiaries in the 36 counties who received at least one dental exam in PY 4 along with the county breakdown help analyze the proportion of beneficiaries returning to the same office in PY 4. Please note that the beneficiaries returning to services in the two, three, four and five consecutive year categories are mutually exclusive and there is no duplication of beneficiaries.

For PY 4:

- Five consecutive years mean the number of beneficiaries who received dental exams in CY 2015, CY 2016, CY 2017, CY 2018 and CY 2019. This category is not applicable to the 19 expansion counties (represented by *) considering the program implementation.
- Four consecutive years mean the number of beneficiaries who received dental exams in CY 2016, CY 2017, CY 2018 and CY 2019. This category is not applicable to the 19 expansion counties (represented by *) considering the program implementation.
- Three consecutive years mean the number of beneficiaries who received dental exams in CY 2017, CY 2018 and CY 2019. This category is not applicable to the 19 expansion counties (represented by *) considering the program implementation.
- Two consecutive years mean the number of beneficiaries who received dental exams in CY 2018 and CY 2019. This category is applicable to both initial pilot and expansion counties.

Based on Figure 45, 12.3 percent of the beneficiaries in PY 4 from the initial 17 pilot counties had dental exams for five consecutive years which indicates the relative steadiness of this population and that the incentive payments are positively affecting this domain’s goal of continuity of care. Similarly, 50.5 percent of the beneficiaries in PY 4 from the 19 expansion counties had a dental exam for two consecutive years.

Figure 45: Number of Beneficiaries Continuously Returned to the Same Dental Offices or SNC by County in PY 4 for Dental Exams

Provider County	Beneficiaries received dental exams in PY 4	Beneficiaries received dental exams 2 years (2018 and 2019)	Beneficiaries received dental exams 3 years (2017, 2018, and 2019)	Beneficiaries received dental exams 4 years (2016, 2017, 2018, and 2019)	Beneficiaries received dental exams 5 years (2015, 2016, 2017, 2018, and 2019)
Alameda	65,216	12,688	8,190	3,438	7,072
Butte*	6,499	2,257	0	0	0
Contra Costa*	37,376	14,460	0	0	0
Del Norte	1,158	0	0	0	0
El Dorado	6,309	554	448	343	56
Fresno	102,077	19,538	9,802	5,362	12,119
Imperial*	8,232	3,733	0	0	0
Kern	92,321	18,561	10,507	6,649	16,973
Madera	21,441	2,119	1,415	936	2,754
Marin	10,939	28	33	**	**
Merced*	26,378	8,798	0	0	0
Modoc	67	58	35	27	36
Monterey*	48,276	27,694	0	0	0
Napa*	6,001	3,597	0	0	0
Nevada	2,731	30	17	*	*
Orange*	191,354	110,961	0	0	0
Placer	11,390	2,713	1,676	751	1,231
Riverside	182,665	29,864	17,527	10,893	19,781
San Bernardino*	173,937	88,078	0	0	0
San Diego*	164,894	76,447	0	0	0
San Francisco*	30,683	14,573	0	0	0
San Joaquin*	54,395	25,608	0	0	0
San Luis Obispo	13,592	1,541	1,317	848	2,460
San Mateo*	23,356	10,522	0	0	0

Santa Barbara*	35,983	17,738	0	0	0
Santa Clara*	71,105	35,227	0	0	0
Santa Cruz	18,532	2,549	959	963	3,127
Shasta	8,826	637	414	269	257
Solano*	21,719	9,206	0	0	0
Sonoma	20,636	4,606	2,285	1,774	3,826
Stanislaus	52,895	11,018	6,212	4,022	6,133
Sutter*	21,349	14,237	0	0	0
Tehama*	3,639	819	0	0	0
Tulare*	52,542	23,747	0	0	0
Ventura*	57,250	35,208	0	0	0
Yolo	5,893	771	220	138	297
Total	**1,651,656**	**630,188**	**61,057**	**36,427**	**76,150**

Similar to Figure 45, Figure 46 shows the number of unduplicated beneficiaries in PY 5 from the 17 initial pilot counties who received a dental examination D0120, D0150, or D0145 from the same dental office or SNC for two, three, four, five and six consecutive years along with the three consecutive years from the 19 expansion counties identified by asterisk (*). The additional details on beneficiaries who received at least one dental exam in PY 5 along with the county breakdown help analyze the proportion of beneficiaries returning to the same office in PY 5. Please note that the beneficiaries returning to services in the two, three, four, five and six consecutive year categories are mutually exclusive and there is no duplication of beneficiaries.

For PY 5:

- Six consecutive years mean the number of beneficiaries who received dental exams in CY 2015, CY 2016, CY 2017, CY 2018, CY 2019 and CY 2020. This category is not applicable to the 19 expansion counties (represented by *) considering the program implementation.
- Five consecutive years mean the number of beneficiaries who received dental exams in CY 2016, CY 2017, CY 2018, CY 2019 and CY 2020. This category is not applicable to the 19 expansion counties (represented by *) considering the program implementation.
- Four consecutive years mean the number of beneficiaries who received dental exams in CY 2017, CY 2018, CY 2019 and CY 2020. This category is not applicable to the 19 expansion counties (represented by *) considering the program implementation.

- Three consecutive years mean the number of beneficiaries who received dental exams in CY 2018, CY 2019 and CY 2020. This category is applicable to both initial pilot and expansion counties.
- Two consecutive years mean the number of beneficiaries who received dental exams in CY 2019 and CY 2020. This category is applicable to both initial pilot and expansion counties.

Based on Figure 46, 9.5 percent of the beneficiaries in PY 5 from the initial 17 pilot counties had dental exams for six consecutive years which indicates the relative steadiness of this population and that the incentive payments are positively affecting this domain's goal of continuity of care. Similarly, 59.3 percent of the beneficiaries in PY 5 from the 19 expansion counties had a dental exam for three consecutive years. In the next PY report, DHCS will analyze the four year beneficiary return rate from the 19 expansion counties.

Figure 46: Number of Beneficiaries Continuously Returned to the Same Dental Offices or SNC by County in PY 5 for Dental Exams

Provider County	Dental exams in PY 5	Dental exams in 2 years (2019 and 2020)	Beneficiaries received dental exams 3 years (2018, 2019, and 2020)	Beneficiaries received dental exams 4 years (2017, 2018, 2019, and 2020)	Beneficiaries received dental exams 5 years (2016, 2017, 2018, 2019, and 2020)	Beneficiaries received dental exams 6 years (2015, 2016, 2017, 2018, 2019, and 2020)
Alameda	51,205	7,332	4,195	3,423	1,811	3,971
Butte*	4,252	567	1,221	0	0	0
Contra Costa*	27,667	4,757	6,710	0	0	0
Del Norte	990		0	0	0	0
El Dorado	4,854	1,462	314	291	243	37
Fresno	77,153	15,335	9,061	5,190	3,048	7,403
Imperial*	5,701	766	1,281	0	0	0
Kern	70,875	13,877	8,853	5,777	3,941	10,884
Madera	16,113	1,701	992	817	627	1,944
Marin	7,694	33	*	14	*	*
Merced*	20,692	3,097	4,865	0	0	0
Modoc	79	13	*	*	0	*
Monterey*	37,120	5,436	17,040	0	0	0
Napa*	4,185	2,065	1,186	0	0	0

Nevada	1,564	132	15	*	0	*
Orange*	152,339	30,189	62,429	0	0	0
Placer	9,410	1,812	1,204	1,017	479	730
Riversid	141,570	25,498	13,767	9,086	5,902	11,920
San Bernarno*	136,585	29,932	46,564	0	0	0
San Diego*	137,820	22,012	42,104	0	0	0
San Franci*	22,893	3,390	8,604	0	0	0
San Joaquin	44,595	10,139	13,619	0	0	0
San Lui Obispo	11,205	1,167	834	739	515	1,571
San Mateo*	17,593	2,499	6,527	0	0	0
Santa Barbara*	29,289	4,123	11,370	0	0	0
Santa Clara*	48,726	8,417	18,227	0	0	0
Santa Cruz	14,852	3,003	1,166	403	417	1,842
Shasta	6,297	476	288	196	134	146
Solano*	17,342	3,484	5,941	0	0	0
Sonom	14,489	1,315	1,009	552	472	995
Stanisla	41,043	8,477	5,395	3,557	2,396	3,518
Sutter*	19,794	3,647	10,268	0	0	0
Teham *	3,089	198	414	0	0	0
Tulare*	38,211	7,551	13,110	0	0	0
Ventura*	46,201	8,629	21,1241	0	0	0
Yolo	3,850	708	151	49	**	43
Total	**1,287,354**	**233,239**	**339,859**	**31,122**	**20,008**	**45,019**

Footnotes for Figures 45 and 46:
Data Source: DHCS Dental FI Domain 3 Incentive Payment Summary as of July 2021.
Provider County: The 19 expansion counties were identified by asterisk (*) in PY 4 and PY 5. Suppression applied (*) for the number of beneficiaries that are lower than 11 along with

complementary suppression (**) for the second lowest number of beneficiaries.

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Impact Assessment

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 the metrics for this domain are useful in understanding the effectiveness of the activities undertaken. Please note, Figures 47 and 48 show corrected PY 4 data to reflect the accurate number of services and expenditures. The data published in the PY 4 Annual Report Figures 39 and 40 did not include all counties in Domain 3 following the expansion and therefore data is updated in this report.

From baseline year CY 2014 to PY 5, DHCS observed an increase of 4.07 percent and 3.68 percent in the number of dental exams and preventive dental services but a decrease of 10.34 percent in the number of treatment services performed for beneficiaries ages zero through twenty. The expenditures for dental exams increased by 464.62 percent, the expenditures of preventive dental services increased by 145.56 percent, and the expenditures of dental treatment services increased by 66.96 percent. Although, the data and metrics in Figure 47 and Figure 48 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, the increase in PY 5 is less when compared to other PYs because of the overall decrease in the dental utilization due to the COVID-19 PHE.

Figure 43: Domain 3 Counties' Number of Services on Dental Exam, Preventive and Treatment Services

Number of Services	Baseline Year: CY 2014	PY 4	PY 5	Percent Change from Baseline to PY 5
Dental Exams	1,676,000	1,839,407	1,371,722	-18.16%
Dental Exams (ICD-10)	N/A	595,649	372,445	N/A
Dental Exams Total	**1,676,000**	**2,435,056**	**1,744,167**	**4.07%**
Preventive Dental Services	4,102,840	4,789,468	3,771,831	-8.07%
Preventive Dental Encounters (ICD-10)	N/A	801,861	482,107	N/A

Number of Services	Baseline Year: CY 2014	PY 4	PY 5	Percent Change from Baseline to PY 5
Preventive Dental Total	**4,102,840**	**5,591,329**	**4,253,938**	**3.68%**
Dental Treatment Services	3,384,804	3,507,608	2,824,589	-16.55%
Dental Treatment Services (ICD-10)	N/A	354,678	210,347	N/A
Dental Treatment Services Total	**3,384,804**	**3,862,286**	**3,034,936**	**-10.34%**
Total Count of Exams, Preventive and Treatment Services	**9,163,644**	**11,888,671**	**9,033,041**	**-1.43%**

Figure 48: Domain 3 Counties' Expenditures on Dental Exam, Preventive and Treatment Services (Dollars in thousands)

Expenditures	Baseline Year: CY 2014	PY 4	PY 5	Percent Change from Baseline to PY 5
Dental Exams	$28,797	$97,328	$72,312	151.11%
Dental Exams (ICD-10)	N/A	$136,869	$90,280	N/A
Dental Exams Total	**$28,797**	**$234,197**	**$162,593**	**464.62%**
Preventive Dental Services	$82,483	$109,197	$88,090	6.80%
Preventive Dental Encounters (ICD-10)	N/A	$182,280	$114,449	N/A
Preventive Dental Total	**$82,483**	**$291,478**	**$202,540**	**145.56%**
Dental Treatment Services	$182,019	$311,451	$252,181	38.55%
Dental Treatment Services (ICD-10)	N/A	$82,836	$51,722	N/A
Dental Treatment Services Total	**$182,019**	**$394,287**	**$303,904**	**66.96%**
Total Expenditure of Exams, Preventive and Treatment Services	**$293,299**	**$919,961**	**$669,038**	**128.11%**

Footnotes for Figures 47 and 48:

- Data Source: DHCS MIS/DSS Data Warehouse as of September 2021.
- Dental Exams: Any comprehensive or period exam (CDT codes D0120 and D0150) for beneficiaries ages zero through twenty or an oral evaluation and counseling with the primary caregiver (CDT code D0145) for beneficiaries under three (3) years of age at a dental office.
- Dental Exams (ICD-10): Any comprehensive or period exam at an SNC (dental encounter with ICD 10 codes on Appendix 4: ICD 10 CODES FOR DENTAL SERVICES, List B) for beneficiaries ages zero through twenty.
- Preventive Dental Services: Any preventive dental service (CDT codes D1000-D1999 or CPT code 99188) at a dental office for beneficiaries ages zero through twenty.
- Preventive Dental Encounters (ICD-10): 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) for beneficiaries ages zero through twenty.
- Dental Treatment Services: Any dental treatment service (CDT codes D2000-D9999) at a dental office for beneficiaries ages zero through twenty.
- Dental Treatment Services (ICD-10): Any dental treatment service at an SNC (dental encounter with ICD 10 codes on Appendix 4: ICD 10 CODES FOR DENTAL SERVICES, List A) for beneficiaries ages zero through twenty.
- N/A: Data was not available because ICD-10 was not implemented in baseline year.

Figure 49 compares Domain 3 (initial and expansion counties) 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 an increase in utilization of preventive dental services from baseline year CY 2014 to PY 5. When including SNC encounters, the preventive dental services utilization of Domain 3 counties increased by 2.19 percent while non-Domain 3 counties decreased by 0.63 percent. Moreover, DHCS and its ASO contractor are conducting ongoing outreach and training to providers during the COVID-19 PHE, including, but not limited to, offices re-opening and safety practices, and the importance of increasing preventive services and recall exams. DHCS also expects Domain 3 incentive payments will help improve Domain 1 results over the DTI period.

Figure 49: Preventive Dental Services Utilization Increase in Domain 3 and Non-Domain 3 Counties Including and Excluding SNCs

Year	Measure	D3 Counties	Non-D3 Counties
Baseline Year: CY 2014	Numerator Excluding SNCs	1,255,723	741,467
Baseline Year: CY 2014	Denominator	3,418,732	1,860,303
Baseline Year: CY 2014	**Utilization Excluding SNCs**	**36.73%**	**39.86%**
PY 5	Numerator Excluding SNCs	1,082,594	628,240
PY 5	Denominator	3,429,455	1,775,126
PY 5	**Utilization Excluding SNCs**	**31.57%**	**35.39%**
Baseline Year to PY 5	**Change of Percentage Points Excluding SNCs**	**-5.16%**	**-4.47%**
PY 5	Numerator Including SNCs	1,334,772	696,347
PY 5	Denominator	3,429,455	1,775,126
PY 5	**Utilization Including SNCs**	**38.92%**	**39.23%**
Baseline Year to PY 5	**Change of Percentage Points Including SNCs**	**2.19%**	**-0.63%**

Footnotes for Figure 49:

- Data Source: DHCS MIS/DSS Data Warehouse as of September 2021.
- Numerator: Three months continuously enrolled beneficiaries who received any preventive dental service (CDT codes D1000-D1999 or CPT code 99188, 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.
- 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.

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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 Tribal health programs, with incentives related to goals and metrics that contribute to the overall goals of DHCS in any of the domains specified above.

As mentioned earlier, DHCS did not include Domain 4 in the 12 month extension request of DTI because of various challenges experienced by LDPP, which included delayed contract execution with partners and/or subcontractors, staff turnover, and inability to meet self-selected performance metrics during the first two years of operations. In addition, DHCS determined that it lacks sufficient projected amount of expenditures in the extension year to fully fund all four DTI domains and therefore, prioritized the funding for the continuation of Domains 1-3.

In PY 5, DHCS continued the bi-monthly teleconferences with all executed LDPPs to answer questions and encourage collaboration between the LDPPs. The LDPPs utilized the email inbox to submit invoices electronically on a quarterly basis and to communicate individual program concerns, request technical assistance, and inform DHCS of changes to their programs effective until the end of PY 5. DHCS paid a total of $42.5 million for LDPP invoices in PY 5 as of September 2021. During PY 5, LDPPs continued to be impacted by the COVID-19 PHE as they closed out operations. Many of the LDPPs struggled with community and school-based outreach throughout PY 5. During the PHE, LDPPs utilized teledentistry services, leveraged virtual platforms to perform educational outreach, and provided emergency services to patients in need. DHCS conducted its final Domain 4 LDPP teleconference via email on December 17, 2020. As of December 31, 2020, all 13 LDPPs concluded their operations and began their administrative close-out phase.

Funding Summary

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. Figure 50 shows that DHCS paid a total of $108,546,404 since the Domain inception as of September 2021. The total payment for each LDPP is as follows:

Figure 50: Domain 4 Funding Payment Summary

LDPPs	Total Paid YTD
Alameda County	$16,252,324
California Rural Indian Health Board, Inc.	$1,911,233
California State University, Los Angeles	$15,218,815
First 5 San Joaquin	$4,487,937
First 5 Riverside	$8,422,689
Fresno County	$8,231,086
Humboldt County	$3,515,891
Orange County	$15,495,453
Sacramento County	$9,315,478
San Luis Obispo County	$1,643,747
San Francisco City and County Department of Public Health	$4,219,835
Sonoma County	$3,284,941
University of California, Los Angeles	$16,546,975
Total	**$108,546,404**

For more information about LDPPs, please refer to the LDPP Domain 4 Webpage on the DHCS website.

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