State of California—Health and Human Services Agency
Department of Health Care Services

JENNIFER KENT
DIRECTOR

EDMUND G. BROWN JR.
GOVERNOR

August 15, 2016

Ms. Angela Garner
Director
Division of System Reform Demonstrations
Centers for Medicare & Medicaid Services
7500 Security Boulevard, Mail Stop S2-01-16
Baltimore, MD 21244-1850

Ms. Mehreen Rashid
Project Officer
Division of State Demonstrations & Waivers
Centers for Medicare & Medicaid Services
7500 Security Boulevard, Mail Stop S2-01-16
Baltimore, MD 21244-1850

Ms. Henrietta Sam-Louie
Associate Regional Administrator
Division of Medicaid and Children's Health Operations
Centers for Medicare & Medicaid Services
San Francisco Regional Office
90 Seventh Street, Suite 5-300 (5W)
San Francisco, CA 94103-6707

CALIFORNIA MEDI-CAL 2020 DEMONSTRATION (NO. 11-W-00193/9) AMENDMENT REQUEST FOR THE DENTAL TRANSFORMATION INITIATIVE DOMAIN 1 PROGRAM CRITERIA METHODOLOGY

Dear Ms. Garner, Ms. Rashid, and Ms. Sam-Louie:

The State of California proposes to amend the Special Terms and Conditions (STCs) of Waiver 11-W-00193/9, California Section 1115 "Medi-Cal 2020 Demonstration" (Demonstration Waiver) pursuant to STC paragraph 7.

This proposed amendment would allow the Department of Health Care Services (DHCS) to revise the methodology to determine the baseline metrics that will be used by new and existing dental service office locations for purposes of receiving incentive payments for the Dental Transformation Initiative (DTI) program. Additionally, DHCS is seeking authority to provide partial incentive payments to provider service office locations that partially meet annual increases in the preventive services provided to children above the pre-determined baseline.

DHCS is requesting that CMS act on this proposal as quickly as possible, beginning on

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August 15, 2016, to allow the State to promptly disburse full and partial incentive payments to providers exceeding respective baseline metrics in a timely manner. DHCS is prepared to collaborate with the Centers for Medicare and Medicaid Services (CMS) in order to secure prompt approval of this amendment.

Background
The DTI provides $740,000,000 over five years and will include three domains: preventive services, caries risk assessment and management, and continuity of care, in addition to making funding available for local dental pilot projects that address one or more of these three domains.

This amendment is necessary to ensure new and existing dental provider service office locations are not disadvantaged by having to reach unrealistic increases in the number of children provided preventive services, based on their current capabilities, in order to receive the applicable incentive payment under the first domain.

Impact to Services
This proposed amendment will not impact the Demonstration Waiver services.

Waiver Authority
DHCS believes the existing waivers of freedom of choice, statewideness, and comparability encompass this proposed Demonstration Waiver amendment. To the extent necessary, DHCS requests that its authority to operate under these waivers extends to the amendments contained in this request

Expenditure Authority
This proposed Demonstration amendment will not impact the existing Demonstration Waiver Expenditure Authority.

Public Notice and Tribal Notice
As required by STC paragraphs 8 and 14, DHCS has provided, and continues to conduct, public notice through the following means:

1. Public Notice and Processing:
    - The amendment was discussed during all DTI sub-workgroup meetings.
    - The DTI Domain 1 fact sheet, which includes a description of the amended process, was posted on the DTI website on June 1, 2016.
    - DHCS advised meeting participants of the amendment during the June 14, 2016 webinar. The webinar presentation is available at: http://www.dhcs.ca.gov/provgovpart/Documents/FinalDTIWebinar06.14.16v2.0.pdf.
    - On July 14, 2016, the waiver amendment request was posted on the DTI website at: http://www.dhcs.ca.gov/provgovpart/Documents/DTIDomain1STCsChanges.pdf.
    - An email announcement was sent to the DTI stakeholder distribution list on July 28, 2016.
    - There was a DTI program overview and amendment update provided for the Stakeholder Advisory Committee on August 11, 2016. The meeting materials are posted on the DHCS website. The meeting agenda is available at: http://www.dhcs.ca.gov/services/Documents/SACAgenda_081116.pdf. The DTI

presentation is posted at: http://www.dhcs.ca.gov/services/Documents/DTI_SAC_081116.pdf.
- The amendment will be raised during the budget template webinar on August 18, 2016.

2. Tribal Notice:
   - On July 14, 2016, DHCS Primary, Rural, and Indian Health Division issued a tribal notice regarding the State's intention to request the Demonstration Waiver amendment and posted it for thirty days on the DHCS website at: http://www.dhcs.ca.gov/services/rural/Pages/Tribal_Notifications.aspx.
   - On July 14, 2016, the tribal notice was posted on the DHCS website at: http://www.dhcs.ca.gov/provgovpart/Documents/Medi-Cal2020WaiverAmendmentDTI.pdf.
   - No questions or comments regarding the amendment were received.
   - DHCS intends to hold a tribal consultation on August 31, 2016 to discuss the proposed amendment for the first domain.

Budget Neutrality
This proposed amendment will not impact the Demonstration Waiver budget neutrality.

Evaluation Design
This proposed Demonstration amendment will not impact the DTI evaluation design for Domain 1 as stated in STC 106(g).

Thank you for your support and consideration. DHCS is happy to assist you and your staff in any way as you review the proposed Demonstration amendment. If you have any questions, please contact Rene Mollow, MSN, RN, Deputy Director of Health Care Benefits and Eligibility at Rene.Mollow@dhcs.ca.gov.

Sincerely,

Ms. Mari Cantwell
Chief Deputy Director
Health Care Programs

Enclosures:
- Revised Demonstration Waiver Special Terms and Conditions for DTI Domain 1
- Tribal Notice for Proposed Amendment for DTI Domain 1

cc: Ms. Laurie Weaver
Assistant Deputy Director
Health Care Benefits and Eligibility
Department of Health Care Services
Laurie.Weaver@dhcs.ca.gov

Ms. Alani Jackson
Division Chief
Medi-Cal Dental Services Division
Department of Health Care Services
Alani.Jackson@dhcs.ca.gov

DHCS

Department of Health Care Services
MEMORANDUM

DATE: July 14, 2016

TO: Tribal Chairpersons, Designees of Indian Health Programs, and Urban Indian Organizations

FROM: Sandra "Sam" Willburn, Chief, Primary, Rural, and Indian Health Division

SUBJECT: Notice of Proposed Change to the Medi-Cal Program

The purpose of this memo is to provide information regarding a proposed change to the Department of Health Care Services' (DHCS) Medi-Cal Program that will be submitted to the Centers for Medicare and Medicaid Services (CMS). DHCS is forwarding this information for your review and comment.

DHCS is required to seek advice from designees of Indian Health Programs and Urban Indian Organizations on Medi-Cal matters having a direct effect on Indians, Indian Health Programs or Urban Indian Organizations per the American Recovery and Reinvestment Act of 2009 (ARRA). DHCS must solicit the advice of designees prior to submission to CMS of any State Plan Amendment, waiver requests or modifications, or proposals for demonstration projects in the Medi-Cal program.

Please see the enclosed summary for a detailed description of this DHCS proposal.

QUESTIONS AND COMMENTS:
Indian Health Programs and Urban Indian Organizations may also submit written comments or questions concerning this proposal within 30 days from the receipt of notice. Comments may be sent by email to DTI@dhcs.ca.gov or by mail to the address below:

Contact Information
California Department of Health Care Services
Medi-Cal Dental Services Division
Dental Transformation Initiative, Attn: Alani Jackson
11155 International Drive, Building C
Rancho Cordova, CA 95670

Please note that Indian Health Programs and Urban Indian Organizations may also request a consultation on this proposal at any time as needed.

Enclosure

Department of Health Care Services (DHCS)
Tribal and Designees of Indian Health Programs Notice

PURPOSE:

To amend the Special Terms and Conditions (STCs) of Waiver 11-W-00193/9 (Medi-Cal 2020 Demonstration Waiver), specifically the Dental Transformation Initiative (DTI) Domain 1 "Program Criteria" methodology in terms of how the baseline for incentive payments is calculated.

BACKGROUND:

DHCS is currently operating a five-year Medicaid Section 1115 Demonstration Waiver (Medi-Cal 2020). The waiver operates from January 1, 2016, through December 31, 2020. The DTI is part of the Medi-Cal 2020 Demonstration Waiver. The DTI provides $740,000,000 over five years and will include three (3) domains: preventive services, caries risk assessment and management, and continuity of care, in addition to making funding available for local dental pilot projects that address one (1) or more of these three (3) domains.

This amendment is necessary to ensure new and existing dental provider service office locations are not disadvantaged by having to reach unrealistic increases in the number of children provided preventive services, based on their current capabilities, in order to receive the applicable incentive payment under this domain. Additionally, DHCS will add authority to provide partial incentive payments to provider service office locations that partially meet annual increases in the preventive services provided to children above the pre-determined baseline.

SUMMARY OF PROPOSED CHANGES:

- Revises the methodology used by DHCS to determine the baseline metrics that will be used by new and existing dental service office locations for purposes of receiving incentive payments; and
- Adds authority to provide partial incentive payments to provider service office locations that partially meet annual increases in the preventive services provided to children above the pre-determined baseline.

IMPACT TO TRIBAL HEALTH PROGRAMS:

The proposed amendments ensure that new and existing Federally Recognized Tribes and Tribal Health Programs under a Public Law 93-638 contract with the Indian Health Service (IHS), eligible to participate in the DTI, are not disadvantaged by having to meet unrealistic increases in the number of children provided preventive services for purposes of receiving DTI incentive payments and permits partial incentive payments when certain benchmarks are met. The impact is the same for Tribal health programs operating under a Public Law 93-638 contract with the IHS that participate in Medi-Cal as an IHS Memorandum of Agreement provider or a Federally Qualified Health Center (FQHC).

IMPACT TO FEDERALLY QUALIFIED HEALTH CENTERS (FQHCs):
The impact to FQHCs is similar to that of the impacts to the Tribal Health Programs as noted above.

IMPACT TO INDIAN MEDI-CAL BENEFICIARIES:
The proposed amendments will allow Federally Recognized Tribes and Tribal health programs operating under a Public Law 93-638 contract to receive incentive payments that can be used to increase the number of American Indian/Alaskan Native Medi-Cal beneficiaries that these entities serve.

RESPONSE DATE:
Indian Health Programs and Urban Indian Organizations may submit written comments or questions concerning this proposal within 30 days from the receipt of the notice. Comments may be sent by email to DTI@dhcs.ca.gov or by mail to the address below:

CONTACT INFORMATION:
California Department of Health Care Services
Medi-Cal Dental Services Division
Dental Transformation Initiative, Attn: Alani Jackson
11155 International Drive, Building C
Rancho Cordova, CA 95670

106. 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 (1) through twenty (20) enrolled in Medi-Cal who receive a preventive dental service in a given year. The Department's goal is to increase the utilization amongst children enrolled in the FFS and DMC dental delivery systems by at least ten (10) percentage points over a five (5) year period. The Department will commit to re-assessing the goal ~~annually throughout the Demonstration period~~ after PY 2 and increase said percentage, if appropriate, based on the success of the domain. For example, the 2014 rate for the state using the Form CMS-416 methodology was 37.84 percent of children. Thus, if this rate remained the same for the demonstration baseline year, the ten (10) percentage point improvement goal for this five (5) year demonstration would be to increase this rate to 47.84 percent of children statewide. DHCS will use the CMS 416 methodology for reporting purposes, but will pay out incentives using unrestricted eligibility criteria.

DHCS will offer payments as financial incentives for dental service office locations to increase delivery of preventive oral care to Medi-Cal children, and to maintain preventive oral care for children who previously received that service. As of September 2015, there are 5,370 service office locations across California that participate in the Medi-Cal Dental Program. DHCS will stage a messaging campaign to explain the new incentive program to the provider community and to generate interest among beneficiaries. DHCS will leverage existing contract provisions specific to provider and beneficiary outreach to operationalize the commitments of these STCs.

a. Program Criteria. The incentive program will provide semi-annual incentive payments to dental provider service office locations that provide preventive services to an increased number of Medi-Cal children, as determined by the Department. Eligible providers will receive payments based on them achieving an increased number of Medi-Cal children who received eligible preventive dental services, as compared to a baseline pre-determined by the Department. Providers who render preventive services to a number of children that meets or exceeds a Department pre- determined number of beneficiaries, by ~~county~~ service office location, would qualify for the incentive payment.

Further, the program will also disburse incentive payments to providers who were not previously participating in Medi-Cal and rendering preventive services, but who do so during the demonstration, on the condition that they meet or exceed the provision of services based on the Department pre-determined number of beneficiaries, by county, needed to be served to achieve the goal. The new service office location's pre-determined number will be the average number of beneficiaries among all existing service office locations in the county needed to increase the statewide goal of two (2) percentage points. In subsequent demonstration years, the Department will re-evaluate the service office location and develop a benchmark using the same methodology as described above for existing dental providers in the program.

Safety net clinics would also be eligible for these incentives and would be supplied with incentive payments separate and apart from their Prospective Payment System (PPS) or Memorandum of Agreement (MOA) rates for Federally Qualified Health Centers/Rural Health Centers and Tribal Health Centers, respectively. Each safety net clinic office location would be considered a dental service office location for purposes of this domain.

To illustrate, if a service office location provided preventative services to 1,000 beneficiaries for the selected benchmark year, its baseline benchmark is 1,000. In the first year, the annual target benchmark will be to increase by two percentage points over 1,000 thus, this service office location would need to provide preventive services to an additional 20 new beneficiaries (1,000 x 0.02 = 20).

The Department will determine the number of additional beneficiaries to be served in order to achieve the goal of ten (10) percentage point utilization increase statewide.

~~That number will be distributed across counties based the county's proportional expected contribution to the statewide utilization increase. For example, if the number of child Medi-Cal beneficiaries in County A account for thirty (30) percent of the statewide Medi-Cal children population, and 100 users are necessary to increase the statewide utilization by ten (10) percentage points, then County A service office locations will need to serve an additional thirty (30) beneficiaries. If County A needs to serve thirty (30) additional beneficiaries and there are ten (10) service office locations enrolled in the program, that goal of thirty (30) additional users would then be equitably distributed across the number of service office locations in the county; therefore, each service office location in County A would need to see three (3) additional users to qualify for the incentive payment. The same Departmental-established per service office location goal, by county, would apply to both current and newly enrolled providers.~~

Incentive payments will be based on each ~~Each~~ service office location that meets or exceeds ~~will receive credit towards meeting or exceeding~~ the Department pre-determined goal for increases in preventive services provided to every child ~~to which they provide a preventive service~~ within frequency limitations regardless of whether that child is a previously established patient of that service office location. ~~However, service office locations will only be paid incentive payments on preventive services provided to those beneficiaries they provide services to once they have met the Department established goal.~~

b. Responsibilities of Providers Service office locations are expected to continue to follow claiming and billing guidelines of the Medi-Cal Dental Program and

to adhere to requirements of this incentive program**.**

c. Performance Metrics The Department will calculate a baseline measure of the rate of children's utilization of preventive services statewide and for each ~~county~~ service office location, within the Medi-Cal FFS and DMC dental delivery systems, with a goal of increasing the statewide utilization of preventive services for children by at least ten (10) percentage points over five (5) years. The Department will also calculate the number of service locations that are providing preventive services to an increased number of children. The baseline year will consist of data from the most recent complete year preceding implementation of the waiver. Beneficiary utilization and service office location participation will be reassessed ~~on an annual basis thereafter~~ after PY 2.

The first metric that will be used for monitoring domain success is the percentage of beneficiaries who received any preventive dental service during the measurement period, which is calculated as follows:

i. Numerator: Number of unduplicated children ages one (1) through twenty (20) enrolled in Medi-Cal for at least ninety (90) continuous days who received any Medi-Cal covered preventive dental service (D1000-D1999) in the measurement period.
ii. Denominator: Number of unduplicated children ages one (1) through twenty (20) enrolled in Medi-Cal for at least ninety (90) continuous days during the measurement period.
iii. The second metric that will be used is claims data to determine the number of service office locations in each county that are providing preventive dental services to children, compared to the number of these locations in the baseline year.
iv. A third metric will track statewide the number and percentage change of Medicaid participating dentists providing preventive dental services to at least ten (10) Medicaid-enrolled children in the baseline year, and in each subsequent measurement year.

d. State Oversight, Monitoring, and Reporting

i. Program Integrity: To ensure program integrity, the Department will perform annual assessments of service utilization, billing patterns and shifts in enrollment for anomalies that may be indicators of fraud, waste or abuse. The Department is required to ensure that all claims submitted for adjudication are handled in a timely manner. Any suspicious claim activity is tracked through the program's Surveillance Utilization Review System (SURS) to prevent fraud and abuse.
ii. Monitoring Plan/Provisions: To measure the impact on the utilization of preventive services, there will be monitoring of actively participating service

office locations and monitoring of preventive services utilization statewide and by county via claims utilization.

iii. Reporting of Activity: The Department will be responsible for reporting on data and quality measures to CMS on an annual basis in the demonstration annual report. A preliminary report will be delivered only to CMS for internal review six (6) months following the end of the applicable PY. An updated report will be delivered to CMS and published publicly twelve (12) months following the end of the applicable PY. Content will include, but not be limited to:

i. A detailed description of how DHCS has operationalized this domain, including information about which entities (DHCS, MCOs, dental vendor, others) have responsibility for the components of this domain;

ii. The number of individual incentives paid, and the total amount expended, under this domain in the current PY;

iii. A plan (awareness plan) that describes (a) how the Department has generated awareness of the availability of incentives for providing preventive dental services to children, including steps taken to increase awareness of the DTI among dental as well as primary care providers, and
(b) how the Department has generated awareness among enrollees of the availability of, the importance of, and how to access preventive dental services for children. Specific approaches will break out for example, age groupings, rural and urban residents, or primary language and should be developed in conjunction with interested dental and children's health stakeholders.

iv. An annual analysis of whether the awareness plan has succeeded in generating the necessary utilization, by subgrouping, to meet the goals of this domain, and a description of changes to the awareness plan to address any identified deficiencies;

v. Data describing the use of preventive dental services and, separately, other dental services, and expenditures on preventive dental services and, separately, other dental services;

vi. A discussion of the extent to which the metrics described for this domain are proving to be useful in understanding the effectiveness of the activities undertaken in the domain;

vii. An analysis of changes in cost per capita;

viii. A descriptive analysis of any program integrity challenges generated by this domain and how those challenges have been, or will be, addressed; and

ix. A descriptive analysis of the overall effectiveness of the activities in this domain in meeting the intended goals, any lessons learned, and any adjustments recommended.

e. Incentives DHCS may earn additional demonstration authority, up to a maximum of $10 million, to be added to the DTI Pool for use in paying incentives to

qualifying providers under DTI, by achieving higher performance improvement, as indicated in the below table:

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

f. Financing The incentive payment for preventive services will equate to a payment of approximately seventy-five (75) percent above the Schedule of Maximum Allowances (SMA) or partial incentive payments at thirty-seven and a half (37.5) percent above the SMA reflecting achievement of a 1 to 1.99 percentage point increase if the benchmark is partially met. To the extent that the projected funding limit is reached for this Domain, a pro-rata share payment amount will be determined based on remaining funds.~~for all preventive services provided to the children above the Department pre-determined threshold for the number of beneficiaries served,~~ This number of beneficiaries is subject to the annual funding limits contained herein and any annual limit applicable to this specific domain. The incentive funding available for payments within this domain will not exceed the amount

apportioned from the DTI pool to this domain for the applicable PY, except as provided for in STC 105.

g. Evaluation The results of this project will be used to determine if provider incentive payments are an effective method by which to encourage service office locations to provide preventive dental services to more Medi-Cal children and to what extent an incentive payment is an effective method for increasing Medi-Cal provider participation which could then impact better access to care for children.

Attachment JJ

Project 1: Increase Preventive Service Utilization for Children
Required Project

Project Domain	Increase Preventive Services Utilization for Children
Rationale (Evidence base and reasoning behind project idea)	
Based on reports produced by the Department of Health Care Services (DHCS), as of September 2015 the Denti-Cal provider network had 5,370 service office locations across California. DHCS is proposing to incentivize dental provider service office locations to increase preventive oral care to Medi-Cal children.	
Goals/Objectives (Project-specific Triple Aim goals and expected project outcomes)	
➢ Increase the statewide proportion of children ages one (1) through twenty (20) and under enrolled in the Medi-Cal Dental Program and who receive a preventive dental service by ten (10) percentage points over a five (5) year period ➢ Maintain preventive oral care for children who previously received this service The incentive program will provide semi-annual incentive payments to dental provider service office locations that provide preventive services to an increased number of Medi-Cal children, as determined by the Department. Eligible providers will receive payments based on them achieving an increased number of Medi-Cal children who received eligible preventive dental services, as compared to a baseline pre-determined by the Department. Providers who render preventive services to a number of children that meets or exceeds a Department pre-determined number of beneficiaries, by ~~county~~ service of location, would qualify for the incentive payment. Further, the program will also disburse incentive payments to providers who were not previously participating in Medi-Cal and rendering preventive services, but who do so during the demonstration, on the condition that they meet or exceed the provision of services based on the Department pre-determined number of beneficiaries, by county, needed to be served to achieve the goal. The new service office location's pre-determined number will be the average number of additional beneficiaries among all existing service office locations in the county needed to increase the statewide goal of two (2) percentage points. In subsequent demonstration years, the Department will re-evaluate the service office location and develop a benchmark using the same methodology as described above for existing dental providers in the program. Safety net clinics would also be eligible for these incentives and would be supplied with incentive payments separate and apart from their Prospective Payment System (PPS) or Memorandum of Agreement (MOA) rates for Federally Qualified Health Centers/Rural Health Centers and Tribal Health Centers, respectively. Each safety net clinic office location would be considered a dental service office location for purposes of this domain.	

The Department will determine the number of additional beneficiaries to be served in order to achieve the goal of ten (10) percentage point utilization increase statewide. To illustrate, if a service office location provided preventative services to 1,000 beneficiaries for the selected benchmark year, its baseline benchmark is 1,000. In the first year, the annual target benchmark will be to increase by two (2) percent of 1,000; thus this service office location would need to provide preventive services to an additional 20 new beneficiaries (1,000 x 0.02 = 20).

~~That number will be distributed across counties based the county's proportional expected contribution to the statewide utilization increase. For example, if the number of child Medi-Cal beneficiaries in County A account for thirty (30) percent of the statewide Medi-Cal children population, and 100 users are necessary to increase the statewide utilization by ten (10) percentage points, then County A service office locations will need to serve an additional thirty (30) beneficiaries. If County A needs to serve thirty (30) additional beneficiaries and there are ten (10) service office locations enrolled in the program, that goal of thirty (30) additional users would then be equitably distributed across the number of service office locations in the county; therefore, each service office location in County A would need to see three (3) additional users to qualify for the incentive payment. The same Departmental-established per service office location goal, by county, would apply to both current and newly enrolled providers.~~

DHCS may earn additional demonstration authority, up to a maximum of $10 million, to be added to the DTI Pool for use in paying incentives to qualifying providers under DTI, by achieving higher performance improvement, as indicated in the below table:

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

Incentive payments will be based on each ~~Each~~ service office location that meets or exceeds ~~will receive credit towards meeting or exceeding~~ the Department pre-determined goal for increases in preventive services provided to every child ~~to which they provide a preventive service~~ within frequency limitations regardless of whether that child is a previously established patient of that service office location. ~~However, service office locations will only be paid incentive payments on preventive services provided to those beneficiaries they provide services to once they have met the Department established goal.~~

The incentive payment for preventive services will equate to a payment of approximately seventy-five (75) percent above the Schedule of Maximum Allowances (SMA) or partial incentive payments at thirty seven and a half (37.5) percent above the SMA reflecting achievement of a 1 to 1.99 percentage point increase if the benchmark is partially met. To the extent that the projected funding limit is reached for this Domain, a pro-rata share payment amount will be determined based on remaining funds. ~~for all preventive services provided to the children above the Department pre-determined threshold for the number of beneficiaries served.~~ This number of beneficiaries is subject to the annual funding limits contained herein and any annual limit applicable to this specific domain. The incentive funding available for payments within this domain will not exceed the amount apportioned from the DTI pool to this domain for the applicable DY, except as provided for in the Medi-Cal 2020 Waiver Special Terms and Conditions (STCs).

The results of this project will be used to determine if provider incentive payments are an effective method by which to encourage service office locations to provide medically necessary preventive dental services to more Medi-Cal children and to what extent an incentive payment is an effective method for increasing Medi-Cal provider participation and improving access to care for children. The Department anticipates that increased preventive services will result in decreased long term costs for more invasive procedures, one of the core tenants of the Triple Aim concept.

A reassessment of this Domain and the applicable benchmarks will take place between years two and three in order to evaluate program effectiveness, increases in preventive services, adjustments for population growth or decline throughout the state, and other factors as may be appropriate.

Core Components

The baseline year will consist of data from the most recent complete year preceding implementation of the waiver. Beneficiary utilization and service office location participation will be reassessed on an annual basis thereafter. The metrics that will be used for monitoring domain success are:

1. Percentage of beneficiaries who received any preventive dental service during the measurement period, which is calculated as follows:

Numerator: Number of unduplicated children ages one (1) through twenty (20) enrolled

in Medi-Cal for at least ninety (90) continuous days who received any Medi-Cal covered preventive dental service (D1000-D1999) in the measurement period.

Denominator: Number of unduplicated children ages one (1) through twenty (20) enrolled in Medi-Cal for at least ninety (90) continuous days during the measurement period.

2. Claims data to determine the number of service office locations in each county that are providing preventive dental services to children, compared to number of these locations in the baseline year.

3. Statewide the number and percentage change of Medicaid participating dentists providing preventive dental services to at least ten (10) Medicaid-enrolled children in the baseline year, and in each subsequent measurement year.

A preliminary report will be delivered only to CMS for internal review six (6) months following the end of the applicable DY. An updated report will be delivered to CMS and published publicly twelve (12) months following the end of the applicable DY

Projects Metrics	
Clinical Event Outcomes	1. <u>Prevention</u> • Increase the utilization of children ages one (1) through twenty (20) enrolled in Medi-Cal who receive any preventive dental service, by at least ten (10) percentage points over a five (5) year period. 2. <u>Access to Care</u> Increase the number of actively participating providers in each county who provide preventive services.