

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) 6 (01/01/2021 – 12/31/2021)**

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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 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.

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, 2021¹

This preliminary annual report contains results of the DTI goals in PY 6 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 6.19 percentage points from baseline year CY 2014 to PY 6 (CY 2021) and increased by 4.99 percentage points from PY 5 (CY 2020) to PY 6 (CY 2021). (*Figure 1*)
- The number of unduplicated FFS and DMC Medi-Cal providers rendering preventive dental services to at least ten children ages one through twenty increased by 7.94 percentage points from baseline year CY 2014 to PY 6 and increased by 2.03 percentage points from PY 5 to PY 6. (*Figure 2*)
- DHCS issued a total of \$35.2 million in PY 5 (total payment) incentive payments as of May 2022. (*Figure 3*). PY 6 payments are pending State budget approval for additional State General funds necessary to complete this domain's PY 6 payments.

Domain 2

- Preventive dental services in the CRA risk groups increased on average by 120 percentage points when compared to the control group for beneficiaries ages zero through six who received a CRA for the first time in PY 6 with dental history in PY 5. (*Figure 9*)
- 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, \$70.0 million for PY 5, and \$101.3 million for PY 6 as of April 2022. (*Figure 48*). The remaining PY 6 payments are pending State budget approval for additional State General funds necessary to complete this domain's PY 6 payments.

Domain 3

- The PY 6 first payment will be issued in early July 2022 after State budget approval of additional funding; therefore, incentive data and continuity of care analysis are not available for this preliminary report and will be shared in the PY 6 final annual report.
- Utilization of preventive dental services in PY 6 across the 36 Domain 3 counties increased by 7.19 percentage points when compared to baseline year CY 2014 and increased by 5.0 percentage points when compared to PY 5. (*Figure 51*)

Domain 4

- Domain 4 ended on December 31, 2020 and was not operational in PY 6 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.
- Based on the quarterly invoices that LDPPs submitted, DHCS issued a total of \$108.5 million payments to LDPPs for all PYs as of April 2022. (*Figure 52*)

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 and PY 6 were impacted by the COVID-19 PHE with dental office closures, stay-at-home orders, and social distancing. However, DHCS worked diligently with the Administrative Services Organization (ASO) contractor through outreach activities to educate both beneficiaries and providers on safe office practices to resume/increase preventive and other oral health services. This has led to an increase in utilization of oral health services in PY 6.

DTI Program Implementation

For DTI implementation, DHCS worked closely with its Fiscal Intermediary (FI) contractor, Gainwell Technologies LLC (formerly named DXC Technology Services), the ASO contractor, Delta Dental of California, six contracted DMC plans, and various stakeholder groups to implement the domains across all dental delivery systems in the state. The DMC plans include Geographic Managed Care (GMC) plans in Sacramento County and Prepaid Health Plans (PHP) in Los Angeles 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 three 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 webinars for provider education and communication;
- 3) Published program related material on a centralized webpage at the DHCS website;
- 4) Maintained a listserv for sharing information globally with interested stakeholders;
- 5) Maintained a DTI email inbox and responded to inquiries from external parties; and,
- 6) Leveraged the dental ASO to publish provider bulletins with specific DTI information and perform DTI outreach efforts to the beneficiary and provider communities.
- 7) 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 three 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 6.

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 PYs 5 and 6, the workgroup did not convene as there were no discussion items for the meetings.

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 6 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 6 and is no longer active.

- *Domain 4 Sub-workgroup*

DHCS created bi-monthly teleconferences with the contracted LDPPs in PY 3 and held additional teleconferences to discuss specific topics as needed. The purpose of these meetings was 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. This meeting did not convene during PY 6 and is no longer active.

- *Data Sub-workgroup*

DHCS created this sub-workgroup to garner stakeholder feedback regarding data being reported in annual DTI reports. In PY 6, this sub-workgroup did not convene because stakeholders did not share any feedback on the [PY 5 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 9 venues during PY 6. Please see the list of DTI outreach venues within the 1115 Waiver [Demonstration Year \(DY\) 16 Annual Report](#), [DY 17 Quarter 1 Progress Report](#), and [DY 17 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 6, the postings included updates to the Domain 3 fact sheet and the PY 6 extension.

Provider Bulletins

DHCS also communicated DTI information through dental provider bulletins. Below are the bulletins that contain DTI updates and provider notifications related to PY 6.

Bulletin	Date	Topic
Volume 38, Number 11	March 2022	Upcoming Dental Transformation Initiative Domain 1 Calendar Year 2020 Payment
Volume 38, Number 6	February 2022	Modified Adjudication Reason Code for Dental Transformation Initiative Closeout
Volume 38, Number 4	January 2022	Dental DTI Domain 1 Payment Delay
Volume 37, Number 30	December 2021	Dental Transformation Initiative Claim Submission Deadline and Pro-Rata Payments
Volume 37, Number 29	December 2021	Dental DTI Domain 2 Payment Delay
Volume 37, Number 27	December 2021	Dental Transformation Initiative Ends December 31 st .
Volume 37, Number 24	November 2021	Dental Transformation Initiative Ends December 31 st
Volume 37, Number 15	July 2021	Dental DTI Domain 3 Payment Delay
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 as Domain 4 phased out in PY 6. Please refer to the [1115 Waiver Demonstration Year \(DY\) 16 Annual Report](#), [DY 17 Quarter 1 Progress Report](#), and [DY 17 Quarter 2 Progress Report](#) 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 6.

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 strived toward this goal, however, in PY 5 and PY 6, statewide preventive services utilization decreased because of the impacts of COVID-19 PHE when compared to previous PYs. Although PY 5 was severely impacted by the initial shelter in place mandates and suspension of all non-emergency dental services, PY 6 has seen progress in increasing preventive dental services.

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.

Domain 1 PY 6 payments are pending approval of the State Fiscal Year budget for 2022/2023, which includes additional funds to complete DTI payments.

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 6. 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.

For reporting purposes, DHCS uses the CMS 416 reporting methodology (which uses 90 days continuous enrollment for beneficiaries to determine the denominator) but pays out incentives using unrestricted eligibility criteria, which means that children need not be continuously enrolled for 90 days or more to be included in provider incentive payment calculations. However, the reporting periods of this report and the CMS 416 report 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 had a minor decrease, whereas including SNCs for PY 6 increased utilization over 6 percentage points with. Since the baseline year is prior to the implementation of International Classification of Diseases 10 codes (ICD-10), which became effective October 1, 2015, the data shows utilization with and without SNCs for comparison purposes. Statewide preventive dental utilization in beneficiaries ages one through twenty increased by nearly 5 percentage points from PY 5 to PY 6 (when including SNCs). PY 6 utilization is expected to slightly increase after the run-out period for claims submission ending on December 31, 2022.

Figure 1: Percentage 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	PY 6 Excluding SNCs	PY 6 Including SNCs
Numerator	1,997,190	1,710,834	2,031,119	2,039,376	2,383,327
Denominator	5,279,035	5,204,581	5,204,581	5,414,212	5,414,212
Preventive Dental Services Utilization	37.83%	32.87%	39.03%	37.67%	44.02%
Percentage Points Change from Baseline Year	N/A	-4.96	1.20	-0.16	6.19

The data comparison in *Figure 2* shows the number of FFS and DMC office locations increased by 11.36 percentage points from the baseline year to PY 6. The number of unduplicated FFS and DMC providers rendering preventive dental services to at least ten beneficiaries from baseline year to PY 6 also increased nearly 8 percentage points. Both increases indicate a positive correlation between provider incentive payments and preventive services provided to Medi-Cal beneficiaries through DTI.

Figure 2: Medi-Cal Dental Service Offices and Rendering Providers Providing Preventive Dental Services to Beneficiaries Ages One through Twenty

Measure	Baseline Year: CY 2014	PY 6	Percent Diff
Number of Service Office Locations Providing Preventive Dental Services to Beneficiaries Ages One through Twenty	5,600	6,236	11.36%
Number of Rendering Providers Providing Preventive Dental Services to at Least Ten Beneficiaries Ages One through Twenty	5,908	6,377	7.94%

Footnotes on Figures 1 and 2:

- Data Source: DHCS MIS/DSS Data Warehouse as of April 2022.
- 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.
- Service Offices: Includes both FFS and DMC offices.
- Rendering Providers: Unduplicated number of rendering providers in both FFS and DMC.
- 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 data attachments for appendices 1, 2, 3, and 4 pertaining to Domain 1. In Appendix 1 and 2, there is Domain 1 Utilization of Preventive Dental Services by County in PY 6 with and without SNCs. The spreadsheets show counts of eligible beneficiaries based on the county of residence, which may be different from where the beneficiaries received services. In PY 6, 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. Appendix 3 shows Domain 1 Utilization of Preventive Dental Services by

County in Baseline Year CY 2014.

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, 1.20 and 6.19 percent points when including SNC encounters in each respective PY. This increase in the first four PYs demonstrate the effectiveness of Domain 1, which decreased in PY 5 due to the COVID-19 PHE but recovered some in PY 6.

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Incentive Payments Analysis

Figure 3 display the amount of incentives paid to service office locations for Domain 1 services provided in PY 5 as of March 2022. The total incentive payments disbursed for PY 5 was approximately \$35.2 million respectively. As mentioned earlier, PY 6 payments are pending approval of the State Fiscal Year budget for 2022/2023, which will include additional funds to complete the domain’s payments. 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 5 (Dollars in Thousands)

Delivery System	PY 5 First Payment (January 2021)	PY 5 Second Payment (July 2021)	PY 5 Third Payment (March 2022)	PY 5 Total Payment
FFS	\$31,909	\$851	\$49	\$32,809
DMC	\$926	\$549	\$22	\$1,497
SNC	\$236	\$622	\$49	\$907
Total	\$33,071	\$2,022	\$120	\$35,213

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Impact Assessment

Figure 4 and *Figure 5* describe the counts and expenditures on preventive dental services and dental treatment services. In *Figure 4*, the number of treatment services increased by approximately 7.64 percentage points from baseline year to PY 6, while the number of preventive dental services increased by 18.26 percentage points during the same period. In contrast with the PY 5 where preventive and treatment services decreased, the overall dental utilization in PY 6 is showing an increase. In *Figure 5*, the expenditures of treatment

services increased by 112.82 percent from baseline year to PY 6, while the expenditures of preventive dental services increased by 189.00 percent during the same period.

Figure 4: Number of Preventive Dental Services and Dental Treatment Services for Beneficiaries Ages One through Twenty Statewide

Number of Services	Baseline Year: CY 2014	PY 6	Percent Diff
Preventive Dental Services	7,177,160	7,771,320	8.28%
Preventive Dental Encounters (ICD-10)	N/A	716,739	N/A
Preventive Dental Services Total	7,177,160	8,488,059	18.26%
Dental Treatment Services	5,624,637	5,768,360	2.56%
Dental Treatment Encounters (ICD-10)	N/A	286,229	N/A
Dental Treatment Services Total	5,624,637	6,054,589	7.64%
Total Count of Preventive and Treatment Services	12,801,797	14,542,648	13.60%

Figure 5: 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 6	Percent Diff
Preventive Dental Services	\$123,328	\$175,943	42.66%
Preventive Dental Encounters (ICD-10)	N/A	\$180,470	N/A
Preventive Dental Services Total	\$123,328	\$356,413	189.00%
Dental Treatment Services	\$261,931	\$487,847	86.25%
Dental Treatment Encounters (ICD-10)	N/A	\$69,594	N/A
Dental Treatment Services Total	\$261,931	\$557,441	112.82%
Total Expenditure of Preventive and Treatment Services	\$385,259	\$913,854	137.21%

Footnotes for Figures 4 and 5:

- Data Source: DHCS MIS/DSS Data Warehouse as of April 2022.
- 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 51](#) 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](#), [Figure 4](#), and [Figure 5](#) to improve preventive services utilization during the COVID-19 PHE. When excluding SNC encounters, utilization of preventive dental services among all counties changed between 3.13 to 50.46 percentage points with a total of 0.16 percentage points decrease from baseline year to PY 6 statewide (Appendix 1). When including SNC encounters, all counties changed utilization between 8.11 to 58.33 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 by 57.4 percentage. The payments decreased in PY 5 ([Figure 3](#)) due to lower utilization of services due to PHE and is pending completion of PY 6 payments.

Services Per Capita

DHCS added services per capita, [Figure 6](#), comparing Domain 1 in baseline year and PY 6 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 6](#), on an average, every 10 beneficiaries received 1 additional dental services from the baseline year to PY 6. The increase in both the number of beneficiaries and preventive dental services was driven by both enrollment and utilization in dental offices and SNCs.

Figure 6: 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 6	2,360,449	8,488,059	3.60

Cost Per Capita

The cost per capita related to Domain 1 for baseline year and PY 6 are displayed below in *Figure 7*. 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 6 compared to baseline year because of the DTI program incentives and Proposition 56 supplemental payments.

Figure 7: 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 6	2,258,815	\$356,413,172	\$157.79

Footnotes for Figures 6 and 7:

- Data Source: DHCS MIS/DSS Data Warehouse as of April 2022.
- 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 in 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 2021 is the fifth PY of Domain 2. To keep consistency of this report, DHCS used PY 2, 3, 4, 5, and 6 to represent the first, second, third, fourth, fifth and fifth year of Domain 2, which are CY 2017, 2018, 2019, 2020, and 2021. 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 8 through Figure 15 show the performance of beneficiaries who received a CRA for the first time in PY 6 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 5 and their performance in PY 6. 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 6. 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 4 and returned in PY 5, and their performance in PY 6. 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 6. This section analyzes the performance of beneficiaries from the 29 pilot counties.
- Section Four: Figure 32 through Figure 39 show the performance of beneficiaries who received a CRA in PY 3, PY 4, and PY 5, and their performance in PY 6. 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 6. This

section analyzes the performance of beneficiaries from the original 11 counties.

- Section Five: *Figure 40* through *Figure 47* show the performance of beneficiaries who received a CRA in PY 2, PY 3, PY 4, PY 5 and their performance in PY 6. 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 6. This section analyzes the performance of beneficiaries from the original 11 counties.
- *Figure 48* is the incentive payment analysis for all four groups of beneficiaries in PY 2, PY 3, PY 4, PY 5 and PY 6.

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 47.

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 47. 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 6 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 5 to PY 6 for each group. PY 5 is the baseline for the new or returned beneficiaries who received services in PY 6.

Section One: New CRA Beneficiaries in PY 6

The performance of beneficiaries who received a CRA for the first time in PY 6 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 5 versus those who did not receive dental services previously and received a CRA for the first time in PY 6.

Performance Metrics Analysis

Figure 8 reflects the number of new beneficiaries in the CRA and control group in PY 6 based on the beneficiary category.

- '01' category are beneficiaries who were not eligible for CRA in PY 5 due to age.
- '02' category are beneficiaries who were eligible for CRA in PY 5 but did not receive dental services in PY 5 or prior, making PY 6 the first visit to the dentist.
- '03' category are beneficiaries who were eligible for CRA in PY 5 but did not receive dental services in PY 5 and received dental services in prior program years.
- '04' category are beneficiaries who were eligible for CRA in PY 5 and received dental services in PY 5.
- '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 9* through *Figure 14*. Please see age and county breakdown in Appendix 5: Domain 2 Number of New CRA Beneficiaries and Control Group in PY 6 by County and Age Group.

Figure 8: Number of New CRA Beneficiaries and Control Group in PY 6

Group	Beneficiary Category in PY 6	Beneficiary Count	% Total
Control	01 Not Eligible in PY 5	1,479	3%
Control	02 Eligible in PY 5 did not receive services in PY 5	9,188	17%
Control	03 Eligible in PY 5 did not receive services in PY 5 but received services prior to PY 5	9,959	19%
Control	04 Received services in PY 5	32,051	61%
Control	05 Total PY 6 Beneficiaries	52,677	100%
Low Risk	01 Not Eligible in PY 5	2,705	5%
Low Risk	02 Eligible in PY 5 did not receive services in PY 5	31,083	62%
Low Risk	03 Eligible in PY 5 did not receive services in PY 5 but received services prior to PY 5	9,690	19%
Low Risk	04 Received services in PY 5	6,954	14%
Low Risk	05 Total PY 6 Beneficiaries	50,432	100%
Moderate Risk	01 Not Eligible in PY 5	1,872	4%

Moderate Risk	02 Eligible in PY 5 did not receive services in PY 5	28,863	64%
Moderate Risk	03 Eligible in PY 5 did not receive services in PY 5 but received services prior to PY 5	8,726	19%
Moderate Risk	04 Received services in PY 5	5,701	13%
Moderate Risk	05 Total PY 6 Beneficiaries	45,162	100%
High Risk	01 Not Eligible in PY 5	6,933	4%
High Risk	02 Eligible in PY 5 did not receive services in PY 5	71,350	46%
High Risk	03 Eligible in PY 5 did not receive services in PY 5 but received services prior to PY 5	46,159	30%
High Risk	04 Received services in PY 5	30,571	20%
High Risk	05 Total PY 6 Beneficiaries	155,013	100%

The total beneficiaries in PY 6 who received CRA for the first time included beneficiaries who were not eligible for CRA in PY 5 (01 category) and did not receive services in PY 5 (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 9* through *14* unrelated to CRA. Consequently, services and percentage difference between the risk and control groups in *Figures 9* through *14* are broken down in various scenarios: 00 category - beneficiaries who did not receive dental services in PY 5, 04 category - beneficiaries who received dental services in PY 5, and 05 category - all beneficiaries who received CRA for the first time in PY 6 regardless if they received dental services in PY 5.

Figure 9 shows the comparison between the control group and the CRA risk groups in number of preventive dental services received in PY 5 and PY 6. Preventive services in the CRA risk groups increased on an average by 120 percentage points when compared to the control group for beneficiaries, who received dental services in PY 5. When comparing between groups regardless of the PY 5 dental history, preventive services increased on average by 1,147 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 6 by County and Age Group.

Figure 9: Number and Percentage Change in Preventive Dental Services for New CRA Beneficiaries and Control Group in PY 6

Group	Beneficiary Category in PY 6	PY 5 Preventive	PY 6 Preventive	Percent Diff
Control	00 Did not receive services in PY 5	0	62,149	N/A
Control	04 Received services in PY 5	100,746	103,734	3%
Control	05 Total PY 6 Beneficiaries	100,746	165,883	65%
Low Risk	00 Did not receive services in PY 5	0	189,340	N/A
Low Risk	04 Received services in PY 5	19,150	36,705	92%
Low Risk	05 Total PY 6 Beneficiaries	19,150	226,045	1080%
Moderate Risk	00 Did not receive services in PY 5	0	189,700	N/A
Moderate Risk	04 Received services in PY 5	14,305	29,946	109%
Moderate Risk	05 Total PY 6 Beneficiaries	14,305	219,646	1435%
High Risk	00 Did not receive services in PY 5	0	709,698	N/A
High Risk	04 Received services in PY	74,433	198,721	167%
High Risk	05 Total PY 6 Beneficiaries	74,433	908,419	1120%

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Figure 10 shows that the restorative services for beneficiaries, who received dental services in PY 5 in the control group increased by 229 percent, which is significantly more than the risk level groups from PY 5 to PY 6. For the low and moderate-risk groups, restorative services decreased by 36 and 16 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 141 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 6. 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 6 by County and Age Group.

Figure 10: Number and Percentage Change in Restorative Dental Services for New CRA Beneficiaries and Control Group in PY 6

Group	Beneficiary Category in PY 6	PY 5 Restorative	PY 6 Restorative	Percent Diff
Control	00 Did not receive services in PY 5	0	120,877	N/A
Control	04 Received services in PY 5	48,324	159,102	229%
Control	05 Total PY 6 Beneficiaries	48,324	279,979	479%
Low Risk	00 Did not receive services in PY 5	0	12,463	N/A
Low Risk	04 Received services in PY 5	6,070	3,899	-36%
Low Risk	05 Total PY 6 Beneficiaries	6,070	16,362	170%
Moderate Risk	00 Did not receive services in PY 5	0	13,811	N/A
Moderate Risk	04 Received services in PY 5	4,315	3,605	-16%
Moderate Risk	05 Total PY 6 Beneficiaries	4,315	17,416	304%
High Risk	00 Did not receive services in PY 5	0	359,892	N/A
High Risk	04 Received services in PY	53,245	100,283	88%
High Risk	05 Total PY 6 Beneficiaries	53,245	460,175	764%

Figure 11 and *Figure 12* displays the number of ER visits that occurred within PY 5 and PY 6 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 6, GA is identified by CDT codes D9222 and D9223 and only includes GA billed through dental FFS and DMC delivery systems. D9222 is deep sedation/general anesthesia for the first 30 minutes; D9223 is for each subsequent 15 minute increments.

Each of the risk groups, as well as the control group, encountered a decrease in ER visits from PY 5 to PY 6. However, on average the risk groups encountered a significant decrease in ER visits from PY 5 to PY 6 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 increased utilization of preventive services for Medi-Cal children.

For GA services among the beneficiaries who received dental services in PY 5, the control group experienced an increase by 848 percent while the low and moderate-risk groups decreased by 50 and 34 percent respectively. The increase in high-risk group is less than

the control group by 742 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 *Figure 11* and *12* 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 6 by County and Age Group and Appendix 9: Domain 2 Count of GA Services for New CRA Beneficiaries and Control Group in PY 6 by County and Age Group.

Figure 11: Number and Percentage Change in ER Visits for New CRA Beneficiaries and Control Group in PY 6

Group	Beneficiary Category in PY 6	PY 5 ER	PY 6 ER	Percent Diff
Control	00 Did not receive services in PY 5	0	185	N/A
Control	04 Received services in PY 5	234	184	-21%
Control	05 Total PY 6 Beneficiaries	234	369	58%
Low Risk	00 Did not receive services in PY 5	0	206	N/A
Low Risk	04 Received services in PY 5	202	33	-84%
Low Risk	05 Total PY 6 Beneficiaries	202	239	18%
Moderate Risk	00 Did not receive services in PY 5	0	198	N/A
Moderate Risk	04 Received services in PY 5	220	14	-94%
Moderate Risk	05 Total PY 6 Beneficiaries	220	212	-4%
High Risk	00 Did not receive services in PY 5	0	960	N/A
High Risk	04 Received services in PY	664	248	-63%
High Risk	05 Total PY 6 Beneficiaries	664	1,208	82%

Figure 12: Number and Percentage Change in GA for New CRA Beneficiaries and Control Group in PY 6

Group	Beneficiary Category in PY 6	PY 5 GA	PY 6 GA	Percent Diff
Control	00 Did not receive services in PY 5	0	8,316	N/A
Control	04 Received services in PY 5	1,241	11,768	848%
Control	05 Total PY 6 Beneficiaries	1,241	20,084	1518%
Low Risk	00 Did not receive services in PY 5	0	656	N/A
Low Risk	04 Received services in PY 5	444	220	-50%
Low Risk	05 Total PY 6 Beneficiaries	444	876	97%
Moderate Risk	00 Did not receive services in PY 5	0	608	N/A
Moderate Risk	04 Received services in PY 5	247	162	-34%
Moderate Risk	05 Total PY 6 Beneficiaries	247	770	212%
High Risk	00 Did not receive services in PY 5	0	17,738	N/A
High Risk	04 Received services in PY	2,446	5,033	106%
High Risk	05 Total PY 6 Beneficiaries	2,446	22,771	831%

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Impact Assessment

Figure 13 describes the provision of dental exams. The number of dental exams increased more than 50 percentage points in the CRA risk groups compared to the control group from PY 5 to PY 6 among beneficiaries who received dental services in PY 5. Please see age and county breakdown in Appendix 10: Domain 2 Count of Dental Exams for New CRA Beneficiaries and Control Group in PY 6 by County and Age Group.

Figure 13: Number and Percentage Change in Dental Exams for New CRA Beneficiaries and Control Group in PY 6

See next page.

Group	Beneficiary Category in PY 6	PY 5 Exams	PY 6 Exams	Percent Diff
Control	00 Did not receive services in PY 5	0	26,763	N/A
Control	04 Received services in PY 5	40,673	41,782	3%
Control	05 Total PY 6 Beneficiaries	40,673	68,545	69%
Low Risk	00 Did not receive services in PY 5	0	59,480	N/A
Low Risk	04 Received services in PY 5	7,657	11,682	53%
Low Risk	05 Total PY 6 Beneficiaries	7,657	71,162	829%
Moderate Risk	00 Did not receive services in PY 5	0	60,283	N/A
Moderate Risk	04 Received services in PY 5	5,805	10,005	72%
Moderate Risk	05 Total PY 6 Beneficiaries	5,805	70,288	1,111%
High Risk	00 Did not receive services in PY 5	0	220,486	N/A
High Risk	04 Received services in PY	34,566	65,360	89%
High Risk	05 Total PY 6 Beneficiaries	34,566	285,846	727%

Figure 14 shows the number of dental treatment services provided. The number of dental treatment services decreased by 124, 89, and 30 percentage points in the low, moderate and high CRA risk groups respectively, compared to the control group from PY 5 to PY 6 among beneficiaries who received dental services in PY 5, 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 6 by County and Age Group.

Figure 14: Number of, and Percentage Change in Dental Treatments for New CRA Beneficiaries and Control Group in PY 6

Group	Beneficiary Category in PY 6	PY 5 Treatment	PY 6 Treatment	Percent Diff
Control	00 Did not receive services in PY 5	0	210,679	N/A
Control	04 Received services in PY 5	96,798	278,480	188%
Control	05 Total PY 6 Beneficiaries	96,798	489,159	405%
Low Risk	00 Did not receive services in PY 5	0	85,141	N/A

Low Risk	04 Received services in PY 5	11,185	18,381	64%
Low Risk	05 Total PY 6 Beneficiaries	11,185	103,522	826%
Moderate Risk	00 Did not receive services in PY 5	0	87,226	N/A
Moderate Risk	04 Received services in PY 5	7,860	15,646	99%
Moderate Risk	05 Total PY 6 Beneficiaries	7,860	102,872	1209%
High Risk	00 Did not receive services in PY 5	0	863,433	N/A
High Risk	04 Received services in PY	91,860	236,725	158%
High Risk	05 Total PY 6 Beneficiaries	91,860	1,100,158	1098%

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 5 to PY 6 for both the control and CRA groups. *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 637 percentage points more than the control group. For dental treatment services, the CRA group expenditure increased by 437 percentage points more than the control group likely due to the beneficiary's personalized treatment plan where they 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 15: Expenditures for New CRA Beneficiaries and Control Group in PY 6

Measure	Service Location	PY 5 Expenditures	PY 6 Expenditures	Percent Diff
Preventive Services	CRA Dental Offices	\$2,046,765	\$40,197,245	1864%
Preventive Services	CRA SNCs	\$3,718,004	\$5,763,813	55%
Preventive Services	Total CRA Locations	\$5,764,769	\$45,961,057	697%
Preventive Services	Control Group Dental Offices	\$2,361,856	\$4,244,024	80%
Preventive Services	Control Group SNCs	\$1,784,576	\$2,392,435	34%

Measure	Service Location	PY 5 Expenditures	PY 6 Expenditures	Percent Diff
Preventive Services	Total Control Group Locations	\$4,146,432	\$6,636,459	60%
Dental Treatment	CRA Dental Offices	\$9,677,422	\$105,007,550	985%
Dental Treatment	CRA SNCs	\$901,352	\$1,550,501	72%
Dental Treatment	Total CRA Locations	\$10,578,774	\$106,558,051	907%
Dental Treatment	Control Group Dental Offices	\$6,996,449	\$43,078,176	516%
Dental Treatment	Control Group SNCs	\$693,455	\$743,115	7%
Dental Treatment	Total Control Group Locations	\$7,689,904	\$43,821,291	470%
GA	CRA Dental Offices	\$1,031,980	\$7,657,695	642%
GA	Control Group Dental Offices	\$370,109	\$5,879,365	1489%

DHCS will continue to track CRA utilization and treatment plan services to monitor utilization and domain participation.

Footnotes for Figure 8 through Figure 15:

- Data Source: DHCS MIS/DSS Data Warehouse and DTI Domain 2 Report as of April 2022.
- New CRA Beneficiaries: Beneficiaries that received a CRA (CDT code D0601, D0602, or D0603) in PY 6, but did not receive a CRA in PY 5.
- 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 6 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 6.
- Moderate Risk: Number of beneficiaries that received a CRA with a moderate-risk (CDT code D0602) for the first time in PY 6.
- High Risk: Number of beneficiaries that received a CRA with a high-risk (CDT code D0603) for the first time in PY 6.
- Beneficiary Category in PY 6: 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 5: Beneficiaries included in the New CRA Beneficiaries group that had no valid eligibility in PY 5 due to age.
 - 02 Eligible in PY 5 did not receive services in PY 5: Beneficiaries included in the New CRA Beneficiaries group who were eligible for CRA in PY 5 but did not receive dental services in PY 5 or prior, making PY 6 the first visit to the dentist.
 - 03 Eligible in PY 5 did not receive services in PY 5 but received services prior to PY 5: Beneficiaries included in the New CRA Beneficiaries group who were eligible for CRA in PY 5 but did not receive dental services in PY 5 and received dentals services in prior program years.
 - 04 Received services in PY 5: Beneficiaries included in the new CRA beneficiaries group who were eligible for CRA in PY 5 and received dental services in PY 5.
 - 05 Total PY 6 Beneficiaries: Total of 01, 02, 03 and 04 beneficiary categories.
 - 00 Did not receive services in PY 5: 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 5 and PY 6.
 - PY 5 Preventive: Number of preventive dental services or ICD-10 preventive dental procedures at an SNC received in PY 5 (Baseline Year for beneficiaries who received CRA for the first time in PY 6).
 - PY 6 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 6.
 - PY 5 Restorative: Number of restorative dental services or ICD-10 restorative procedures at an SNC received in PY 5 (Baseline Year for beneficiaries who received CRA first time in PY 6).
 - PY 6 Restorative: Number of restorative dental services or ICD-10 preventive dental procedures at an SNC received in PY 6.
 - PY 5 ER: Number of ER Visits for ACS Dental Conditions in PY 5 (Baseline Year for beneficiaries who received CRA for the first time in PY 6).
 - PY 6 ER: Number of ER Visits for ACS Dental Conditions in PY 6.
 - PY 5 GA: Number of GA services in PY 5 (Baseline Year for beneficiaries who received CRA for the first time in PY 6).
 - PY 6 GA: Number of GA services in PY 6.
 - PY 5 Exams: Number of dental exams or ICD-10 dental exam procedures at an SNC received in PY 5 (Baseline Year for beneficiaries who received CRA for the first time in PY 6).
 - PY 6 Exams: Number of dental exams or ICD-10 dental exam procedures at an SNC

received in PY 6.

- PY 5 Treatment: Number of dental treatment services or ICD-10 dental treatment procedures at an SNC received in PY 5 (Baseline Year for beneficiaries who received CRA for the first time in PY 6).
- PY 6 Treatment: Number of dental treatment services or ICD-10 dental treatment procedures at an SNC received in PY 6.
- 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 D9222 and 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 5

The performance of beneficiaries who received a CRA for the first time in PY 5 is captured in this section.

Performance Metrics Analysis

Figure 16 and *Figure 17* show the continuity and risk level movement of CRA in PY 6 for beneficiaries who received a CRA for the first time during PY 5. For beneficiaries who received a low-risk CRA for the first time in PY 5, 64 percent also received a CRA in PY 6, 12 percent aged out and 24 percent did not continue the CRA treatment in PY 6. Among those 30,234 beneficiaries who received low-risk CRA for the first time in PY 5, 34 percent became high-risk, 16 percent became moderate-risk and 50 percent stayed in low-risk in PY 6.

For beneficiaries who received a moderate-risk CRA the first time in PY 5, 65 percent also received a CRA in PY 6, while 11 percent aged out and 24 percent did not continue the CRA treatment. Among those 29,606 beneficiaries who received moderate-risk CRA for the first time in PY 5, 43 percent became high-risk, 41 percent stayed in moderate-risk and 16 percent became low-risk in PY 6.

For beneficiaries who received a high-risk CRA the first time in PY 5, 57 percent also

received a CRA in PY 6, while 20 percent aged out and 23 percent did not continue the CRA treatment. Among those 77,987 beneficiaries who received high-risk CRA for the first time in PY 5, 85 percent stayed in high-risk, 8 percent became moderate-risk and 7 percent became low-risk in PY 6.

The data in *Figure 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 from PY 5 to PY 6. 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 57 percent of the beneficiaries continued with CRA in each of the respective risk categories in PY 6, 34 percent of beneficiaries moved from low-risk level to a high-risk level and 16 percent from low to moderate-risk level. The data also shows many beneficiaries did not continue the CRA treatment in PY 6. As stated earlier, the long-term commitment of beneficiaries and providers to the CRA treatment was crucial to the effectiveness of the program and DHCS continuously worked 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 5 to PY 6 for Beneficiaries in High-Risk in PY 5
- Appendix 13: Domain 2 CRA Movement from PY 5 to PY 6 for Beneficiaries in Moderate-Risk in PY 5
- Appendix 14: Domain 2 CRA Movement from PY 5 to PY 6 for Beneficiaries in Low-Risk in PY 5

Figure 16: CRA Continuity from PY 5 to PY 6

Risk Level in PY 5	Received CRA in PY 5	Received CRA in PY 5, not in PY 6	Received CRA in PY 5, aged out in PY 6	Received CRA in PYs 5 & 6
Low Risk	46,988	11,239	5,515	30,234
Low Risk	100%	24%	12%	64%
Moderate Risk	45,452	10,755	5,091	29,606
Moderate Risk	100%	24%	11%	65%
High Risk	135,805	30,473	27,345	77,987
High Risk	100%	23%	20%	57%

Figure 17: CRA Risk Level Movement from PY 5 to PY 6

Risk Level in PY 5	Received CRA in PYs 5 & 6	Move to/ Remained in High Risk in PY 6	Move to/ Remained in Moderate Risk in PY 6	Move to/ Remained in Low Risk in PY 6
Low Risk	30,234	10,193	4,832	15,209
Low Risk	100%	34%	16%	50%
Moderate Risk	29,606	12,696	12,208	4,702
Moderate Risk	100%	43%	41%	16%
High Risk	77,987	66,535	6,239	5,213
High Risk	100%	85%	8%	7%

Figure 18 shows an increase in the number of preventive dental services from PY 5 to PY 6 for beneficiaries who received a CRA for the first time in PY 5 and returned in PY 6. As a general goal, the state expects to see an increase in preventive services attributed to each risk category. *Figure 18* demonstrates an increase in preventive services attributed to each risk category meeting the expectations for this measure in PY 6. 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 5 and Returned in PY 6 by County and Age Group.

Figure 18: Number and Percentage Change in Preventive Dental Services for Beneficiaries Who Received CRA for the First Time in PY 5 and Returned in PY 6

Group	PY 5 Preventive	PY 6 Preventive	Percent Diff
Low Risk	108,376	124,913	15%
Moderate Risk	105,106	128,842	23%
High Risk	439,165	530,806	21%

Figure 19 shows a sharp reduction in the number of restorative dental services performed from PY 5 to PY 6 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 made 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 5 and Returned in PY 6 by County and Age Group.

Figure 19: Number and Percentage Change in Restorative Dental Services for Beneficiaries Who Received CRA for the First Time in PY 5 and Returned in PY 6

Group	PY 5 Restorative	PY 6 Restorative	Percent Diff
Low Risk	16,638	10,750	-35%
Moderate Risk	17,706	10,953	-38%
High Risk	180,198	176,334	-2%

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 6. 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 6 is due to returning high-risk beneficiaries from PY 5 utilizing restorative services in PY 6. 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 5 and Returned in PY 6 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 5 and Returned in PY 6 by County and Age Group.

Figure 20: Number and Percentage Change in ER Visits and GA for Beneficiaries Who Received CRA for the First Time in PY 5 and Returned in PY 6

Measure	Groups	PY 5	PY 6	Percent Diff
ER	Low Risk	134	43	-68%
ER	Moderate Risk	101	44	-56%
ER	High Risk	536	410	-24%
GA	Low Risk	971	654	-33%
GA	Moderate Risk	685	489	-29%
GA	High Risk	6,727	9,838	46%

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Figure 21 describes the provision of dental exams. From PY 5 to PY 6, all CRA groups experienced an increase in the provision of dental exams. This may be partially due to the uplifting of the PHE and patients attending their follow up appointments. 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 5 and Returned in PY 6 by County and Age Group.

Figure 21: Number and Percentage Change in Dental Exams for Beneficiaries Who Received CRA for the First Time in PY 5 and Returned in PY 6

Group	PY 5 Exams	PY 6 Exams	Percent Diff
Low Risk	34,284	37,875	10%
Moderate Risk	33,255	39,365	18%
High Risk	137,138	156,443	14%

Figure 22 shows the number of dental treatment services provided for returning beneficiaries from PY 5. All CRA groups experienced a decrease in the count of dental treatment services being provided in PY 6, which demonstrates further evidence that Domain 2 made 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 5 and Returned in PY 6 by County and Age Group.

Figure 22: Number and Percentage Change in Dental Treatments for Beneficiaries Who Received CRA for the First Time in PY 5 and Returned in PY 6

Groups	PY 5 Treatment	PY 6 Treatment	Percent Diff
Low Risk	64,903	59,883	-8%
Moderate Risk	64,557	62,373	-3%
High Risk	458,522	490,709	7%

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 5 and returned in PY 6. Among the total CRA locations, preventive dental services expenditures and dental treatment services expenditures increased from PY 5 to PY 6. For preventive dental services, the CRA group's expenditures increased by 15 percent. For dental treatment, the CRA group's expenditures increased by 1 percent. GA services for the CRA groups increased by 24 percent. The increase in preventive dental services expenditure demonstrates Domain 2's success in incentivizing providers to increase utilization of preventive services, rather than restorative procedures for beneficiaries returning from PY 5. However, the increase in the GA expenditure can be linked back to the high-risk beneficiaries returning from PY 5 to PY 6 for their treatment plan, which may require GA to treat their caries condition.

Figure 23: Expenditures for Beneficiaries Who Received CRA for the First Time in PY 5 and Returned in PY 6

Measure	Service Location	PY 5	PY 6	Percent Diff
Preventive Services	CRA Dental Offices	\$19,623,979	\$23,657,367	21%
Preventive Services	CRA SNCs	\$2,099,860	\$1,417,938	-32%
Preventive Services	Total CRA Locations	\$21,723,839	\$25,075,305	15%
Dental Treatment	CRA Dental Offices	\$45,880,519	\$46,778,459	2%
Dental Treatment	CRA SNCs	\$616,316	\$344,160	-44%
Dental Treatment	Total CRA Locations	\$46,496,835	\$47,122,619	1%
GA	CRA Dental Offices	\$2,897,358	\$3,579,307	24%

Footnote for Figures 16 through 23:

- Data Source: DHCS MIS/DSS Data Warehouse and DTI Domain 2 Report as of April 2022.
- Received CRA in PY 5: Beneficiaries that received a CRA (CDT code D0601, D0602, or D0603) in PY 5 for the first time.
- Received CRA in PY 5 but not in PY 6: Beneficiaries that received a CRA (CDT codes D0601-D0603) in PY 5 for the first time, but did not received a CRA in PY 6.
- Received CRA in PY 5 but aged out in PY 6: Beneficiaries that received a CRA (CDT

- codes D0601-D0603) in PY 5 for the first time, but were over age 6 in PY 6.
- Received CRA in PY 5 & PY 6: Beneficiaries that received a CRA (CDT codes D0601-D0603) in PY 5 and PY 6.
 - Moved to/ Remained in High Risk in PY 6: 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 6: 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 6: 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 6.
 - Moderate Risk: Number of beneficiaries that received a CRA with a moderate-risk (D0602) in PY 6.
 - High Risk: Number of beneficiaries that received a CRA with a high-risk (CDT code D0603) in PY 6.
 - 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 5 and PY 6.
 - PY 5 Preventive: Number of preventive dental services or ICD-10 preventive dental procedures at an SNC received in PY 5 (Baseline Year for beneficiaries who received CRA in PY 5 and PY 6).
 - PY 6 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 6.
 - PY 5 Restorative: Number of restorative dental services or ICD-10 restorative procedures at an SNC received in PY 5 (Baseline Year for beneficiaries who received CRA in PY 5 and PY 6).
 - PY 6 Restorative: Number of restorative dental services or ICD-10 preventive dental procedures at an SNC received in PY 6.
 - PY 5 ER: Number of ER Visits for ACS Dental Conditions in PY 5 (Baseline Year for beneficiaries who received CRA in PY 5 and PY 6).
 - PY 6 ER: Number of ER Visits for ACS Dental Conditions in PY 6.
 - PY 5 GA: Number of GA services in PY 5 (Baseline Year for beneficiaries who received CRA in PY 5 and PY 6).
 - PY 6 GA: Number of GA services in PY 6.
 - PY 5 Exams: Number of dental exams or ICD-10 dental exam procedures at an SNC received in PY 5 (Baseline Year for beneficiaries who received CRA in PY 5 and PY 6).

- PY 6 Exams: Number of dental exams or ICD-10 dental exam procedures at an SNC received in PY 6.
- PY 5 Treatment: Number of dental treatment services or ICD-10 dental treatment procedures at an SNC received in PY 5 (Baseline Year for beneficiaries who received CRA in PY 5 and PY 6).
- PY 6 Treatment: Number of dental treatment services or ICD-10 dental treatment procedures at an SNC received in PY 6.
- 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 D9222 and 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 4 and Received a CRA in PY 5

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

Performance Metrics Analysis

Figure 24 and *Figure 25* show the continuity and risk level movement of CRA in PY 6 for beneficiaries who received a CRA during PY 4 and PY 5. The continuity and risk level movement of CRA from PY 4 to PY 5 was analyzed in the [PY 5 Annual Report](#).

For beneficiaries who received a low-risk CRA in PY 4 and any CRA in PY 5, 70 percent also received a CRA in PY 6, while 17 percent aged out and 13 percent did not continue the CRA treatment in PY 6. Among those 28,239 beneficiaries who received low-risk CRA in PY 4 and continued any CRA in PY 5, 38 percent became high-risk, 15 percent became moderate-risk and 46 percent stayed in low-risk in PY 6.

For beneficiaries who received a moderate-risk CRA in PY 4 any CRA in PY 5, 72 percent also received a CRA in PY 6, while 15 percent aged out and 13 percent did not continue the

CRA treatment in PY 6. Among those 30,466 beneficiaries who received a moderate-risk CRA in PY 4 and continued any CRA in PY 5, 50 percent became high-risk, 36 percent stayed in moderate-risk and 14 percent became low-risk in PY 6.

For beneficiaries who received a high-risk CRA in PY 4 any CRA in PY 5, 65 percent also received a CRA in PY 6, while 23 percent aged out and 12 percent did not continue the CRA treatment in PY 6. Among those 88,567 beneficiaries who received a high-risk CRA in PY 4 and continued any CRA in PY 5, 85 percent stayed in high-risk, 9 percent became moderate-risk and 6 percent became low-risk in PY 6.

The data in *Figure 24* and *Figure 25* demonstrates that more than 65 percent of the beneficiaries continued with CRA in their respective risk categories in PY 6, 38 percent of beneficiaries moved from low to high-risk level, 15 percent from low to moderate-risk level, and 50 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 4 to PY 6 for Beneficiaries in High-Risk in PY 4
- Appendix 22: Domain 2 CRA Movement from PY 4 to PY 6 for Beneficiaries in Moderate-Risk in PY 4
- Appendix 23: Domain 2 CRA Movement from PY 4 to PY 6 for Beneficiaries in Low-Risk in PY 4

Figure 24: CRA Continuity from PY 4 to PY 6

Risk Level in PY 4	Received CRA in PYs 4 & 5	Received CRA in PYs 4 & 5, not in PY 6	Received CRA in PYs 4 & 5, aged out in PY 6	Received CRA in PYs 4, 5, & 6
Low Risk	40,179	5,167	6,773	28,239
Low Risk	100%	13%	17%	70%
Moderate Risk	42,571	5,661	6,444	30,466
Moderate Risk	100%	13%	15%	72%
High Risk	136,437	16,544	31,326	88,567
High Risk	100%	12%	23%	65%

Figure 25: CRA Risk Level Movement from PY 4 to PY 6

Risk Level in PY 4	Received CRA in PYs 4, 5, & 6	Move to/ Remained in High Risk in PY 6	Move to/ Remained in Moderate Risk in PY 6	Move to/ Remained in Low Risk in PY 6
Low Risk	28,239	10,850	4,326	13,063
Low Risk	100%	38%	15%	46%
Moderate Risk	30,466	15,133	10,993	4,340
Moderate Risk	100%	50%	36%	14%
High Risk	88,567	75,267	7,609	5,691
High Risk	100%	85%	9%	6%

Figure 26 shows an increase in the number of preventive dental services from PY 5 to PY 6 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 an increase in preventive services attributed to each risk category. Please see age and county breakdown in Appendix 24: Domain 2 Count of Preventive Dental Services for Beneficiaries Who Received CRA in PY 4, PY 5, and Returned in PY 6 by County and Age Group.

Figure 26: Number and Percentage Change in Preventive Dental Services for Beneficiaries Who Received CRA in PY 4, PY 5, and Returned in PY 6

Group	PY 5 Preventive	PY 6 Preventive	Percent Diff
Low Risk	108,860	126,074	16%
Moderate Risk	116,338	138,745	19%
High Risk	551,987	656,706	19%

Figure 27 shows a sharp reduction in the number of restorative dental services performed from PY 5 to PY 6 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 4, PY 5, and Returned in PY 6

by County and Age Group.

Figure 27: Number and Percentage Change in Restorative Dental Services for Beneficiaries Who Received CRA in PY 4, PY 5 and Returned in PY 6

Group	PY 5 Restorative	PY 6 Restorative	Percent Diff
Low Risk	14,404	10,058	-30%
Moderate Risk	15,474	12,701	-18%
High Risk	152,823	182,252	19%

Figure 28 shows that ER visits decreased in the low-risk group and increased for moderate and high-risk groups for beneficiaries who received a CRA in all three years. GA services have decreased across the low and moderate-risk levels representing a significant success for Domain 2 in PY 6. GA increase in the high-risk level can be attributed to the fact that beneficiaries returning to offices as a part of their treatment plan. Please see age and county breakdown in Appendix 26: Domain 2 Count of ER Visits for Beneficiaries Who Received a CRA in PY 4, PY 5 and Returned in PY 6 by County and Age Group and Appendix 27: Domain 2 Count of GA Services for Beneficiaries Who Received a CRA in PY 4, PY 5 and Returned in PY 6 by County and Age Group.

Figure 28: Number and Percentage Change in ER Visits and GA for Beneficiaries Who Received CRA in PY 4, PY 5 and Returned in PY 6

Measure	Groups	PY 5	PY 6	Percent Diff
ER	Low Risk	73	44	-40%
ER	Moderate Risk	36	86	139%
ER	High Risk	316	390	23%
GA	Low Risk	652	401	-38%
GA	Moderate Risk	361	306	-15%
GA	High Risk	5,019	7,278	45%

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Figure 29 describes the provision of dental exams. From PY 5 to PY 6, all CRA groups

experienced an increase of up to 20 percent following the uplifting of the PHE. Please see age and county breakdown in Appendix 28: Domain 2 Count of Dental Exams for Beneficiaries Who Received a CRA in PY 4, PY 5 and Returned in PY 6 by County and Age Group.

Figure 29: Number and Percentage Change in Dental Exams for Beneficiaries Who Received a CRA in PY 4, PY 5 and Returned in PY 6

Group	PY 5 Exams	PY 6 Exams	Percent Diff
Low Risk	32,684	37,954	16%
Moderate Risk	34,507	41,132	19%
High Risk	162,237	194,565	20%

Figure 30 shows the number of dental treatment services provided for beneficiaries who received a CRA in all three years. Low risk CRA groups experienced a decrease in the count of dental treatment services being provided in PY 6, while there was an increase in moderate and high-risk CRA groups. The slight increase in the moderate and high-risk levels can be attributed to the fact that beneficiaries have returned to offices as a part of their treatment plan in these years. DHCS also 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 4, PY 5 and Returned in PY 6 by County and Age Group.

Figure 30: Number and Percentage Change in Dental Treatments for Beneficiaries Who Received a CRA in PY 4, PY 5 and Returned in PY 6

Groups	PY 5 Treatment	PY 6 Treatment	Percent Diff
Low Risk	61,612	58,427	-5%
Moderate Risk	65,208	67,199	3%
High Risk	445,495	529,313	19%

Figure 31 displays the expenditures for preventive dental services, dental treatment services, and GA for beneficiaries who received a CRA in PY 4, PY 5 and returned in PY 6. The total expenditures for the CRA locations increased for preventive dental services, dental treatment services and GA.

Figure 31: Expenditures for Beneficiaries who received a CRA in PY 4, PY 5 and Returned in PY 6

Measure	Service Location	PY 5	PY 6	Percent Diff
Preventive Services	CRA Dental Offices	\$23,376,565	\$27,287,645	17%
Preventive Services	CRA SNCs	\$1,341,693	\$1,365,347	2%
Preventive Services	Total CRA Locations	\$24,718,258	\$28,652,992	16%
Dental Treatment	CRA Dental Offices	\$41,781,558	\$47,641,990	14%
Dental Treatment	CRA SNCs	\$300,445	\$334,389	11%
Dental Treatment	Total CRA Locations	\$42,082,003	\$47,976,379	14%
GA	CRA Dental Offices	\$2,097,624	\$2,595,026	24%

Footnotes for Figures 24 through 31:

- Data Source: DHCS MIS/DSS Data Warehouse and DTI Domain 2 Report as of April 2022.
- Received CRA in PY 4 & PY 5: Beneficiaries that received a CRA (CDT codes D0601-D0603) in PY 4 and PY 5.
- Received CRA in PY 4 & PY 5 but not in PY 6: Beneficiaries that received a CRA (CDT Code D0601, D0602, or D0603) in PY 4 and PY 5 but did not received a CRA in PY 6.
- Received CRA in PY 4 & PY 5 but aged out in PY 6: Beneficiaries that received a CRA (CDT codes D0601-D0603) in PY 4 and PY 5 but were over age 6 in PY 6.
- Received CRA in PY 4 & PY 5 & PY 6: Beneficiaries that received a CRA (CDT codes D0601-D0603) in PY 4, PY 5 and PY 6.
- Moved to/ Remained in High Risk in PY 6: 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 6: 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 6: 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 6.
- Moderate Risk: Number of beneficiaries that received a CRA with a moderate-risk (CDT code D0602) in PY 6.
- High Risk: Number of beneficiaries that received a CRA with a high-risk (CDT code D0603) in PY 6.
- 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 5 and PY 6.
- PY 5 Preventive: Number of preventive dental services or ICD-10 preventive dental procedures at an SNC received in PY 5 (Baseline Year for beneficiaries who received CRA in PY 4, PY 5 and PY 6).
- PY 6 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 6.
- PY 5 Restorative: Number of restorative dental services or ICD-10 restorative procedures at an SNC received in PY 5 (Baseline Year for beneficiaries who received CRA in PY 4, PY 5 and PY 6)
- PY 6 Restorative: Number of restorative dental services or ICD-10 preventive dental procedures at an SNC received in PY 6.
- PY 5 ER: Number of ER Visits for ACS Dental Conditions in PY 5 (Baseline Year for beneficiaries who received CRA in PY 4, PY 5 and PY 6).
- PY 6 ER: Number of ER Visits for ACS Dental Conditions in PY 6.
- PY 5 GA: Number of GA services in PY 5 (Baseline Year for beneficiaries who received CRA in PY 4, PY 5 and PY 6).
- PY 6 GA: Number of GA services in PY 6.
- PY 5 Exams: Number of dental exams or ICD-10 dental exam procedures at an SNC received in PY 5 (Baseline Year for beneficiaries who received CRA in PY 4, PY 5 and PY 6).
- PY 6 Exams: Number of dental exams or ICD-10 dental exam procedures at an SNC received in PY 6.
- PY 5 Treatment: Number of dental treatment services or ICD-10 dental treatment procedures at an SNC received in PY 5 (Baseline Year for beneficiaries who received CRA in PY 4, PY 5 and PY 6).
- PY 6 Treatment: Number of dental treatment services or ICD-10 dental treatment procedures at an SNC received in PY 6.
- 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 D9222 and 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 3, PY 4, and PY 5

The performance of beneficiaries who received a CRA for the first time in PY 3 and returned for a CRA in PY 4, PY 5, and PY 6 are captured in this section.

Performance Metrics Analysis

Figure 32 and *Figure 33* show the continuity and risk level movement of CRA in PY 6 for beneficiaries who received a CRA during PY 3, PY 4, and PY 5. The continuity and risk level movement of CRA from PY 3 to PY 5 was analyzed in the [PY 5 Annual Report](#).

For beneficiaries who received a low-risk CRA in PY 3, and any CRA in PY 4 and PY 5, 54 percent also received a CRA in PY 6, while 23 percent aged out and 23 percent did not continue the CRA treatment. Among those 347 beneficiaries who received low-risk CRA in PY 3 and continued any CRA in PY 4 and PY 5, 34 percent became high-risk, 21 percent became moderate-risk and 45 percent stayed in low risk in PY 6.

For beneficiaries who received a moderate-risk CRA in PY 3 any CRA in PY 4 and PY 5, 59 percent also received a CRA in PY 6, while 21 percent aged out and 20 percent did not continue the CRA treatment. Among those 746 beneficiaries who received moderate-risk CRA in PY 3 and continued any CRA in PY 4 and PY 5, 48 percent became high-risk, 39 percent stayed in moderate-risk and 13 percent became low risk in PY 6.

For beneficiaries who received a high-risk CRA in PY 3 any CRA in PY 4 and PY 5, 60 percent also received a CRA in PY 6, while 25 percent aged out and 16 percent did not continue the CRA treatment. Among those 2,269 beneficiaries who received a high-risk CRA in PY 3 and continued any CRA in PY 4 and PY 5, 85 percent stayed in high-risk, 10 percent became moderate-risk and 5 percent became low risk in PY 6.

The data in [Figures 32](#) and [33](#) demonstrates that at least 54 percent of the beneficiaries continued with CRA in the respective risk categories for four years out of which 34 percent of beneficiaries moved from low to high-risk level, 21 percent moved 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 30: Domain 2 CRA Movement from PY 3 to PY 6 for Beneficiaries in High

- Risk in PY 3
- Appendix 31: Domain 2 CRA Movement from PY 3 to PY 6 for Beneficiaries in Moderate Risk in PY 3
- Appendix 32: Domain 2 CRA Movement from PY 3 to PY 6 for Beneficiaries in Low Risk in PY 3

Figure 32: CRA Continuity from PY 3 to PY 6

Risk Level in PY 3	Received a CRA in PYs 3, 4, & 5	Received a CRA in PYs 3, 4, & 5, not in PY 6	Received a CRA in PYs 3, 4, & 5, aged out in PY 6	Received a CRA in PYs 3, 4, 5, & 6
Low Risk	644	150	147	347
Low Risk	100%	23%	23%	54%
Moderate Risk	1,261	251	264	746
Moderate Risk	100%	20%	21%	59%
High Risk	3,805	595	941	2,269
High Risk	100%	16%	25%	60%

Figure 33: CRA Risk Level Movement from PY 3 to PY 6

Risk Level in PY 3	Received a CRA in PYs 3, 4, 5, & 6	Move to/ Remained in High Risk in PY 6	Move to/ Remained in Moderate Risk in PY 6	Move to/ Remained in Low Risk in PY 6
Low Risk	347	118	74	155
Low Risk	100%	34%	21%	45%
Moderate Risk	746	359	291	96
Moderate Risk	100%	48%	39%	13%
High Risk	2,269	1,924	235	110
High Risk	100%	85%	10%	5%

Figure 34 shows an increase in the moderate and high-risk CRA group for preventive dental services from PY 5 to PY 6 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 an increase in preventive services attributed to high and moderate-risk category and no change in the low-risk category. Please see age and county breakdown in Appendix 33: Domain 2 Count of Preventive Dental Services for Beneficiaries Who Received a CRA in PY 3, PY 4, PY 5, and Returned in PY 6 by County and Age Group.

Figure 34: Number and Percentage Change in Preventive Dental Services for Beneficiaries Who Received a CRA in PY 3, PY 4, PY 5, and Returned in PY 6

Group	PY 5 Preventive	PY 6 Preventive	Percent Diff
Low Risk	1,896	1,898	0%
Moderate Risk	3,279	3,558	9%
High Risk	14,610	14,925	2%

Figure 35 shows a sharp reduction in the number of restorative dental services performed from PY 5 to PY 6 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 3, PY 4, PY 5, and Returned in PY 6 by County and Age Group.

Figure 35: Number and Percentage Change in Restorative Dental Services for Beneficiaries Who Received a CRA in PY 3, PY 4, PY 5, and Returned in PY 6

Group	PY 5 Restorative	PY 6 Restorative	Percent Diff
Low Risk	357	166	-54%
Moderate Risk	581	238	-59%
High Risk	3,285	3,407	4%

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 6. 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. Please see age and county breakdown in Appendix 35: Domain 2 Count of ER Visits for Beneficiaries Who Received CRA in PY 3, PY 4, PY 5 and Returned in PY 6 by County and Age Group and Appendix 36: Domain 2 Count of GA Services for Beneficiaries Who Received CRA in PY 3, PY 4, PY 5, and Returned in PY 6 by County and Age Group.

Figure 36: Number and Percentage Change in ER Visits and GA for Beneficiaries Who Received a CRA in PY 3, PY 4, PY 5, and Returned in PY 6

Measure	Groups	PY 5	PY 6	Percent Diff
ER	Low Risk	0	1	N/A
ER	Moderate Risk	0	0	N/A
ER	High Risk	4	2	-50%
GA	Low Risk	94	43	-54%
GA	Moderate Risk	139	36	-74%
GA	High Risk	404	427	6%

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Figure 37 describes the provision of dental exams. From PY 5 to PY 6, all CRA groups experienced an increase of up to 7 percent in dental exams to diagnose the condition as a part of their prescribed treatment plan. Please see age and county breakdown in Appendix 37: Domain 2 Count of Dental Exams for Beneficiaries Who Received CRA in PY 3, PY 4, PY 5, and Returned in PY 6 by County and Age Group.

Figure 37: Number and Percentage Change in Dental Exams for Beneficiaries Who Received a CRA in PY 3, PY 4, PY 5, and Returned in PY 6

Group	PY 5 Exams	PY 6 Exams	Percent Diff
Low Risk	529	543	3%
Moderate Risk	871	932	7%
High Risk	3,910	4,162	6%

Figure 38 shows the number of dental treatment services provided to beneficiaries who received a CRA in all four years. Low and moderate CRA groups experienced a decrease in

the count of dental treatment services being provided in PY 6 which is evidence that Domain 2 made 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 38: Domain 2 Count of Dental Treatment Services for Beneficiaries Who Received a CRA in PY 3, PY 4, PY 5, and Returned in PY 6 by County and Age Group.

Figure 38: Number and Percentage Change in Dental Treatments for Beneficiaries Who Received a CRA in PY 3, PY 4, PY 5, and Returned in PY 6

Groups	PY 5 Treatment	PY 6 Treatment	Percent Diff
Low Risk	1,271	899	-29%
Moderate Risk	2,141	1,496	-30%
High Risk	10,594	10,846	2%

Figure 39 displays the expenditures for preventive dental services, dental treatment services, and GA for beneficiaries who received a CRA in PY 3, PY 4, PY 5, and returned in PY 6. The total expenditures for the CRA locations increased for preventive dental services and decreased for dental treatment services and GA. The overall decrease in treatment services and GA expenditure reflects the fact that as beneficiaries continued with the program, the need for treatment services decreased over the course of four years while adhering to their basic treatment plan.

Figure 39: Expenditures for Beneficiaries who received a CRA in PY 3, PY 4, PY 5, and Returned in PY 6

Measure	Service Location	PY 5	PY 6	Percent Diff
Preventive Services	CRA Dental Offices	\$450,705	\$471,495	5%
Preventive Services	CRA SNCs	\$32,618	\$42,097	29%
Preventive Services	Total CRA Locations	\$483,323	\$513,592	6%
Dental Treatment	CRA Dental Offices	\$962,282	\$904,836	-6%
Dental Treatment	CRA SNCs	\$27,646	\$32,699	18%
Dental Treatment	Total CRA Locations	\$989,928	\$937,534	-5%

GA	CRA Dental Offices	\$113,856	\$102,906	-10%
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Footnotes for Figures 32 through 39:

- Data Source: DHCS MIS/DSS Data Warehouse and DTI Domain 2 Report as of April 2022.
- 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.
- Received CRA in PY 3, PY 4 & PY 5 but not in PY 6: Beneficiaries that received a CRA (CDT Code D0601, D0602, or D0603) in PY 3, PY 4 and PY 5 but did not received a CRA in PY 6.
- Received CRA in PY 3, PY 4 & PY 5 but aged out in PY 6: Beneficiaries that received a CRA (CDT codes D0601-D0603) in PY 3, PY 4 and PY 5 but were over age 6 in PY 6.
- Received CRA in PY 3, PY 4 & PY 5 & PY 6: Beneficiaries that received a CRA (CDT codes D0601-D0603) in PY 3, PY 4, PY 5 and PY 6.
- Moved to/ Remained in High Risk in PY 6: 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 6: 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 6: 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 6.
- Moderate Risk: Number of beneficiaries that received a CRA with a moderate-risk (CDT code D0602) in PY 6.
- High Risk: Number of beneficiaries that received a CRA with a high-risk (CDT code D0603) in PY 6.
- 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 5 and PY 6.
- PY 5 Preventive: Number of preventive dental services or ICD-10 preventive dental procedures at an SNC received in PY 5 (Baseline Year for beneficiaries who received CRA in PY 3, PY 4, PY 5 and PY 6).
- PY 6 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 6.
- PY 5 Restorative: Number of restorative dental services or ICD-10 restorative procedures at an SNC received in PY 5 (Baseline Year for beneficiaries who received

- CRA in PY 3, PY 4, PY 5 and PY 6).
- PY 6 Restorative: Number of restorative dental services or ICD-10 preventive dental procedures at an SNC received in PY 6.
 - PY 5 ER: Number of ER Visits for ACS Dental Conditions in PY 5 (Baseline Year for beneficiaries who received CRA in PY 3, PY 4, PY 5 and PY 6).
 - PY 6 ER: Number of ER Visits for ACS Dental Conditions in PY 6.
 - PY 5 GA: Number of GA services in PY 5 (Baseline Year for beneficiaries who received CRA in PY 3, PY 4, PY 5 and PY 6).
 - PY 6 GA: Number of GA services in PY 6.
 - PY 5 Exams: Number of dental exams or ICD-10 dental exam procedures at an SNC received in PY 5 (Baseline Year for beneficiaries who received CRA in PY 3, PY 4, PY 5 and PY 6).
 - PY 6 Exams: Number of dental exams or ICD-10 dental exam procedures at an SNC received in PY 6.
 - PY 5 Treatment: Number of dental treatment services or ICD-10 dental treatment procedures at an SNC received in PY 5 (Baseline Year for beneficiaries who received CRA in PY 3, PY 4, PY 5 and PY 6).
 - PY 6 Treatment: Number of dental treatment services or ICD-10 dental treatment procedures at an SNC received in PY 6.
 - 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 D9222 and 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 Five: Beneficiaries Who Received a CRA in PY 2, PY 3, PY 4, PY 5, and PY 6

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, PY 5 and PY 6 are captured in this section.

Performance Metrics Analysis

Figure 40 and *Figure 41* show the continuity and risk level movement of CRA in PY 6 for

beneficiaries who received a CRA during PY 2, PY 3, PY 4 and PY 5.

For beneficiaries who received a low-risk CRA in PY 2, and any CRA in PY 3, PY 4, and PY 5, 52 percent also received a CRA in PY 6, while 40 percent aged out and 8 percent did not continue the CRA treatment. Among those 194 beneficiaries who received a low-risk CRA in PY 2 and continued any CRA in PY 3, PY 4, and PY 5, 41 percent became high-risk, 29 percent became moderate-risk and 30 percent stayed in low-risk in PY 6.

For beneficiaries who received a moderate-risk CRA in PY 2 any CRA in PY 3, PY 4, and PY 5, 65 percent also received a CRA in PY 6, while 28 percent aged out and 7 percent did not continue the CRA treatment. Among those 512 beneficiaries who received a moderate-risk CRA in PY 2 and continued any CRA in PY 3, PY 4, and PY 5, 53 percent became high-risk, 32 percent stayed in moderate-risk and 15 percent became low-risk in PY 6.

For beneficiaries who received a high-risk CRA in PY 2 any CRA in PY 3, PY 4, and PY 5, 57 percent also received a CRA in PY 6, while 34 percent aged out and 9 percent did not continue the CRA treatment. Among those 1,292 beneficiaries who received a high-risk CRA in PY 2 and continued any CRA in PY 3, PY 4, and PY 5, 86 percent stayed in high-risk, 10 percent became moderate-risk and 4 percent became low-risk in PY 6.

The data in *Figure 40* and *41* demonstrates that at least 52 percent of the beneficiaries continued with CRA in the respective risk categories in PY 6 out of which 41 percent of beneficiaries moved from low to high-risk level, 29 percent moved from low to moderate-risk level, and 53 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 39: Domain 2 CRA Movement from PY 2 to PY 6 for Beneficiaries in High Risk in PY 2
- Appendix 40: Domain 2 CRA Movement from PY 2 to PY 6 for Beneficiaries in Moderate Risk in PY 2
- Appendix 41: Domain 2 CRA Movement from PY 2 to PY 6 for Beneficiaries in Low Risk in PY 2

Figure 40: CRA Continuity from PY 2 to PY 6

See next page.

Risk Level in PY 2	Received a CRA in PYs 2, 3, 4, 5, & 6	Received a CRA in PYs 2, 3, 4, & 5, not in PY 6	Received a CRA in PYs 2, 3, 4, & 5, aged out in PY 6	Received a CRA in PYs 2, 3, 4, 5, & 6
Low Risk	376	31	151	194
Low Risk	100%	8%	40%	52%
Moderate Risk	787	53	222	512
Moderate Risk	100%	7%	28%	65%
High Risk	2,279	206	781	1,292
High Risk	100%	9%	34%	57%

Figure 41: CRA Risk Level Movement from PY 2 to PY 6

Risk Level in PY 2	Received a CRA in PYs 2, 3, 4, 5, & 6	Move to/ Remained in High Risk in PY 6	Move to/ Remained in Moderate Risk in PY 6	Move to/ Remained in Low Risk in PY 6
Low Risk	194	80	56	58
Low Risk	100%	41%	29%	30%
Moderate Risk	512	272	163	77
Moderate Risk	100%	53%	32%	15%
High Risk	1,292	1,112	126	54
High Risk	100%	86%	10%	4%

Figure 42 showed a decrease in the number of preventive dental services from PY 5 to PY 6 for beneficiaries who received a CRA in all five years who are at the end of their treatment plan. Please see age and county breakdown in Appendix 42: Domain 2 Count of Preventive Dental Services for Beneficiaries Who Received a CRA in PY 2, PY 3, PY 4, PY 5, and Returned in PY 6 by County and Age Group.

Figure 42: Number and Percentage Change in Preventive Dental Services for Beneficiaries Who Received a CRA in PY 2, PY 3, PY 4, PY 5, and Returned in PY 6

Group	PY 5 Preventive	PY 6 Preventive	Percent Diff
Low Risk	1,108	987	-11%
Moderate Risk	2,068	1,965	-5%
High Risk	8,842	8,730	-1%

Figure 43 shows a reduction in the number of restorative dental services performed from PY 5 to PY 6 for moderate and high-risk CRA beneficiaries who received a CRA in all five years. The values presented in *Figure 43* represents the Domain’s progress in reducing the reliance on restorative services for beneficiaries who continued with the program in all five years. Please see age and county breakdown in Appendix 43: Domain 2 Count of Restorative Dental Services for Beneficiaries Who Received a CRA in PY 2, PY 3, PY 4, PY 5, and Returned in PY 6 by County and Age Group.

Figure 43: Number and Percentage Change in Restorative Dental Services for Beneficiaries Who Received a CRA in PY 2, PY 3, PY 4, PY 5, and Returned in PY 6

Group	PY 5 Restorative	PY 6 Restorative	Percent Diff
Low Risk	98	100	2%
Moderate Risk	250	55	-78%
High Risk	2,112	1,981	-6%

Figure 44 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 44* also shows a reduction in GA service across moderate-risk groups and an increase in the low and high-risk group. DHCS’ analysis suggests that the reason GA visits increased for high-risk groups in PY 6 is due to returning high-risk beneficiaries utilizing restorative services with GA as a part of their treatment plan. Please see age and county breakdown in Appendix 44: Domain 2 Count of ER Visits for Beneficiaries Who Received CRA in PY 2, PY 3, PY 4, PY 5, and Returned in PY 6 by County and Age Group and Appendix 45: Domain 2 Count of GA Services for Beneficiaries Who Received CRA in PY 2, PY 3, PY 4, PY 5, and Returned in PY 6 by County and Age Group.

Figure 44: Number and Percentage Change in ER Visits and GA for Beneficiaries Who Received a CRA in PY 2, PY 3, PY 4, PY 5, and Returned in PY 6

Measure	Groups	PY 5	PY 6	Percent Diff
ER	Low Risk	0	0	N/A
ER	Moderate Risk	0	0	N/A
ER	High Risk	3	2	-33%
GA	Low Risk	9	16	78%
GA	Moderate Risk	35	0	-100%
GA	High Risk	137	144	5%

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Figure 45 showed a decreased in dental exams from PY 5 to PY 6 for beneficiaries who received a CRA in all five years who are at the end of their treatment plan. Please see age and county breakdown in Appendix 46: Domain 2 Count of Dental Exams for Beneficiaries Who Received CRA in PY 2, PY 3, PY 4, PY 5, and Returned in PY 6 by County and Age Group.

Figure 45: Number and Percentage Change in Dental Exams for Beneficiaries Who Received a CRA in PY 2, PY 3, PY 4, PY 5 and Returned in PY 6

Group	PY 5 Exams	PY 6 Exams	Percent Diff
Low Risk	343	294	-14%
Moderate Risk	639	596	-7%
High Risk	2,720	2,611	-4%

Figure 46 shows the number of dental treatment services provided to beneficiaries who received a CRA in all five years. All CRA groups experienced a decrease in the count of dental treatment services being provided in PY 6 which is evidence that Domain 2 made 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 47: Domain 2 Count of Dental Treatment Services for Beneficiaries Who Received a CRA in PY 2, PY 3, PY 4, PY 5, and Returned in PY 6 by County and Age Group.

Figure 46: Number and Percentage Change in Dental Treatment for Beneficiaries Who Received a CRA in PY 2, PY 3, PY 4, PY 5 and Returned in PY 6

Groups	PY 5 Treatment	PY 6 Treatment	Percent Diff
Low Risk	562	528	-6%
Moderate Risk	1,119	763	-32%
High Risk	6,604	6,379	-3%

Figure 47 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, PY 5, and returned in PY 6. The total expenditures for the CRA locations decreased for all categories. The overall decrease in preventive dental service, treatment service and GA expenditure reflects the fact that as beneficiaries continued with the program, the need for preventive, treatment and GA services decreased over the course of five years while adhering to their basic treatment plan.

Figure 47: Expenditures for Beneficiaries who received a CRA in PY 2, PY 3, PY 4, PY 5, and Returned in PY 6

Measure	Service Location	PY 5	PY 6	Percent Diff
Preventive Services	CRA Dental Offices	\$336,571	\$310,527	-8%
Preventive Services	CRA SNCs	\$3,095	\$8,877	187%
Preventive Services	Total CRA Locations	\$339,666	\$319,404	-6%
Dental Treatment	CRA Dental Offices	\$593,313	\$537,801	-9%
Dental Treatment	CRA SNCs	\$1,773	\$1,451	-18%
Dental Treatment	Total CRA Locations	\$595,086	\$539,252	-9%
GA	CRA Dental Offices	\$45,416	\$40,273	-11%

Footnotes for Figures 40 through 47:

- Data Source: DHCS MIS/DSS Data Warehouse and DTI Domain 2 Report as of April 2022.
- Received CRA in PY 2, PY 3, PY 4 and PY 5: Beneficiaries that received a CRA (CDT codes D0601-D0603) in PY 2, PY 3, PY 4 and PY 5.
- Received CRA in PY 2, PY 3, PY 4 and PY 5 but not in PY 6: Beneficiaries that received a CRA (CDT Code D0601, D0602, or D0603) in PY 2, PY 3, PY 4 and PY 5 but did not received a CRA in PY 6.

- Received CRA in PY 2, PY 3, PY 4 and PY 5 but aged out in PY 6: Beneficiaries that received a CRA (CDT codes D0601-D0603) in PY 2, PY 3, PY 4 and PY 5 but were over age 6 in PY 6.
- Received CRA in PY 2, PY 3, PY 4, PY 5 and PY 6: Beneficiaries that received a CRA (CDT codes D0601-D0603) in PY 2, PY 3, PY 4, PY 5 and PY 6.
- Moved to/ Remained in High Risk in PY 6: 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 6: 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 6: 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 6.
- Moderate Risk: Number of beneficiaries that received a CRA with a moderate-risk (CDT code D0602) in PY 6.
- High Risk: Number of beneficiaries that received a CRA with a high-risk (CDT code D0603) in PY 6.
- 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 5 and PY 6.
- PY 5 Preventive: Number of preventive dental services or ICD-10 preventive dental procedures at an SNC received in PY 5 (Baseline Year for beneficiaries who received CRA in PY 2, PY 3, PY 4, PY 5 and PY 6).
- PY 6 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 6.
- PY 5 Restorative: Number of restorative dental services or ICD-10 restorative procedures at an SNC received in PY 5 (Baseline Year for beneficiaries who received CRA in PY 2, PY 3, PY 4, PY 5 and PY 6).
- PY 6 Restorative: Number of restorative dental services or ICD-10 preventive dental procedures at an SNC received in PY 6.
- PY 5 ER: Number of ER Visits for ACS Dental Conditions in PY 5 (Baseline Year for beneficiaries who received CRA in PY 2, PY 3, PY 4, PY 5 and PY 6).
- PY 6 ER: Number of ER Visits for ACS Dental Conditions in PY 6.
- PY 5 GA: Number of GA services in PY 5 (Baseline Year for beneficiaries who received CRA in PY 2, PY 3, PY 4, PY 5 and PY 6).
- PY 6 GA: Number of GA services in PY 6.
- PY 5 Exams: Number of dental exams or ICD-10 dental exam procedures at an SNC

received in PY 5 (Baseline Year for beneficiaries who received CRA in PY 2, PY 3, PY 4, PY 5 and PY 6).

- PY 6 Exams: Number of dental exams or ICD-10 dental exam procedures at an SNC received in PY 6.
- PY 5 Treatment: Number of dental treatment services or ICD-10 dental treatment procedures at an SNC received in PY 5 (Baseline Year for beneficiaries who received CRA in PY 2, PY 3, PY 4, PY 5 and PY 6).
- PY 6 Treatment: Number of dental treatment services or ICD-10 dental treatment procedures at an SNC received in PY 6.
- 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 D9222 and 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).

Incentive Payments Analysis

Figure 48 displays payments issued for Domain 2 from PY 4 through PY 6 for claims received through February 4, 2022. Remaining payments are pending State budget approval for additional funds; therefore, the total amounts will be updated in the PY 6 final annual report. As of April 2022, DHCS issued approximately \$56.6 million in payments for services in PY 4, approximately \$70.0 million for services in PY 5, and approximately \$101.3 million for services in PY 6.

Figure 48: Domain 2 Incentive Payment Summary

Delivery System	PY 4	PY 5	Year to Date PY 6
FFS	\$49,989,690	\$65,197,221	\$97,856,956
DMC	\$2,494,373	\$2,054,305	\$1,964,067
SNC	\$4,104,934	\$2,740,224	\$1,501,938
Total	\$56,588,997	\$69,991,750	\$101,322,961

Footnotes for Figures 48:

- Data Source: DHCS Dental FI Domain 2 Incentive Payment Summary as of April 2022.

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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 PY 5 final payment and PY 6 first payment are pending State budget approval for additional funds. Payment amounts will be updated in the PY 6 final annual report.

As mentioned earlier, due to the impacts of COVID-19 PHE, DHCS observed a decrease in the overall dental utilization in PY 5 and PY 6. However, DHCS efforts with the outreach activities have improved continuity of care in PY 6 and evident from [Figure 49](#), [50](#) and [51](#) when compared to PY 5.

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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.

From baseline year CY 2014 to PY 6 (CY 2021), DHCS observed increases of 31.24 percent and 33.81 percent in the number of dental exams and preventive dental services and an increase of 18.22 percent in the number of treatment services performed for beneficiaries ages zero through twenty. The expenditures for dental exams increased by 576.22 percent, the expenditures of preventive dental services increased by 200.63 percent, and the expenditures of dental treatment services increased by 116.12 percent. When

compared with PY 5, dental exams increased by 26.11 percent, preventive dental services increased by 29.06 percent and treatment services increased by 31.85 percent, which was a desired outcome in PY 6.

Figure 49: Domain 3 Counties' Number of Services on Dental Exam, Preventive, and Treatment Services

Number of Services	Baseline Year: CY 2014	PY 5	PY 6	Percent Change from Baseline to PY 6
Dental Exams	1,676,000	1,371,722	1,806,823	7.81%
Dental Exams (ICD-10)	N/A	372,445	392,728	N/A
Dental Exams Total	1,676,000	1,744,167	2,199,551	31.24%
Preventive Dental Services	4,102,840	3,771,831	4,957,350	20.83%
Preventive Dental Encounters (ICD-10)	N/A	482,107	532,770	N/A
Preventive Dental Total	4,102,840	4,253,938	5,490,120	33.81%
Dental Treatment Services	3,384,804	2,824,589	3,783,283	11.77%
Dental Treatment Services (ICD-10)	N/A	210,347	218,252	N/A
Dental Treatment Services Total	3,384,804	3,034,936	4,001,535	18.22%
Total Count of Exams, Preventive and Treatment Services	9,163,644	9,033,041	11,691,206	27.58%

Figure 50: Domain 3 Counties' Expenditures on Dental Exam, Preventive and Treatment Services (Dollars in thousands)

Expenditures	Baseline Year: CY 2014	PY 5	PY 6	Percent Change from Baseline to PY 6
Dental Exams	\$28,797	\$72,312	\$97,076	237.10%

Expenditures	Baseline Year: CY 2014	PY 5	PY 6	Percent Change from Baseline to PY 6
Dental Exams (ICD-10)	N/A	\$90,280	\$97,655	N/A
Dental Exams Total	\$28,797	\$162,593	\$194,731	576.22%
Preventive Dental Services	\$82,483	\$88,090	\$119,007	44.28%
Preventive Dental Encounters (ICD-10)	N/A	\$114,449	\$128,960	N/A
Preventive Dental Total	\$82,483	\$202,540	\$247,967	200.63%
Dental Treatment Services	\$182,019	\$252,181	\$340,762	87.21%
Dental Treatment Services (ICD-10)	N/A	\$51,722	\$52,618	N/A
Dental Treatment Services Total	\$182,019	\$303,904	\$393,380	116.12%
Total Expenditure of Exams, Preventive and Treatment Services	\$293,299	\$669,038	\$836,078	185.06%

Footnotes for Figures 49 and 50:

- Data Source: DHCS MIS/DSS Data Warehouse as of April 2022.
- 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 51 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 6. When including SNC encounters, the preventive dental services utilization of Domain 3 counties increased by 7.19 percentage points, while non-Domain 3 counties increased by 4.37 percentage points. Moreover, DHCS and its ASO contractor conducted 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 believes Domain 3 incentive payments helped improve Domain 1 results over the DTI period.

Figure 51: 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 6	Numerator Excluding SNCs	1,316,593	722,783
PY 6	Denominator	3,595,548	1,818,664
PY 6	Utilization Excluding SNCs	36.62%	39.74%

Baseline Year to PY 6	Change of Percentage Points Excluding SNCs	-0.11	-0.12
PY 6	Numerator Including SNCs	1,578,986	804,341
PY 6	Denominator	3,595,548	1,818,664
PY 6	Utilization Including SNCs	43.92%	44.23%
Baseline Year to PY 6	Change of Percentage Points Including SNCs	7.19	4.37

Footnotes for Figure 51:

- Data Source: DHCS MIS/DSS Data Warehouse as of April 2022.
- 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 required 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 LDPPs, 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.

Since Domain 4 was not included in the one-year extension of the Medi-Cal 2020 Section 1115 Demonstration Waiver, operations for these efforts concluded December 31, 2020. The LDPPs have submitted all their final reports and invoices relative to PY 5. DHCS has issued a total of \$108.5 million payments to LDPPs for all PYs. While the program was active, the LDPPs supported the aforementioned Domains through thirteen (13) innovative pilot programs to test alternative methods to increase preventive services, reduce early childhood caries, and establish and maintain continuity of care. The LDPPs were required to have broad-based provider and community support and collaboration, including Tribes and Indian health programs.

The approved lead entities for the LDPPs were as follows: Alameda County; California Rural Indian Health Board, Inc.; California State University, Los Angeles; First 5 San Joaquin; First 5 Riverside; Fresno County; Humboldt County; Orange County; Sacramento County; San Luis Obispo County; San Francisco City and County Department of Public Health; Sonoma County; and University of California, Los Angeles.

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 52* shows that DHCS paid a total of \$108,546,404 since the Domain inception as of April 2022. The total payment for each LDPP is as follows:

Figure 52: 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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