



Dental Transformation Initiative Session

WIT Convening June 9, 2016

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Session Goals

- Understand purpose & structure of DTI
- Consider your system's opportunities to participate
- Exchange ideas & hear from fellow PHS
- Identify DTI resources & next steps

Session Overview

- DTI Overview & Financing
 - Domain 1
 - Domain 2
 - Domain 3
 - Domain 4
- Discussion & Peer Sharing
- Wrap up & Next steps
 - Further resources
 - Info leave behind for CAPH/SNI

DTI Purpose and Goals

Purpose

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

Goals

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

Overall DTI Financing

- Total of \$750 million over 5 years
 - Program Year=Calendar Year
 - January 1 –December 31
- State providing the non-federal share
 - Match with Designated State Health Programs

4 Domains of DTI

- 1) Increase Preventive Services Utilization for Children
- 2) Caries Risk Assessment and Disease Management
- 3) Increase Continuity of Care
- 4) Local Dental Pilot Programs

Domain 1 Overview

GOAL: increase statewide proportion of children ages 20 and under enrolled in Medi-Cal who receive a preventive dental service by 10 percentage points over a five-year period

SCOPE: Statewide

- Incentive dollars can be earned by dental providers for increasing the preventive services they provide to Medi-Cal children
- Incentive payments paid on a semi-annual basis if meet or exceed a predetermined increase in preventive services
- DHCS anticipates spending \$194-253 million on Domain 1

Domain 1 Financing

DHCS plans to launch July 2016

- The first incentive payments will be paid in January 2017, reflecting achievement from January 2016 -- June 2016

How will the incentive be earned?

- Benchmark is calculated based on the delivery of preventive services claim data during baseline CY 2014
- Paid an incentive when a 2% increase in the benchmark is met or exceeded each year
- Partial payment when a 1-1.99% increase in the benchmark is met or exceeded each year

Domain 1 Financing

How will the incentive be calculated?

- If 2% benchmark is met, paid 75% above the current Schedule of Maximum Allowances (SMA) for each preventive service provided above benchmark
- If partial payment is earned, receive 37.5% above SMA

Domain 1 Financing

Example:

- Baseline= 1000 beneficiaries served
- Serve 1020 to earn full incentive
- Incentive (higher payment) applies to the 20

Procedure Code	Code Description	Frequency limitations per year	Current SMA	37.5% Above SMA	75% Above SMA
D1120	Prophylaxis	2 (once every 6 months)	\$30.00	\$11.25	\$22.50
D1206	Topical application of fluoride varnish - child 0 to 5	2 (once every 6 months)	\$18.00	\$6.75	\$13.50

Domain 2 Overview

GOALS:

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

SCOPE: Begin as a pilot in counties selected by DHCS, with potential to spread

Domain 2 Financing

DHCS plans to launch January 2017

- Providers will opt-in and complete required training to participate

How will the incentives be earned?

- Dentists will receive incentive payment for completion of a CRA as well as payment for services at increased frequencies based on risk level.
- Treatment plans and associated procedures carried out over a 12 month period:
 - “high risk” children will be authorized to visit 4 times
 - “moderate risk” children will be authorized to visit 3 times
 - “low risk” children will be authorized to visit 2 times

Domain 3 Overview

GOAL: increase dental continuity of care for children enrolled in the Medi-Cal program, who receive annual dental exams from a dentist at the same service office location year after year

SCOPE: Begin as a pilot in counties selected by DHCS, with potential to spread

- 17 pilot counties are: Del Norte, El Dorado, Marin, Nevada, Shasta, **Alameda**, Fresno, **Kern**, Modoc, **Riverside**, Stanislaus, Yolo, Madera, Placer, San Luis Obispo, Santa Cruz, Sonoma

Domain 3 Financing

- A flat rate incentive payment will be paid to Medi-Cal dental FFS providers that have maintained continuity of care through providing qualifying examinations (D0120, D0150, or D0145) to their enrolled beneficiaries, age 20 and under for 2, 3, 4, 5, and 6 year continuous periods.
 - Annual payments will be made in June from 2017-2021

Demonstration Years	Program Implementation Years	Continuity of Care Baseline Year	Annual Payment Dates
1. 1/1/16-12/31/16	1/1/16-12/31/16	1/1/15-12/31/15	June 2017
2. 1/1/17-12/31/17	1/1/17-12/31/17	1/1/16-12/31/16	June 2018

- Providers are not required to take any action to participate

Domain 3 Financing

How will the incentive be calculated?

- By years of continuity of care
- Tier schedule

Tier Year	Incentive Payment by Beneficiary by Continuity of Care
1	\$40
2	\$50
3	\$60
4	\$70
5	\$80

Domain 4 Overview

- Funding will be available for local pilots to advance innovative strategies addressing one or more of the goals of Domains 1-3
 - Increase preventive services utilization
 - Increase caries risk assessment and disease management
 - Increase continuity of care
- Competitive application process
 - Application released June 1, due August 1, 2016
 - DHCS final decisions by October 31
 - Pilots begin January 2017
 - Maximum 15 pilots will be approved

Domain 4 Overview

- The specific strategies, target populations, payment methodologies, and participating entities shall be proposed by the entity submitting the application
- Lead entity must be a county, consortium of counties, Tribe, Indian Health Program, UC or CSU campus
- Application must identify other entities that will participate in the pilot
 - “Participating entities should represent a diverse set of key local partners, educational entities, Medi-Cal providers, and stakeholders demonstrating community support and collaboration.”

Domain 4 Financing

- Funding is limited to a maximum of 25% annual DTI funding = up to **\$185 million** over the duration of the pilot program
- Pilots shall define the total annual amount requested and submit a proposed budget
 - Covered Medi-Cal Dental services should not be included
- Pilots must link budget amount to the expected value, impact or anticipated annual achievements.

Questions?

Discussion & Sharing

- 1) With your PHS/county colleagues:
 - How do the goals of the DTI align with the strategic priorities of your system and/or county?
 - What strategies are you employing or could envision employing to increase your system's provision of preventive dental care to Medi-Cal kids?
 - Are you planning to apply for the Local Pilot?
 - What approaches and/or key partners are you considering?
- 2) Each PHS designate someone to share discussion highlights with full group

Resources & Information

- Waiver STC Information for DTI
 - pages 68-80 and Attachment JJ
- DHCS has a webpage dedicated to DTI:
<http://www.dhcs.ca.gov/provgovpart/Pages/DTI.aspx>
 - Can subscribe to the DHCS DTI Stakeholder email service
 - Webinar June 14th 3pm on the Pilot application
- Send comments or questions to:
DTI@DHCS.CA.GOV

CAPH/SNI Follow-Up

- Please fill out the handout on your table
 - 1 per system
- **Contact**
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