

AMENDED IN SENATE JUNE 9, 2016
AMENDED IN ASSEMBLY APRIL 26, 2016
CALIFORNIA LEGISLATURE—2015–16 REGULAR SESSION

ASSEMBLY BILL

No. 2207

Introduced by Assembly Member Wood

February 18, 2016

An act to amend Sections 14132.915 and 14459.6 of, *to add Sections 14184.72, 14184.73, 14184.74, and 14184.75 to*, and to add Article 4.10 (commencing with Section 14149.8) to Chapter 7 of Part 3 of Division 9 of, the Welfare and Institutions Code, relating to Medi-Cal.

LEGISLATIVE COUNSEL'S DIGEST

AB 2207, as amended, Wood. Medi-Cal: dental program.

Existing law provides for the Medi-Cal program, which is administered by the State Department of Health Care Services and under which qualified low-income persons receive health care benefits. The Medi-Cal program is, in part, governed and funded by federal Medicaid program provisions. Existing law provides that certain optional benefits, including, among others, certain adult dental services, are excluded from coverage under the Medi-Cal program. Existing law, beginning May 1, 2014, or the effective date of any necessary federal approvals, whichever is later, provides that only specified adult dental services are a covered Medi-Cal benefit for persons 21 years of age or older.

This bill would require the department to undertake specified activities for the purpose of improving the Medi-Cal Dental Program, such as expediting provider enrollment and monitoring dental service access and utilization. The bill would require a Medi-Cal managed care health plan to provide dental health screenings for eligible beneficiaries and

refer them to appropriate Medi-Cal dental providers. This bill would provide that those provisions shall only be implemented to the extent that the department obtains *any* necessary federal ~~approvals, approvals and federal matching funds, and an appropriation in the annual Budget Act for the specific purpose of implementing those provisions.~~ *funds.*

Existing law requires the department to establish a list of performance measures to ensure the dental fee-for-service program meets quality and access criteria required by the department. Existing law requires the department to annually post on October 1 the list of performance measures and data of the dental fee-for-service program for the previous calendar year on its Internet Web site. Existing law also requires the department to establish a list of performance measures to ensure dental health plans meet quality criteria required by the department. Existing law requires the department to post, on a quarterly basis, the list of performance measures and each plan's performance on the department's Internet Web site.

This bill would add to the performance measures for both the dental fee-for-service program and dental plans described above the total number of patients seen on a per-provider basis and the total number of dental services rendered by each provider during each calendar year. The bill would, as of October 31, 2016, eliminate the requirement that the department annually post the performance measures and program data relating to the dental fee-for-service program for the previous calendar year on October 1 and instead would require the department, commencing January 31, 2017, to post that information for the previous fiscal year on its Internet Web site on or before January 31 of each year. The bill, commencing April 30, 2017, and on specified dates thereafter, would require the department to post dental fee-for-service program performance data, the dental health plan performance measures, and each dental health plan's performance on a quarterly basis for the preceding fiscal quarter on its Internet Web site. The bill would require the department to ensure, to the greatest degree possible, that the categories of data and performance measures selected for the dental fee-for-service program and for dental health plans are consistent with one another.

SB 815 of the 2015–16 Regular Session, if enacted, would establish the Medi-Cal 2020 Demonstration Project Act, under which the department is required to implement specified components of a Medicaid 1115(a) demonstration project, referred to as California's Medi-Cal 2020 demonstration project, consistent with the Special Terms and

Conditions approved by the federal Centers for Medicare and Medicaid Services. AB 1568 of the 2015–16 Regular Session, if enacted, would require the department to implement the Dental Transformation Initiative (DTI), a component of the Medi-Cal 2020 demonstration project, under which DTI incentive payments, as defined, within specified domain categories would be made available to qualified providers who meet achievements within one or more of the project domains, and would require the department to evaluate the DTI as required under the Special Terms and Conditions.

This bill would require, consistent with the Special Terms and Conditions and the evaluation requirement described above, the department’s reports of data and quality measures submitted to CMS and made publicly available for each of the domain areas under the DTI to include specified information.

Vote: majority. Appropriation: no. Fiscal committee: yes.
State-mandated local program: no.

The people of the State of California do enact as follows:

- 1 SECTION 1. Section 14132.915 of the Welfare and Institutions
- 2 Code is amended to read:
- 3 14132.915. (a) (1) The department shall establish a list of
- 4 performance measures to ensure the dental fee-for-service program
- 5 meets quality and access criteria required by the department. The
- 6 performance measures shall be designed to evaluate utilization,
- 7 access, availability, and effectiveness of preventive care and
- 8 treatment.
- 9 (2) Prior to establishing the quality and access criteria described
- 10 in paragraph (1), the department shall consult with stakeholders,
- 11 including representatives from counties, local dental societies,
- 12 nonprofit entities, legal aid entities, and other interested parties.
- 13 (3) The performance measures established by the department
- 14 to monitor the dental fee-for-service program for children shall
- 15 include, but not be limited to, all of the following:
- 16 (A) Overall utilization of dental services.
- 17 (B) Number of annual dental visits, the total number of patients
- 18 seen, on a per-provider basis, and the total number of preventive
- 19 dental services, dental treatment services, and examinations and
- 20 oral health evaluations rendered by each provider during each
- 21 calendar year.

- 1 (C) Number of applications of dental sealants.
- 2 (D) Continuity of care and overall utilization over an extended
3 period of time.
- 4 (E) All of the following ratios:
- 5 (i) Sealant to restoration.
- 6 (ii) Filling to preventive services.
- 7 (iii) Treatment to caries prevention.
- 8 (4) The performance measures established by the department
9 to monitor the dental fee-for-service program for adults shall
10 include, but not be limited to, all of the following:
- 11 (A) Number of annual dental visits and preventive dental
12 services, the total number of patients seen on a per-provider basis,
13 and the total number of dental services rendered by each provider
14 during each calendar year.
- 15 (B) Treatment to caries prevention ratio.
- 16 (5) The performance measures shall be reported as aggregate
17 numbers and as percentages, if appropriate, using standards that
18 are as equivalent to those used by managed care entities as feasible.
19 Performance measures for the dental fee-for-service program for
20 children shall be reported by age groupings if appropriate.
- 21 (b) The department shall include the initial list of performance
22 measures in any dental contract entered into between the
23 department and a fee-for-service contractor on or after enactment
24 of this section.
- 25 (c) To ensure that the dental health needs of Medi-Cal
26 beneficiaries are met, the department shall, when evaluating
27 performance measures for retention on, addition to, or deletion
28 from, the list of performance measures, consider all of the
29 following criteria:
- 30 (1) Annual and multiyear Medi-Cal dental fee-for-service
31 trended data.
- 32 (2) Other state and national dental program performance and
33 quality measures.
- 34 (3) Other state and national performance ratings.
- 35 (d) On October 1, 2014, for the 2013 calendar year, and on or
36 before October 1, 2016, for the 2015 calendar year, the list of
37 performance measures established by the department along with
38 the data of the dental fee-for-service program performance shall
39 be posted on the department's Internet Web site.

1 (e) Commencing January 31, 2017, for the 2015–16 fiscal year,
2 and annually on or before January 31 for each preceding fiscal
3 year thereafter, the list of performance measures established by
4 the department along with the data of the dental fee-for-service
5 program shall be posted on the department’s Internet Web site.

6 (f) Commencing April 30, 2017, for the July 2016 to September
7 2016, inclusive, fiscal quarter, and quarterly thereafter on or before
8 April 30, July 31, October 31, and January 31 for the fiscal quarter
9 ending seven months prior, the data of the dental fee-for-service
10 program performance shall be posted on the department’s Internet
11 Web site.

12 (g) The department may amend or remove performance
13 measures and establish additional performance measures in
14 accordance with all of the following:

15 (1) The department shall consider performance measures
16 established by other states, the federal government, and national
17 organizations developing dental program performance and quality
18 measures.

19 (2) The department shall notify a fee-for-service contractor, at
20 least 30 days prior to the implementation date, of any updates or
21 changes to performance measures. The department shall also post
22 these updates or changes on its Internet Web site at least 30 days
23 prior to implementation in order to maintain transparency to the
24 public.

25 (3) In establishing the performance measures, the department
26 shall consult with stakeholders, including representatives from
27 counties, local dental societies, nonprofit entities, legal aid entities,
28 and other interested parties.

29 (h) The department shall annually prepare a summary report of
30 the nature and types of complaints and grievances regarding access
31 to, and quality of, dental services, including the outcome.
32 Commencing January 31, 2017, for the prior fiscal year, and
33 annually thereafter, for each preceding fiscal year, this report shall
34 be posted on the department’s Internet Web site.

35 (i) The department shall ensure, to the greatest degree possible,
36 that the categories of data and performance measures selected
37 under this section are consistent with the categories of data and
38 performance measures selected under Section 14459.6.

1 SEC. 2. Article 4.10 (commencing with Section 14149.8) is
 2 added to Chapter 7 of Part 3 of Division 9 of the Welfare and
 3 Institutions Code, to read:

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 5
 6

Article 4.10. Medi-Cal Dental Program

7 14149.8. (a) The department shall expedite the enrollment of
 8 Medi-Cal dental providers by streamlining the Medi-Cal provider
 9 enrollment process. The department shall pursue *and implement*
 10 all of the following activities, to the extent permitted by federal
 11 law:

- 12 (1) Create a dental-specific enrollment form.
- 13 (2) Pursue an alternative automatic enrollment process for a
 14 provider already commercially credentialed by either a dental
 15 fee-for-service contractor or an administrative services contractor
 16 for the purpose of providing services as a commercial provider.
- 17 (3) Discontinue requiring providers to resubmit an enrollment
 18 application that has been deemed incomplete if the missing
 19 information is available elsewhere within the application packet.
- 20 (4) To the extent that the department expedites the enrollment
 21 of Medi-Cal dental providers by streamlining the Medi-Cal
 22 provider enrollment process, the department shall publish the
 23 criteria for those processes in applicable provider bulletins and
 24 manuals.

25 (b) (1) The department shall maintain the provider network by
 26 disenrolling a billing and rendering provider who has not, over a
 27 continuous 12-month period, submitted a claim for reimbursement
 28 for services rendered.

29 (2) Prior to disenrolling a provider described in paragraph (1),
 30 the department shall send a notice to the provider that the provider
 31 shall be disenrolled from the dental program six months after the
 32 date of the notice. The department shall not disenroll a provider
 33 pursuant to paragraph (1) until six months after the date of that
 34 notice.

35 (3) In order to improve the quality of the dental provider
 36 network, the department also shall exercise additional measures
 37 as appropriate and permitted by law, including, but not limited to,
 38 temporary suspensions. *The parameters and criteria developed by*
 39 *the department for additional measures for disenrollments shall*
 40 *be published in applicable provider bulletins and manuals.*

1 (c) (1) The department shall monitor access and utilization of
2 Medi-Cal dental services in the fee-for-service and managed care
3 delivery systems to assess opportunities to improve access and
4 utilization.

5 (2) The department shall assess opportunities to develop and
6 implement innovative payment reform proposals within the
7 Medi-Cal dental programs.

8 (d) The department shall explore additional opportunities to
9 improve the Medi-Cal Dental Program, in consultation with
10 stakeholders and as deemed appropriate by the department and to
11 the extent permitted by federal law, including, but not limited to,
12 the following:

13 (1) Aligning the provision of dental anesthesia services with
14 that of medical anesthesia services, including the ability to bill for
15 applicable facility fees and ancillary services.

16 (2) Adjusting other utilization controls for specialty services,
17 as appropriate, to promote access to care while still protecting
18 program integrity.

19 (3) Expanding the scope of beneficiary outreach activities
20 required by an entity that is contracted with the department to more
21 broadly address underutilization throughout the state.

22 (e) Prior to implementing an action pursuant to subdivision ~~(g)~~,
23 ~~(d)~~, the department shall post the proposed action on its Internet
24 Web site at least 30 days before implementation.

25 (f) The department shall work with dental managed care plans
26 that contract with the department for the purposes of implementing
27 the Medi-Cal Dental Program, which includes, but is not limited
28 to, contracts authorized pursuant to Sections 14087.46, 14089, and
29 14104.3, to provide beneficiaries with access to *dental* plan liaisons
30 to assist in the coordination of care for enrolled members.

31 (g) A Medi-Cal managed care health plan shall do all of the
32 following:

33 (1) Provide dental screenings for every eligible beneficiary as
34 a part of the beneficiary's initial health assessment.

35 (2) Ensure that an eligible beneficiary is referred to an
36 appropriate Medi-Cal dental provider.

37 (3) Identify plan liaisons available to dental managed care
38 contractors and dental fee-for-service contractors to assist ~~in~~
39 ~~coordination of care.~~ *with referrals to health plan covered services*

1 *that may be needed by the beneficiary to aid in the treatment of*
2 *an identified oral health care condition.*

3 (h) (1) To increase the efficiency and timeliness of changes,
4 any contract amendment, modification, or change order to any
5 contract entered into by the department for the purposes of
6 implementing the state Medi-Cal Dental Program shall be exempt,
7 except as provided in paragraph (2), from Part 2 (commencing
8 with Section 10100) of Division 2 of the Public Contract Code, as
9 well as Sections 11545 and 11546 of the Government Code, in
10 addition to any policies, procedures, or regulations authorized by
11 those provisions.

12 (2) Paragraph (1) shall not exempt the department from
13 establishing a competitive bid process for awarding new contracts
14 pursuant to Section 14104.3, as well as for awarding new dental
15 contracts pursuant to Sections 14087.46 and 14089.

16 (i) Prior to implementing any change pursuant to this section,
17 the department shall consult with, and provide notification to,
18 stakeholders, including representatives from counties, local dental
19 societies, nonprofit entities, legal aid entities, and other interested
20 parties.

21 (j) (1) Notwithstanding Chapter 3.5 (commencing with Section
22 11340) of Part 1 of Division 3 of Title 2 of the Government Code,
23 the department, without taking any further regulatory action, shall
24 implement, interpret, or make specific policies and procedures
25 pertaining to the dental fee-for-service program and dental managed
26 care plans, as well as applicable federal waivers and state plan
27 amendments, including the provisions set forth in this section, by
28 means of all-county letters, plan letters, plan or provider bulletins,
29 or similar instructions until regulations are adopted. ~~Thereafter,~~

30 (2) *No later than December 31, 2018*, the department shall adopt
31 regulations in accordance with the requirements of Chapter 3.5
32 (commencing with Section 11340) of Part 1 of Division 3 of Title
33 2 of the Government Code. Beginning six months after the effective
34 date of this section, and notwithstanding Section 10231.5 of the
35 Government Code, the department shall provide a status report to
36 the Legislature on a semiannual basis until regulations have been
37 adopted.

38 (k) This section shall be implemented only to the extent that all
39 of the following occur:

1 (1) The department obtains any federal approvals necessary to
2 implement this section.

3 (2) The department obtains federal matching funds to the extent
4 permitted by federal law.

5 ~~(3) The department receives an appropriation in the annual
6 Budget Act each fiscal year for the specific purpose of
7 implementing this section.~~

8 SEC. 3. Section 14459.6 of the Welfare and Institutions Code
9 is amended to read:

10 14459.6. (a) The department shall establish a list of
11 performance measures to ensure dental health plans meet quality
12 criteria required by the department. The list shall specify the
13 benchmarks used by the department to determine whether and the
14 extent to which a dental health plan meets each performance
15 measure. Commencing January 1, 2013, and quarterly thereafter,
16 the list of performance measures established by the department
17 along with each plan's performance shall be posted on the
18 department's Internet Web site. The Department of Managed
19 Health Care and the advisory committee established pursuant to
20 Section 14089.08 shall have access to all performance measures
21 and benchmarks used by the department as described in this
22 section.

23 (1) Commencing April 30, 2017, the quarterly reporting required
24 by this subdivision shall be posted in the following manner:

25 (A) On or before April 30, 2017, the reporting shall be posted
26 for the July 2016 to September 2016, inclusive, fiscal quarter.

27 (B) After April 30, 2017, the reporting shall be posted on a
28 quarterly basis on or before April 30, July 31, October 31, and
29 January 31 for the fiscal quarter ending seven months prior.

30 (2) The performance measures established by the department
31 shall include, but not be limited to, all of the following: provider
32 network adequacy, overall utilization of dental services, annual
33 dental visits, the total number of patients seen on a per-provider
34 basis and the total number of dental services rendered by each
35 provider during each calendar year, use of preventive dental
36 services, use of dental treatment services, use of examinations and
37 oral health evaluations, sealant to restoration ratio, filling to
38 preventive services ratio, treatment to caries prevention ratio, use
39 of dental sealants, use of diagnostic services, and survey of member
40 satisfaction with plans and providers.

1 (3) The survey of member satisfaction with plans and providers
2 shall be the same dental version of the Consumer Assessment of
3 Healthcare Providers and Systems (CAHPS) survey as used by
4 the Healthy Families Program.

5 (4) The department shall notify dental health plans at least 30
6 days prior to the implementation date of these performance
7 measures.

8 (5) The department shall include the initial list of performance
9 measures and benchmarks in any dental health contracts entered
10 into between the department and a dental health plan pursuant to
11 Section 14204.

12 (6) The department shall update performance measures and
13 benchmarks and establish additional performance measures and
14 benchmarks in accordance with all of the following:

15 (A) The department shall consider performance measures and
16 benchmarks established by other states, the federal government,
17 and national organizations developing dental program performance
18 and quality measures.

19 (B) The department shall notify dental health plans at least 30
20 days prior to the implementation date of updates or changes to
21 performance measures and benchmarks. The department shall also
22 post these updates or changes on its Internet Web site at least 30
23 days prior to implementation in order to provide transparency to
24 the public.

25 (C) To ensure that the dental health needs of Medi-Cal
26 beneficiaries are met, the department shall, when evaluating
27 performance measures and benchmarks for retention on, addition
28 to, or deletion from the list, consider all of the following criteria:

29 (i) Monthly, quarterly, annual, and multiyear Medi-Cal dental
30 managed care trended data.

31 (ii) County and statewide Medi-Cal dental fee-for-service
32 performance and quality ratings.

33 (iii) Other state and national dental program performance and
34 quality measures.

35 (iv) Other state and national performance ratings.

36 (b) In establishing and updating the performance measures and
37 benchmarks, the department shall consult the advisory committee
38 established pursuant to Section 14089.08, as well as dental health
39 plan representatives and other stakeholders, including

1 representatives from counties, local dental societies, nonprofit
2 entities, legal aid entities, and other interested parties.

3 (c) In evaluating a dental health plan's ability to meet the criteria
4 established through the performance measures and benchmarks,
5 the department shall select specific performance measures from
6 those established by the department in subdivision (a) as the basis
7 for establishing financial or other incentives or disincentives,
8 including, but not limited to, bonuses, payment withholds, and
9 adjustments to beneficiary assignment to plan algorithms. These
10 incentives and disincentives shall be included in the dental health
11 plan contracts.

12 (d) (1) The department shall designate an external quality
13 review organization (EQRO) that shall conduct external quality
14 reviews for any dental health plan contracting with the department
15 pursuant to Section 14204.

16 (2) As determined by the department, but at least annually,
17 dental health plans shall arrange for an external quality of care
18 review with the EQRO designated by the department that evaluates
19 the dental health plan's performance in meeting the performance
20 measures established in this section. Dental health plans shall
21 cooperate with and assist the EQRO in this review. The Department
22 of Managed Health Care shall have direct access to all external
23 quality of care review information upon request to the department.

24 (3) An external quality of care review shall include, but not be
25 limited to, all of the following: performance on the selected
26 performance measures and benchmarks established and updated
27 by the department, the CAHPS member or consumer satisfaction
28 survey referenced in paragraph (2) of subdivision (a), reporting
29 systems, and methodologies for calculating performance measures.
30 An external quality of care review that includes all of the above
31 components shall be paid for by the dental health plan and posted
32 online annually, or at any other frequency specified by the
33 department, on the department's Internet Web site.

34 (e) All marketing methods and activities to be used by dental
35 plans shall comply with subdivision (b) of Section 10850, Sections
36 14407.1, 14408, 14409, 14410, and 14411, and Title 22 of the
37 California Code of Regulations, including Sections 53880 and
38 53881. Each dental plan shall submit its marketing plan to the
39 department for review and approval.

1 (f) Each dental plan shall submit its member services procedures,
2 beneficiary informational materials, and any updates to those
3 procedures or materials to the department for review and approval.
4 The department shall ensure that member services procedures and
5 beneficiary informational materials are clear and provide timely
6 and fair processes for accepting and acting upon complaints,
7 grievances, and disenrollment requests, including procedures for
8 appealing decisions regarding coverage or benefits.

9 (g) Each dental plan shall submit its provider compensation
10 agreements to the department for review and approval.

11 (h) The department shall post to its Internet Web site a copy of
12 all final reports completed by the Department of Managed Health
13 Care regarding dental managed care plans.

14 (i) The department shall ensure, to the greatest degree possible,
15 that the categories of data and performance measures selected
16 under this section are consistent with the categories of data and
17 performance measures selected under Section 14132.915.

18 *SEC. 4. Section 14184.72 is added to the Welfare and*
19 *Institutions Code, immediately following Section 14184.71, to*
20 *read:*

21 *14184.72. In connection with the evaluation of the DTI required*
22 *by Section 14184.71, the department's report of data and quality*
23 *measures submitted to the federal Centers for Medicare and*
24 *Medicaid Services (CMS) and made publicly available pursuant*
25 *to the Special Terms and Conditions for the Increase Preventive*
26 *Services Utilization for Children domain shall include, but not be*
27 *limited to, all of the following:*

28 (a) *A detailed description of how the department has*
29 *operationalized the domain, including information identifying*
30 *which entities have responsibility for the components of the domain.*

31 (b) *The number of individual incentives paid and the total*
32 *amount expended under the domain for the current program year.*

33 (c) *An awareness plan that describes all of the following:*

34 (1) *How the department has generated awareness of the*
35 *availability of incentives for providing preventive dental services*
36 *to children, including steps taken to increase awareness of the DTI*
37 *among dental and primary care providers.*

38 (2) *How the department has generated awareness among*
39 *beneficiaries of the availability of, the importance of, and how to*
40 *access preventive dental services for children.*

1 (3) *The different approaches to raising awareness undertaken*
2 *among specific groups, including age groups, rural and urban*
3 *residents, and primary language groups.*

4 (d) *An analysis of whether the awareness plan described in*
5 *subdivision (c) has succeeded in generating the utilization*
6 *necessary, by subgrouping, to meet the goals of the domain, and*
7 *a description of changes to the awareness plan needed to address*
8 *any identified deficiencies.*

9 (e) *Data describing both of the following:*

10 (1) *The use of, and expenditures on, preventive dental services.*

11 (2) *The use of, and expenditures on, other nonpreventive dental*
12 *services.*

13 (f) *A discussion of the extent to which the metrics described for*
14 *the domain are proving to be useful in understanding the*
15 *effectiveness of the activities undertaken in the domain.*

16 (g) *An analysis of changes in cost per capita.*

17 (h) *A descriptive analysis of program integrity challenges*
18 *generated by the domain and how those challenges have been, or*
19 *will be, addressed.*

20 (i) *A descriptive analysis of the overall effectiveness of the*
21 *activities in the domain in meeting the intended goals of the*
22 *domain, any lessons learned, and any recommended adjustments.*

23 SEC. 5. *Section 14184.73 is added to the Welfare and*
24 *Institutions Code, to read:*

25 *14184.73. In connection with the evaluation of the DTI required*
26 *by Section 14184.71, the department's report of data and quality*
27 *measures submitted to the federal Centers for Medicare and*
28 *Medicaid Services (CMS) and made publicly available pursuant*
29 *to the Special Terms and Conditions for the Caries Risk Assessment*
30 *(CRA) and Disease Management Pilot domain shall include, but*
31 *not be limited to, all of the following:*

32 (a) *A detailed description of how the department has*
33 *operationalized the domain, including information identifying*
34 *which entities have responsibility for the components of the domain.*

35 (b) *The number of individual incentives paid and the total*
36 *amount expended, by county, under the domain in the current*
37 *demonstration year.*

38 (c) *A descriptive assessment of the impact of the domain on*
39 *targeted children in the age ranges of under one year of age, one*

1 through two years of age, three through four years of age, and five
2 through six years of age, for all of the following:

- 3 (1) Provision of CRAs.
- 4 (2) Provision of dental exams.
- 5 (3) Use of, and expenditures on, preventive dental services.
- 6 (4) Use of, and expenditures on, dental treatment services.
- 7 (5) Use of, and expenditures on, dental-related general
8 anesthesia.

9 SEC. 6. Section 14184.74 is added to the Welfare and
10 Institutions Code, to read:

11 14184.74. In connection with the evaluation of the DTI required
12 by Section 14184.71, the department's report of data and quality
13 measures submitted to the federal Centers for Medicare and
14 Medicaid Services (CMS) and made publicly available pursuant
15 to the Special Terms and Conditions for the Increase Continuity
16 of Care domain shall include, but not be limited to, all of the
17 following:

18 (a) A detailed description of how the department has
19 operationalized the domain, including information identifying
20 which entities have responsibility for the components of the domain.

21 (b) The number of individual incentives paid and the total
22 amount expended, by county, under the domain in the current
23 demonstration year.

24 (c) A descriptive assessment of the impact of the domain, with
25 respect to targeted children, of all of the following:

- 26 (1) Provision of dental exams.
- 27 (2) Use of, and expenditures on, preventive dental services.
- 28 (3) Use of, and expenditures on, other nonpreventive dental
29 services.

30 (d) A discussion of the extent to which the metrics prescribed
31 for the domain are proving to be useful in understanding the
32 effectiveness of the activities undertaken in the domain.

33 (e) An analysis of change in cost per capita.

34 (f) A descriptive analysis of program integrity challenges
35 generated by the domain and how those challenges have been, or
36 will be, addressed.

37 (g) A descriptive analysis of the overall effectiveness of the
38 activities in the domain in meeting the intended goals of the
39 domain, any lessons learned, and any recommended adjustments.

1 SEC. 7. Section 14184.75 is added to the Welfare and
2 Institutions Code, to read:

3 14184.75. In connection with the evaluation of the DTI required
4 by Section 14184.71, the department's report of data and quality
5 measures submitted to the federal Centers for Medicare and
6 Medicaid Services (CMS) and made publicly available pursuant
7 to the Special Terms and Conditions for the Local Dental Pilot
8 Program domain shall include, but not be limited to, all of the
9 following:

10 (a) A detailed description of how the department has
11 operationalized the domain, including information identifying
12 which entities have responsibility for the components of the domain.

13 (b) The number of individual incentives paid and the total
14 amount expended, by county, under the domain in the current
15 demonstration year.

16 (c) A description of the pilot projects selected for award that
17 for each project shall include, but not be limited to, all of the
18 following:

19 (1) Specific strategies for the project.

20 (2) Target populations.

21 (3) Payment methodologies.

22 (4) Annual budget for the project.

23 (5) Expected duration of the project.

24 (6) Performance metrics by which the project shall be measured.

25 (7) The intended goal of the project.

26 (d) An assessment of the pilot projects selected for award that
27 includes for each project all of the following:

28 (1) Project performance and outcomes.

29 (2) Project replicability.

30 (3) Challenges encountered and actions undertaken to address
31 those challenges.

32 (4) Information on payments made by the department to the
33 project.

34 (e) A descriptive assessment of the impact of the Local Dental
35 Pilot Program domain on achieving the goals of the Increase
36 Preventive Services Utilization for Children, Caries Risk
37 Assessment (CRA) and Disease Management Pilot, and Increase
38 Continuity of Care domains.

- 1 *(f) A descriptive analysis of program integrity challenges*
- 2 *generated by the domain and how those challenges have been, or*
- 3 *will be, addressed.*