

AMENDED IN SENATE JUNE 28, 2016

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 and federal matching 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 *performance measures* to the ~~performance measures lists~~ 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.~~ *above, as specified.* 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 (CMS). 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~~

- 1 ~~oral health evaluations rendered by each provider during each~~
2 ~~calendar year.~~
- 3 (B) *For each provider, all of the following:*
- 4 (i) *Number of annual dental visits.*
- 5 (ii) *Number of patients seen during the calendar year.*
- 6 (iii) *Number of annual preventive dental services.*
- 7 (iv) *Number of annual dental treatment services.*
- 8 (v) *Number of annual examinations and oral health evaluations.*
- 9 (C) ~~Number of applications of dental sealants.~~ *sealants and*
10 *fluoride varnishes.*
- 11 (D) *Continuity of care and overall utilization over an extended*
12 *period of time.*
- 13 (E) *All of the following ratios:*
- 14 (i) *Sealant to restoration.*
- 15 (ii) *Filling to preventive services.*
- 16 (iii) *Treatment to caries prevention.*
- 17 (F) *Number of beneficiaries requiring general anesthesia to*
18 *perform procedures.*
- 19 (4) *The performance measures established by the department*
20 *to monitor the dental fee-for-service program for adults shall*
21 *include, but not be limited to, all of the following:*
- 22 ~~(A) Number of annual dental visits and preventive dental~~
23 ~~services, the total number of patients seen on a per-provider basis,~~
24 ~~and the total number of dental services rendered by each provider~~
25 ~~during each calendar year.~~
- 26 (A) *Overall utilization of dental services.*
- 27 (B) *For each provider, all of the following:*
- 28 (i) *Number of annual dental visits.*
- 29 (ii) *Number of patients seen during the calendar year.*
- 30 (iii) *Number of annual preventive dental services.*
- 31 (iv) *Number of annual dental treatment services.*
- 32 (v) *Number of annual examinations and oral health evaluations.*
- 33 ~~(B)~~
- 34 (C) *Treatment to caries prevention ratio.*
- 35 (5) *The performance measures shall be reported as aggregate*
36 *numbers and as percentages, if appropriate, using standards that*
37 *are as equivalent to those used by managed care entities as feasible.*
38 *Performance measures for the dental fee-for-service program for*
39 *children shall be reported by age groupings if appropriate.*

1 (b) The department shall include the initial list of performance
2 measures in any dental contract entered into between the
3 department and a fee-for-service contractor on or after enactment
4 of this section.

5 (c) To ensure that the dental health needs of Medi-Cal
6 beneficiaries are met, the department shall, when evaluating
7 performance measures for retention on, addition to, or deletion
8 from, the list of performance measures, consider all of the
9 following criteria:

10 (1) Annual and multiyear Medi-Cal dental fee-for-service
11 trended data.

12 (2) Other state and national dental program performance and
13 quality measures.

14 (3) Other state and national performance ratings.

15 (d) On October 1, 2014, for the 2013 calendar year, and on or
16 before October 1, 2016, for the 2015 calendar year, the list of
17 performance measures established by the department along with
18 the data of the dental fee-for-service program performance shall
19 be posted on the department's Internet Web site.

20 (e) Commencing January 31, 2017, for the 2015–16 fiscal year,
21 and annually on or before January 31 for each preceding fiscal
22 year thereafter, the list of performance measures established by
23 the department along with the data of the dental fee-for-service
24 program shall be posted on the department's Internet Web site.

25 (f) Commencing April 30, 2017, for the July 2016 to September
26 2016, inclusive, fiscal quarter, and quarterly thereafter on or before
27 April 30, July 31, October 31, and January 31 for the fiscal quarter
28 ending seven months prior, the data of the dental fee-for-service
29 program performance shall be posted on the department's Internet
30 Web site.

31 (g) The department may amend or remove performance
32 measures and establish additional performance measures in
33 accordance with all of the following:

34 (1) The department shall consider performance measures
35 established by other states, the federal government, and national
36 organizations developing dental program performance and quality
37 measures.

38 (2) The department shall notify a fee-for-service contractor, at
39 least 30 days prior to the implementation date, of any updates or
40 changes to performance measures. The department shall also post

1 these updates or changes on its Internet Web site at least 30 days
2 prior to implementation in order to maintain transparency to the
3 public.

4 (3) In establishing the performance measures, the department
5 shall consult with stakeholders, including representatives from
6 counties, local dental societies, nonprofit entities, legal aid entities,
7 and other interested parties.

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

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 14459.6.

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

21
22 Article 4.10. Medi-Cal Dental Program

23
24 14149.8. (a) The department shall expedite the enrollment of
25 Medi-Cal dental providers by streamlining the Medi-Cal provider
26 enrollment process. The department shall pursue and implement
27 all of the following activities, to the extent permitted by federal
28 law:

29 (1) Create a dental-specific enrollment form.

30 (2) Pursue an alternative automatic enrollment process for a
31 provider already commercially credentialed by either a dental
32 fee-for-service contractor or an administrative services contractor
33 for the purpose of providing services as a commercial provider.

34 (3) Discontinue requiring providers to resubmit an enrollment
35 application that has been deemed incomplete if the missing
36 information is available elsewhere within the application packet.

37 (4) To the extent that the department expedites the enrollment
38 of Medi-Cal dental providers by streamlining the Medi-Cal
39 provider enrollment process, the department shall publish the

1 criteria for those processes in applicable provider bulletins and
2 manuals.

3 (b) (1) The department shall *continuously* maintain the provider
4 network by disenrolling a billing and rendering provider who has
5 not, over a continuous 12-month period, submitted a claim for
6 reimbursement for services rendered.

7 (2) Prior to disenrolling a provider described in paragraph (1),
8 the department shall send a notice to the provider that the provider
9 shall be disenrolled from the dental program six months after the
10 date of the notice. The department shall not disenroll a provider
11 pursuant to paragraph (1) until six months after the date of that
12 notice.

13 (3) In order to improve the quality of the dental provider
14 network, the department also shall exercise additional measures
15 as appropriate and permitted by law, including, but not limited to,
16 temporary suspensions. The parameters and criteria developed by
17 the department for additional measures for disenrollments shall
18 be published in applicable provider bulletins and manuals.

19 (c) (1) The department shall monitor access and utilization of
20 Medi-Cal dental services in the fee-for-service and managed care
21 delivery systems to assess opportunities to improve access and
22 ~~utilization~~ *utilization, including an annual review of the treatment*
23 *authorization review process.*

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

27 (d) The department shall explore additional opportunities to
28 improve the Medi-Cal Dental Program, in consultation with
29 stakeholders and as deemed appropriate by the department and to
30 the extent permitted by federal law, including, but not limited to,
31 the following:

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

35 (2) Adjusting other utilization controls for specialty services,
36 as appropriate, to promote access to care while still protecting
37 program integrity.

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

1 (e) Prior to implementing an action pursuant to subdivision (d),
2 the department shall post the proposed action on its Internet Web
3 site at least 30 days before implementation.

4 (f) The department shall work with dental managed care plans
5 that contract with the department for the purposes of implementing
6 the Medi-Cal Dental Program, which includes, but is not limited
7 to, contracts authorized pursuant to Sections 14087.46, 14089, and
8 14104.3, to provide beneficiaries with access to dental plan liaisons
9 to assist in the coordination of care for enrolled members.

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

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

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

16 (3) Identify plan liaisons available to dental managed care
17 contractors and dental fee-for-service contractors to assist with
18 referrals to health plan covered ~~services that may be needed by~~
19 ~~the beneficiary to aid in the treatment of an identified oral health~~
20 ~~care condition:~~ *services.*

21 (h) (1) To increase the efficiency and timeliness of changes,
22 any contract amendment, modification, or change order to any
23 contract entered into by the department for the purposes of
24 implementing the state Medi-Cal Dental Program shall be exempt,
25 except as provided in paragraph (2), from Part 2 (commencing
26 with Section 10100) of Division 2 of the Public Contract Code, as
27 well as Sections 11545 and 11546 of the Government Code, in
28 addition to any policies, procedures, or regulations authorized by
29 those provisions.

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

34 (i) Prior to implementing any change pursuant to this section,
35 the department shall consult with, and provide notification to,
36 stakeholders, including representatives from counties, local dental
37 societies, nonprofit entities, legal aid entities, and other interested
38 parties.

39 (j) (1) Notwithstanding Chapter 3.5 (commencing with Section
40 11340) of Part 1 of Division 3 of Title 2 of the Government Code,

1 the department, without taking any further regulatory action, shall
2 implement, interpret, or make specific policies and procedures
3 pertaining to the dental fee-for-service program and dental managed
4 care plans, as well as applicable federal waivers and state plan
5 amendments, including the provisions set forth in this section, by
6 means of all-county letters, plan letters, plan or provider bulletins,
7 or similar instructions until regulations are adopted.

8 (2) No later than December 31, 2018, the department shall adopt
9 regulations in accordance with the requirements of Chapter 3.5
10 (commencing with Section 11340) of Part 1 of Division 3 of Title
11 2 of the Government Code. Beginning six months after the effective
12 date of this section, and notwithstanding Section 10231.5 of the
13 Government Code, the department shall provide a status report to
14 the Legislature on a semiannual basis until regulations have been
15 adopted.

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

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

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

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

24 14459.6. (a) The department shall establish a list of
25 performance measures to ensure dental health plans meet quality
26 criteria required by the department. The list shall specify the
27 benchmarks used by the department to determine whether and the
28 extent to which a dental health plan meets each performance
29 measure. Commencing January 1, 2013, and quarterly thereafter,
30 the list of performance measures established by the department
31 along with each plan's performance shall be posted on the
32 department's Internet Web site. The Department of Managed
33 Health Care and the advisory committee established pursuant to
34 Section 14089.08 shall have access to all performance measures
35 and benchmarks used by the department as described in this
36 section.

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

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

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

4 (2) The performance measures established by the department
5 shall include, but not be limited to, all of the following: provider
6 network adequacy, overall utilization of dental services, annual
7 dental visits, the total number of patients seen on a per-provider
8 basis and the total number of dental services rendered by each
9 provider during each calendar year, use of preventive dental
10 services, use of dental treatment services, use of examinations and
11 oral health evaluations, sealant to restoration ratio, filling to
12 preventive services ratio, treatment to caries prevention ratio, use
13 of dental sealants, use of diagnostic services, *use of general*
14 *anesthesia for dental services*, and survey of member satisfaction
15 with plans and providers.

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

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

23 (5) The department shall include the initial list of performance
24 measures and benchmarks in any dental health contracts entered
25 into between the department and a dental health plan pursuant to
26 Section 14204.

27 (6) The department shall update performance measures and
28 benchmarks and establish additional performance measures and
29 benchmarks in accordance with all of the following:

30 (A) The department shall consider performance measures and
31 benchmarks established by other states, the federal government,
32 and national organizations developing dental program performance
33 and quality measures.

34 (B) The department shall notify dental health plans at least 30
35 days prior to the implementation date of updates or changes to
36 performance measures and benchmarks. The department shall also
37 post these updates or changes on its Internet Web site at least 30
38 days prior to implementation in order to provide transparency to
39 the public.

1 (C) To ensure that the dental health needs of Medi-Cal
2 beneficiaries are met, the department shall, when evaluating
3 performance measures and benchmarks for retention on, addition
4 to, or deletion from the list, consider all of the following criteria:
5 (i) Monthly, quarterly, annual, and multiyear Medi-Cal dental
6 managed care trended data.
7 (ii) County and statewide Medi-Cal dental fee-for-service
8 performance and quality ratings.
9 (iii) Other state and national dental program performance and
10 quality measures.
11 (iv) Other state and national performance ratings.
12 (b) In establishing and updating the performance measures and
13 benchmarks, the department shall consult the advisory committee
14 established pursuant to Section 14089.08, as well as dental health
15 plan representatives and other stakeholders, including
16 representatives from counties, local dental societies, nonprofit
17 entities, legal aid entities, and other interested parties.
18 (c) In evaluating a dental health plan's ability to meet the criteria
19 established through the performance measures and benchmarks,
20 the department shall select specific performance measures from
21 those established by the department in subdivision (a) as the basis
22 for establishing financial or other incentives or disincentives,
23 including, but not limited to, bonuses, payment withholds, and
24 adjustments to beneficiary assignment to plan algorithms. These
25 incentives and disincentives shall be included in the dental health
26 plan contracts.
27 (d) (1) The department shall designate an external quality
28 review organization (EQRO) that shall conduct external quality
29 reviews for any dental health plan contracting with the department
30 pursuant to Section 14204.
31 (2) As determined by the department, but at least annually,
32 dental health plans shall arrange for an external quality of care
33 review with the EQRO designated by the department that evaluates
34 the dental health plan's performance in meeting the performance
35 measures established in this section. Dental health plans shall
36 cooperate with and assist the EQRO in this review. The Department
37 of Managed Health Care shall have direct access to all external
38 quality of care review information upon request to the department.
39 (3) An external quality of care review shall include, but not be
40 limited to, all of the following: performance on the selected

1 performance measures and benchmarks established and updated
2 by the department, the CAHPS member or consumer satisfaction
3 survey referenced in paragraph (2) of subdivision (a), reporting
4 systems, and methodologies for calculating performance measures.
5 An external quality of care review that includes all of the above
6 components shall be paid for by the dental health plan and posted
7 online annually, or at any other frequency specified by the
8 department, on the department's Internet Web site.

9 (e) All marketing methods and activities to be used by dental
10 plans shall comply with subdivision (b) of Section 10850, Sections
11 14407.1, 14408, 14409, 14410, and 14411, and Title 22 of the
12 California Code of Regulations, including Sections 53880 and
13 ~~53881~~. *53881 of Title 22 of the California Code of Regulations.*
14 Each dental plan shall submit its marketing plan to the department
15 for review and approval.

16 (f) Each dental plan shall submit its member services procedures,
17 beneficiary informational materials, and any updates to those
18 procedures or materials to the department for review and approval.
19 The department shall ensure that member services procedures and
20 beneficiary informational materials are clear and provide timely
21 and fair processes for accepting and acting upon complaints,
22 grievances, and disenrollment requests, including procedures for
23 appealing decisions regarding coverage or benefits.

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

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

29 (i) The department shall ensure, to the greatest degree possible,
30 that the categories of data and performance measures selected
31 under this section are consistent with the categories of data and
32 performance measures selected under Section 14132.915.

33 SEC. 4. Section 14184.72 is added to the Welfare and
34 Institutions Code, immediately following Section 14184.71, to
35 read:

36 14184.72. In connection with the evaluation of the DTI required
37 by Section 14184.71, the department's report of data and quality
38 measures submitted to the federal Centers for Medicare and
39 Medicaid Services (CMS) and made publicly available pursuant
40 to the Special Terms and Conditions for the Increase Preventive

1 Services Utilization for Children domain shall include, but not be
2 limited to, all of the following:

3 (a) A detailed description of how the department has
4 operationalized the domain, including information identifying
5 which entities have responsibility for the components of the
6 domain.

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

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

10 (1) How the department has generated awareness of the
11 availability of incentives for providing preventive dental services
12 to children, including steps taken to increase awareness of the DTI
13 among dental and primary care providers.

14 (2) How the department has generated awareness among
15 beneficiaries of the availability of, the importance of, and how to
16 access preventive dental services for children.

17 (3) The different approaches to raising awareness undertaken
18 among specific groups, including age groups, rural and urban
19 residents, and primary language groups.

20 (d) An analysis of whether the awareness plan described in
21 subdivision (c) has succeeded in generating the utilization
22 necessary, by subgrouping, to meet the goals of the domain, and
23 a description of changes to the awareness plan needed to address
24 any identified deficiencies.

25 (e) Data describing both of the following:

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

27 (2) The use of, and expenditures on, other nonpreventive dental
28 services.

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

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

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

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

39 SEC. 5. Section 14184.73 is added to the Welfare and
40 Institutions Code, to read:

1 14184.73. In connection with the evaluation of the DTI required
2 by Section 14184.71, the department’s report of data and quality
3 measures submitted to the federal Centers for Medicare and
4 Medicaid Services-(CMS) and made publicly available pursuant
5 to the Special Terms and Conditions for the Caries Risk
6 Assessment (CRA) and Disease Management Pilot domain shall
7 include, but not be limited to, all of the following:

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

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

15 (c) A descriptive assessment of the impact of the domain on
16 targeted children in the age ranges of under one year of age, one
17 through two years of age, three through four years of age, and five
18 through six years of age, for all of the following:

- 19 (1) Provision of CRAs.
- 20 (2) Provision of dental exams.
- 21 (3) Use of, and expenditures on, preventive dental services.
- 22 (4) Use of, and expenditures on, dental treatment services.
- 23 (5) Use of, and expenditures on, dental-related general
24 anesthesia.

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

27 14184.74. In connection with the evaluation of the DTI required
28 by Section 14184.71, the department’s report of data and quality
29 measures submitted to the federal Centers for Medicare and
30 Medicaid Services-(CMS) and made publicly available pursuant
31 to the Special Terms and Conditions for the Increase Continuity
32 of Care domain shall include, but not be limited to, all of the
33 following:

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

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

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

3 (1) Provision of dental exams.

4 (2) Use of, and expenditures on, preventive dental services.

5 (3) Use of, and expenditures on, other nonpreventive dental
6 services.

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

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

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

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

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

19 14184.75. In connection with the evaluation of the DTI required
20 by Section 14184.71, the department's report of data and quality
21 measures submitted to the federal Centers for Medicare and
22 Medicaid Services ~~(CMS)~~ and made publicly available pursuant
23 to the Special Terms and Conditions for the Local Dental Pilot
24 Program domain shall include, but not be limited to, all of the
25 following:

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

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

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

36 (1) Specific strategies for the project.

37 (2) Target populations.

38 (3) Payment methodologies.

39 (4) Annual budget for the project.

40 (5) Expected duration of the project.

- 1 (6) Performance metrics by which the project shall be measured.
- 2 (7) The intended goal of the project.
- 3 (d) An assessment of the pilot projects selected for award that
- 4 includes for each project all of the following:
 - 5 (1) Project performance and outcomes.
 - 6 (2) Project replicability.
 - 7 (3) Challenges encountered and actions undertaken to address
 - 8 those challenges.
 - 9 (4) Information on payments made by the department to the
 - 10 project.
- 11 (e) A descriptive assessment of the impact of the Local Dental
- 12 Pilot Program domain on achieving the goals of the Increase
- 13 Preventive Services Utilization for Children, Caries Risk
- 14 Assessment ~~(CRA)~~ and Disease Management Pilot, and Increase
- 15 Continuity of Care domains.
- 16 (f) A descriptive analysis of program integrity challenges
- 17 generated by the domain and how those challenges have been, or
- 18 will be, addressed.