Dental Transformation Initiative (DTI) Updates

The Dental Transformation Initiative (DTI) program has recently reached some exciting milestones in our goal to increase the use of preventive dental services for children, prevent and treat more early childhood caries, and increase continuity of care for children. Milestones achieved are presented by Domain and followed by a summary of that domain.

The DTI program consists of four (4) separate domains:

**Domain 1: Increase Preventive Services Utilization for Children**

**FIRST PAYMENTS MAILED**

The first incentive payments were mailed on January 31, 2017, reflecting achievement of an increase in preventive service utilization by service office locations for adjudicated claims and encounter data. Eligible preventive services rendered in Program Year 1 will continue to receive credit and be paid on a semi-annual basis through January 2018.

It is still possible to qualify for future program year payments. Baselines were established for each provider based on the service office location’s delivery of preventive services to Medi-Cal beneficiaries’ data during the baseline calendar year (CY) 2014. The service office location will be paid an incentive when a minimum 1% increase is met or exceeded each demonstration year. Once the 1%, or partial incentive, benchmark is met, the service office location will be paid 37.5% above the current Schedule of Maximum Allowances (SMA) for each qualifying preventive service provided to each beneficiary that contributes to meeting or exceeding the benchmark. If the 2%, or full incentive, benchmark is met, service office locations will be paid 75% above SMA for each qualifying preventive service to each beneficiary that contributed to the increase. Incentive payments will be paid on a semi-annual basis.

A new service office location that does not have a baseline will be subject to the State’s pre-determined benchmark based on their county. The pre-determined number will be the average number of additional beneficiaries, age one (1) to through twenty (20), that other Medi-Cal Dental providers in the same county were identified as needing to treat to qualify for an incentive in program year 1 (2016).

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Beginning January 2016, Domain 1 was implemented statewide across all counties and delivery systems for the full five year period. Domain 1 applies to both the Fee-For-Service (FFS) delivery system including Safety Net Clinics (e.g., Federally Qualified Health Centers; Rural Health Clinics; and Indian Health Services/Memorandum of Agreement Clinics (community health centers)) and Dental Managed Care (DMC) delivery systems. Enrolled FFS Medi-Cal Dental providers are not required to take any action to participate in this Domain. However, enrolled DMC and SNC Medi-Cal Dental providers must submit encounter data through the dental fiscal intermediary (Denti-Cal) using specific Current Dental Terminology (CDT) code information.

The goal of Domain 1 is to increase the statewide utilization of preventive services by at least 10% over the five year Waiver 2020 period for Medi-Cal beneficiaries ages one (1) through twenty (20) who are eligible for full scope Medi-Cal.

**Domain 2: Caries Risk Assessment and Disease Management Pilot**

***ATTENTION: CDA CRA TRAINING FOR DOMAIN 2 IS AVAILABLE***

In order to participate in Domain 2 providers must complete the Department of Health Care Services (DHCS) approved CRA Training. The training program is offered by the California Dental Association. For more about the training refer to: Domain 2 CRA and Disease Management Training.

Please note the following:

- The Attestation form is available at: Domain 2 Provider Opt-In Attestation
- The training is available at www.cda.org/TYKE.

Domain 2 is a pilot program and is currently available and only serves beneficiaries in the eleven (11) Counties identified below: Glenn, Humboldt, Inyo, Kings, Lassen, Mendocino, Plumas, Sacramento, Sierra, Tulare and Yuba.

The goals of Domain 2 are to assess caries risk and to manage the disease of caries using preventive services and non-invasive treatment approaches instead of more invasive and costly restorative procedures for Medi-Cal children age six (6) and under beginning January 2017 over the next four (4) years. Dental providers enrolled as Medi-Cal Dental Fee-For-Service (FFS), Dental Managed Care (DMC), and Safety Net Clinics in select pilot counties are eligible to opt-in to this Domain. Dental providers must be able to submit claims data to the dental fiscal intermediary (Denti-Cal) including encounter data with specific Current Dental Terminology (CDT) code information. Additionally, dental providers in select pilot counties must complete the DHCS approved training, submit a certificate of completion for the training and opt-in to the pilot using a department defined process.

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**NEED MORE INFORMATION?**

**Provider Enrollment Workshops**

Are you a dental provider who is interested in joining the Denti-Cal program but don’t know where to start? Do you have questions about the Denti-Cal enrollment process? Then please drop-in anytime during the hours scheduled below to attend one of our enrollment workshops! Registration is preferred, but not required.

<table>
<thead>
<tr>
<th>Date/Time</th>
<th>Location</th>
<th>County</th>
</tr>
</thead>
<tbody>
<tr>
<td>Tuesday, April 11, 2017 8:00 AM - 4:00 PM</td>
<td>DoubleTree by Hilton Hotel San Bernardino 285 East Hospitality Lane San Bernardino, CA 92408</td>
<td>San Bernardino</td>
</tr>
<tr>
<td>Tuesday, April 25, 2017 8:00 AM - 4:00 PM</td>
<td>Hampton Inn &amp; Suites Tulare 1100 N Cherry St Tulare, CA 93274</td>
<td>Tulare</td>
</tr>
</tbody>
</table>

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The following CDT codes are global to the CRA, and shall be performed at the time of the CRA. Increased frequencies for services will be permitted for children evaluated and determined to be at a caries risk levels as follows:

<table>
<thead>
<tr>
<th>Risk Level</th>
<th>Procedure</th>
<th>Reimbursement Rate</th>
<th>Total Possible CRA Reimbursement Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>Low</td>
<td>D0601 - Caries Risk Assessment, low risk</td>
<td>$15.00</td>
<td>$126.00</td>
</tr>
<tr>
<td></td>
<td>D1310 - Nutritional Counseling</td>
<td>$46.00</td>
<td></td>
</tr>
<tr>
<td></td>
<td>D9993 - Motivational Interview</td>
<td>$65.00</td>
<td></td>
</tr>
<tr>
<td>Moderate</td>
<td>D0602 - Caries Risk Assessment, moderate risk</td>
<td>$15.00</td>
<td>$126.00</td>
</tr>
<tr>
<td></td>
<td>D1310 - Nutritional Counseling</td>
<td>$46.00</td>
<td></td>
</tr>
<tr>
<td></td>
<td>D9993 - Motivational Interview</td>
<td>$65.00</td>
<td></td>
</tr>
<tr>
<td>High</td>
<td>D0603 - Caries Risk Assessment, high risk</td>
<td>$15.00</td>
<td>$126.00</td>
</tr>
<tr>
<td></td>
<td>D1310 - Nutritional Counseling</td>
<td>$46.00</td>
<td></td>
</tr>
<tr>
<td></td>
<td>D9993 - Motivational Interview</td>
<td>$65.00</td>
<td></td>
</tr>
<tr>
<td>As Needed</td>
<td>D1354 - Interim Caries Arresting Medicament</td>
<td>$35.00</td>
<td>$35.00</td>
</tr>
</tbody>
</table>

Additional dental services will be reimbursed based on the prescribed frequencies within designated intervals that may exceed standard frequency limitations outlined in the Manual of Criteria (MOC) depending upon assessed risk levels.

Best practice tips for submitting claims or encounter data:

- Use the specified CDT codes
- Bill procedure codes separately
- Specify dates of service
- Include usual and customary fees

Domain 3: Continuity of Care

**FIRST YEAR PAYMENTS PENDING**

An incentive payment will be paid to service office locations annually, beginning in June 2017, for the previous calendar year that have maintained continuity of care by providing qualifying examinations (D0120, D0150, or D0145) to enrolled Medi-Cal beneficiaries, age twenty (20) and under, for two (2), three (3), four (4), five (5), and six (6) year continuous periods. The incentive payment is applicable in any of the demonstration years if continuity of care is provided during the term of the waiver.

The Department began this effort as a pilot in seventeen (17) selected counties chosen as being representative of their standing at statewide and county levels with continuity of care levels below, equal to, or above the statewide continuity of care baseline. The selected counties, presented by standing are:

**Below:** Del Norte • El Dorado • Marin • Nevada • Shasta

**Equal To:** Alameda • Fresno • Kern • Modoc • Riverside • Stanislaus • Yolo

**Above:** Madera • Placer • San Luis Obispo • Santa Cruz • Sonoma

All enrolled Medi-Cal Dental providers in the Medi-Cal Dental Fee-For-Service (FFS) and Safety Net Clinic (SNC) delivery systems (e.g., Federally Qualified Health Centers; Rural Health Clinics; and Indian Health Services/Memorandum of Agreement Clinics (community health centers)) in the selected counties may participate in this Domain. Although enrolled FFS Medi-Cal Dental providers in the selected
counties are not required to take any action to participate in this Domain, enrolled SNC Medi-Cal Dental providers must submit encounter data through the dental fiscal intermediary (Denti-Cal) using specific Current Dental Terminology (CDT) code information in order to participate. Claims data will be analyzed to identify enrolled FFS Medi-Cal Dental providers that provide a qualifying examination (Dental Procedure Codes D0120, D0150, or D0145) to beneficiaries ages twenty (20) and under at the same service office location for two (2), three (3), four (4), five (5), and six (6) year consecutive periods.

Incentives were selected as a way to assess whether these type of payments are effective in promoting continuity of care in the provision of dental examinations for their enrolled children, ages twenty (20) and under, over successive years.

The goal of Domain 3 is to Increase continuity of care for beneficiaries ages twenty (20) and under who receive annual dental exams from a dentist at the same service office location year after year.

**Domain 4: Local Dental Pilot Programs (LDPPs)**

**LOCAL PILOT PROGRAMS AWARDED**

Under the terms of the Medi-Cal 2020 waiver, DHCS could fund up to fifteen (15) projects, over the four-(4) year project time period. There were twenty-three (23) applications submitted; three (3) of those were withdrawn.

The selected applicants are:

- Alameda County
- California Rural Indian Health Board, Inc.
- California State University, Los Angeles
- First 5 Kern
- First 5 San Joaquin
- First 5 Riverside (includes San Bernardino County)
- Fresno County
- Humboldt County
- Northern Valley Sierra Consortium (Butte, Nevada, Plumas, Sutter, and Yuba Counties)
- Orange County
- Sacramento County (includes Amador County)
- San Luis Obispo County
- San Francisco City and County Department of Public Health
- Sonoma County
- University of California, Los Angeles

Applications were submitted detailing a pilot project’s specific goals, anticipated outcomes, data that would be used to measure whether the project has the intended impact, and the frequency of performance metric measurements. The goals, outcomes and performance metrics for analyzing the success of the pilot project were evaluated for consistency with and contributed to the performance metrics of the other three (3) DTI domains without being wholly redundant of the approaches taken in the aforementioned domains.

The projects selected will add alternative ways to deliver services, beyond the current Medi-Cal system, using strategies focused on urban or rural areas, care models, delivery systems, workforce, local case management initiatives, and/or education. Progress toward reaching pilot project(s) goals and objectives will be measured, tracked, and reported by selected applicants, with the potential for regional and/or statewide expansion of pilot project(s) demonstrating a positive impact on the oral health of target Medi-Cal populations.
The goals of Domain 4 are to use innovative local approaches to increase dental preventive services, caries risk assessment and disease management, and continuity of care among Medi-Cal children.

Resources

More information regarding the domains can be found at the DTI website: http://www.dhcs.ca.gov/provgovpart/Pages/DTI.aspx. Please continue to monitor the Denti-Cal website at www.denti-cal.ca.gov for bulletins and other information regarding these programs.

For specific DTI questions please send you inquiries to: DTI@dhcs.ca.gov, to receive updates and notifications regarding the DTI, please sign up for our notifications e-mail list here: http://apps.dhcs.ca.gov/listsubscribe/default.aspx?list=DTIStakeholders

Clarification for New Procedure D0145 and New Adjudication Reason Code 005

Procedure D0145: Oral Evaluation for a Patient Under Three Years of Age and Counseling with Primary Caregiver

Effective October 6, 2016 the criteria for procedure D0145 has been modified. The criteria requirements currently outlined in the Manual of Criteria (MOC) will not be updated until the implementation of CDT-16 occurs. The following outlines the new criteria for procedure D0145.

- Procedure D0145 is allowable for beneficiaries under the age of three (3).
- Procedure D0145 is allowable once every three (3) months per provider.
- Procedure D0145 is for recording the oral and physical health history, evaluation of caries susceptibility, development of an appropriate preventive oral health regimen and communication with and counseling of the child’s parent, legal guardian and/or primary caregiver.

New Adjudication Reason Code 005 has been created to deny procedure D0145 when requested within three (3) months to the same provider.

005 Procedure is a benefit once in a three-month period for patients under age three.

Procedures D0120 (periodic oral evaluation – established patient) and D0150 (comprehensive oral evaluation – new or established patient) are not payable for children under the age of three (3). If you receive a denial for one of the above mentioned oral evaluation procedures, you may submit a Claim Inquiry Form (CIF) to request the procedure be modified to procedure D0145. Comprehensive documentation must be submitted to justify procedure D0145 was rendered to be payable.

Visit Denti-Cal at the California Dental Association Convention (CDA Presents) in Anaheim 2017

Please be sure to visit the Denti-Cal booth at the CDA Presents in Anaheim, starting Thursday, May 4, 2017 through Saturday, May 6, 2017. Representatives from Denti-Cal will be on hand in booth 761, in hall B, of the Anaheim Convention Center to provide current Denti-Cal information and answer questions regarding Electronic Data Interchange (EDI), provider training, enrollment application assistance, and more!

In addition, the California Department of Health Care Services and Delta Dental of California will be presenting at The Spot at CDA Presents.
Two free one-hour lectures in the exhibit hall will cover:

1. Improving the Oral Health of California’s Children: The Dental Transformation Initiative
2. Successfully Navigating Denti-Cal: The Top 10 List of What Dentists Need to Know

For more details, visit the CDA website.

Provider Enrollment Resources

Need help completing the Denti-Cal enrollment application? Check out the Denti-Cal provider enrollment resources available under the Provider tab on the Denti-Cal website! A number of resources, including sample applications, and more are available to help successfully guide you through completing the enrollment application forms. Below is a brief listing of the available resources:

- **Enrollment Toolkit**: A collection of tips, hints, application forms, and more all designed to help complete the enrollment application.
- **Enrollment Workshops**: For live, one-on-one help with your application, attend one of the enrollment workshops being held throughout California. Check the Denti-Cal website often for new workshop dates and locations.
- **Provider Enrollment Assistance Line**: Don’t have time to attend an enrollment workshop? Then register to use the Dental Provider Enrollment Assistance Line. Offered once a month, registered providers can call Denti-Cal and talk to an Enrollment Specialist.

For any questions regarding the enrollment application forms or process, please call the Denti-Cal Provider Customer Service line at 1-800-423-0507 and ask to have an enrollment specialist call you back or see “Section 3 - Enrollment Requirements” of the Provider Handbook.

Annual Denti-Cal Patient Referral List Refresh

Providers who were added to the Denti-Cal Patient referral list prior to December 1, 2016 and who wish to remain on the list will be required to submit a new Medi-Cal Dental Patient Referral Service Form. Upon receipt of a notification, providers will have 35 business days to complete and submit the form. Providers who do not submit the form will be removed from the referral list.

There are several options for completing and submitting the form:

- Electronically complete the Medi-Cal Dental Patient Referral Service Form and click the “Submit by Email” option.
- Mail the form to Denti-Cal in the postage paid envelope provided with the mailed notification letter.
- Fax the form to the Denti-Cal Provider Services fax number at 916-631-1191.
- Call the Provider Customer Service Line at 1-800-423-0507, to have a representative assist you with completing and submitting the form.

This referral service is an excellent resource for enrolled Denti-Cal providers to build, maintain, or increase their patient base while making available the highest level of dental service for the state's Medi-Cal beneficiaries. Thank you for your continued support and participation as we strive to improve oral health for thousands of California Medi-Cal beneficiaries.