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STATE PLAN AMENDMENT 15-010 REQUEST FOR ADDITIONAL INFORMATION
RESPONSE

Dear Ms. Sam-Louie:

In response to the Centers for Medicare and Medicaid Services (CMS) Request for Additional Information (RAI), the Department of Health Care Services (DHCS) has provided formal responses to questions delineated below in bold font.

The RAI contained the following question:

A. HCFA 179

1. **Box 7, Budget Impact:** Please confirm that the fiscal impact amounts for FFYs 2015 and 2016 are \$3,316.03 and \$6,751.44, respectively. CMS will then make the appropriate pen and ink change to this box as permitted by the state in its written response to our informal questions dated 11/2/15.

DHCS: Per the methodology previously provided, the above-mentioned Fiscal Impact dollar amounts are correct. DHCS will accept the pen and ink change to update the Federal Budget for federal fiscal year (FFY) 2015, and FFY 2016, to whole dollar amounts.

Attachment 3.1-A and 3.1-B Dental Services Questions

2. **Allied Dental Professionals:** In our informal correspondence, CMS had asked the state to confirm that the teledentistry will only be communicating with another licensed dentist. On 11/2/15, the state wrote in response:

Pending CMS approval of SPA 15-005, Allied Dental Professionals Enrollment will allow the enrollment of Registered Dental Hygienists (RDHs), and Registered Dental Hygienists in Extended Functions (RDHEFs) in to the Medi-Cal Dental Program as providers with conditions. SPA 15-005 will also allow Registered Dental Hygienists in Alternative Practice (RDHAPs) to enroll in the Medi-Cal Dental Program as billing and/or rendering providers; once SPA 15-005 is approved Allied Professionals will be able to work in conjunction with Dentists to render teledentistry services to beneficiaries.

It should be noted that CMS also is reviewing SPA 15-005, Registered Dental Hygienists, which is off the clock.

- a. Please confirm if all three Allied Dental Professionals (RDHs, RDHEFs, and RDHAPs) will be permitted to render teledentistry?

DHCS: Yes, pending approval of SPA 15-005, RDHs, RDHEFs, and RDHAPs will be permitted *render* teledentistry services at the instruction of a supervising dentist; however, only the supervising dentist will be permitted to bill for services rendered via the teledentistry modality.

- b. Please explain if the licensure of the RDH, RDHEF, and the RDHAP permits independent billing as rendering providers under the authority of the teledentistry SPA?

DHCS: As stated in the response provided above, RDHs, RDHEFs, and RDHAPs may *render* teledentistry services at the instruction of a supervising dentist; however, these allied dental professionals are not permitted to *bill* under the authority of the live transmissions SPA. Only the supervising dentist may bill for services rendered via teledentistry.

3. **Store and Forward:** In its written response dated 11/2/15, the state noted that “Teledentistry under Medi-Cal (1) extends ‘store and forward’ technology to dental providers thus allowing Medi-Cal providers to practice ‘teledentistry by store and forward,’ as defined to mean the asynchronous transmission of medical information to be reviewed at a later time by a licensed dental provider at a distant site; and (2) authorizes modest scope of practice expansions for several types of allied dental professionals.”
 - a. Please clarify if a dentist can record some education or other generic advice, and each time someone views it they are charged under the “store and forward” in teledentistry. Or is there only one charge that is ever assessed?

DHCS: Dentists are not permitted to record education or other generic advice during this process as this is not the intent of the asynchronous transmissions. Services provided through asynchronous transmissions, or “store and forward” is defined to mean the transfer of data from one site to another through the use of a camera or similar device that records (stores) an image, which is sent (forwarded) through telecommunication, to another site for consultation. DHCS will not provide a separate reimbursement fee above and beyond the cost for services rendered through the store and forward modality.

Additionally, synchronous, or live, transmissions are defined as two-way, real time interactive communication between the beneficiary, and dental provider located at a distant site. DHCS is requesting approval from CMS to cover asynchronous transmissions as a covered benefit. Synchronous, or live, transmissions will be covered up to 24 cents per minute for up to 90 minutes per beneficiary, per provider, per day. All other services rendered through the teledentistry modality may be billed at the same rate as the face-to-face services and are already covered program benefits. Please note that DHCS will not be providing a separate reimbursement fee for originating and distant sites that provide services through asynchronous transmissions.

4. **Denti-Cal Manual and Availability of Service:** In response to CMS's question about whether any services described in the Denti-Cal Manual of Criteria are exclusive to teledentistry, on 11/2/15 the state provided a list of Current Dental Terminology (CDT) codes that may be billed as teledentistry. The state's response did not answer CMS' question. So CMS again is requesting confirmation on the following questions:

- a. Are any services described in the Denti-Cal Manual of Criteria *exclusive* to teledentistry?

DHCS: The only teledentistry exclusive service is the indicator code for the asynchronous and synchronous billings, which is identified with the CDT code of D0999 and is paid at \$0.00 amount. Once Federal approval is obtained for SPA 15-010 Live Transmissions, providers will be permitted bill for CDT code D0999 in conjunction with CDT code D9999 to receive reimbursement for synchronous, or live, transmission costs.

When rendered through the teledentistry modality, CDT code D9999 will be reimbursed at a rate of 24 cents per minute, up to a maximum of 90 minutes, per beneficiary, per provider, per day. All other services rendered through the teledentistry modality may be billed at the same rate as the face-to-face services and are already covered program benefits.

Please note that DHCS will not be providing a separate reimbursement fee for originating and distant sites that provide services through asynchronous transmissions.

Lastly, the sole purpose of SPA 15-010 Live Transmissions is to add the live transmissions provided through teledentistry to the State Plan as a newly covered benefit. All other services that may be provided through teledentistry are already covered benefits.

- b. Please confirm if the beneficiary can only access these services through the use of teledentistry.

DHCS: Beneficiaries will only be permitted to make use of the live transmission services when provided through the teledentistry modality.

5. **Teledentistry Fees:** In CMS' informal question regarding the rates listed in its tribal notice, the state's written response dated 11/2/15 noted that "The 24 cents per minute for up to 90 minutes per beneficiary, per provider, per day limitation is for both the duration and payment of teledentistry live transmissions services."

- a. Please confirm if these fees apply to synchronous and asynchronous "store and forward" transmissions, as described above. Otherwise, please explain the state's intent with this language.

DHCS: The fees delineated in SPA 15-010 only apply to the synchronous, or live, transmissions, which are defined as two-way, real time interactive communication between the beneficiary, and dental provider located at a distant site. All other services rendered through the teledentistry modality may be billed at the same rate as the face-to-face services and are covered program benefits. Please note that DHCS will not be providing a separate reimbursement fee for originating and distant sites that provide services through asynchronous transmissions.

- b. Please confirm if a pre-recorded "store and forward" video is charged more than once for tele-medicine/dentistry services. Otherwise, please explain the state's intent for teledentistry "store and forward" fees.

DHCS: Dentists are not permitted to record education or other generic advice during this process as this is not the intent of the asynchronous transmissions. Services provided through asynchronous transmissions, or "store and forward" is defined to mean the transfer of data from one site to another through the use of a camera or similar device that records (stores) an image that is sent (forwarded) through telecommunication to another site for consultation.

DHCS will not provide a separate reimbursement fee above and beyond the cost for services rendered via the store and forward modality.

Additionally, synchronous, or live, transmissions are defined as two-way, real time interactive communication between the beneficiary, and dental provider located at a distant site. DHCS is requesting approval from CMS to cover asynchronous transmissions as a covered benefit. Synchronous, or live, transmissions will be covered up to 24 cents per minute for up to 90 minutes per beneficiary, per provider, per day. All other services rendered through the teledentistry modality may be billed at the same rate as the face-to-face services and are already covered program benefits. Please note that DHCS will not be providing a separate reimbursement fee for originating and distant sites that provide services through asynchronous transmissions.

6. **Rural Health Clinics (RHCs):** Per our discussion on 11/2/15, the state indicated that teledentistry for Rural Health Clinics (RHCs) for the categorically needy populations in the state's corresponding Limitations on Attachment 3.1-A pages was "no longer applicable." If the state no longer plans to offer teledentistry through RHCs, then please revise the submitted Attachment 3.1-B pages to remove any teledentistry language. This will ensure consistency with our 11/2/15 discussions and the state's written comments to CMS from the same date.

DHCS: To clarify, allowable costs associated with telehealth services may be included in the clinic's Prospective Payment System (PPS) rate; however, FQHCs, RHCs, and IHS clinic PPS sites may not bill for transmission fees. Additionally, per CMS/DHCS conference call on Monday, November 2, 2015, this section is no longer applicable. The SPA package has been updated accordingly.

B. Supplement 6 Attachment 4.19-B, page 2, Item A

As noted in CMS' informal written comments dated 10/16/15, please be advised that CMS will not be able to approve this SPA until we have approved CA SPA 15-005 (Registered Dental Hygienists) because SPAs with overlapping pages must be approved in chronological order (i.e., order of submission).

Ms. Henrietta Sam-Louie
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DHCS: DHCS acknowledges that CMS will not be able to approve SPA 15-010 until SPA 15-005 has been approved.

C. Supplement 6 to Attachment 4.19-B, Page 2, Item C

1. We understand that the state does not intend to reimburse IHS/638 tribal facilities for live transmission costs; as such, we recommend the following language be added to Item C of Supplement 6 to clarify this point:

- Telemedicine and Teledentistry (No additional live transmissions costs will be reimbursed)

Please submit the revised page with this addition.

DHCS: Revision was made on previously submitted package, please see attached zip file.

D. Attachment 4.19-B, page 20c: Reimbursement for Live Transmission Costs

1. In order for the state to reimburse live transmission costs via the state's Denti-Cal program, there needs to be a separate reimbursement methodology. Attached for your consideration is a draft reimbursement language/page that includes references to the state's Manual of Criteria and website link.

DHCS: Revisions made in updated SPA package, please see attached zip file.

ORIGINAL SIGNED

Chief Deputy Director
Health Care Programs
State Medicaid Director

Enclosures