

**Federally Qualified Health Center/Rural Health Clinic
Dental Hygienist Services
Alternate Payment Methodology Worksheet
INSTRUCTIONS**

Under California State Plan Amendment (SPA) No. 08-003, clinics that provided the services of dental hygienists or dental hygienists in an alternative practice as of 1/1/08 can elect to be reimbursed under the Prospective Payment System (PPS) Alternate Payment Methodology (APM).

This worksheet was designed for FQHC's and RHC's that included dental hygienist services in their PPS rate as of 12/31/07. Any clinic that does not fit this description but instead added dental hygienist services after 12/31/07 should submit a Change in Scope-of-Services Request (CSOSR) form (DHCS 3096).

The worksheet must be complete, legible, signed and in the original format. No copies will be accepted. Forms received that are not clear and legible or are altered, incomplete, and/or not signed will be returned to the provider for correction along with instructions noting the deficiency and corrective action needed.

Submit the completed forms electronically to Clinics@dhcs.ca.gov or mail to:

**Department of Health Care Services
Audits & Investigations, Financial Audits Branch
Audit Review and Analysis Section
1500 Capitol Avenue – MS 2109
P.O. Box 997413
Sacramento, CA 95899-7413**

For questions or assistance contact the Audit Review and Analysis Section at **(916) 650-6696**, or email to: Clinics@dhcs.ca.gov

ELECTION OF ALTERNATIVE PAYMENT METHODOLOGY

Federal Centers for Medicare and Medicaid Services (CMS) requires California adopt an APM that allows clinics that provided face-to-face encounters between their patients and dental hygienists or dental hygienists in alternative practice, prior to January 1, 2008 may bill such services as an independently reimbursable visit, under PPS. Federal law requires that providers who qualify must affirmatively agree to utilize this new APM in lieu of their current PPS rate calculation. This is a one-time election that will affect all future rate calculations.

WORKSHEET PART A: "FQHC/RHC General Data"

Lines 1 to 12 enter the specific information requested. Attach additional sheets as necessary.

WORKSHEET PART B: “Dental Hygienist Encounter Tracking System”

Line 1 In order for face-to-face encounters between clinic patients and dental hygienists or dental hygienists in alternative practice to be separately billable, the clinic’s Practice Management System (PMS) must be able to accurately track these services separate from all other types of billable visits. Most importantly, the system must be able to determine when a patient has had a face-to-face encounter with a dental hygienist and another billable dental professional on the same day. For all FQHC/RHC’s electing to be reimbursed under the Alternate Payment Methodology, one of the following elections must be made:

Type 1- Check this box if **BEFORE January 1, 2008**: The FQHC/RHC electing to be independently reimbursed for face-to-face encounters with dental hygienists or dental hygienists in alternative practice; (1) provided dental hygienist services, and (2) had a PMS that **could** separately track such services. Also, as of the date entered on Part B, Line 2, FQHC/RHC can track such services separate from all other billable visits.

Type 2- Check this box if **BEFORE January 1, 2008**: The FQHC/RHC electing to be independently reimbursed for face-to-face encounters with dental hygienists or dental hygienists in alternative practice; (1) provided dental hygienist services, and (2) had a PMS that **could not** separately track such services. Also, as of the date entered on Part B, Line 2, FQHC/RHC can track such services separate from all other billable visits.

Line 2 Please indicate the date on which the clinic’s PMS had the ability to track face-to-face encounters between clinic patients and dental hygienists or dental hygienists in alternative practice separately as described above. **In no case will the APM apply to services performed prior to January 1, 2008.**

WORKSHEET PART C: “Rate Determination Year Information”

Line 1 Check the box that indicates the **Type** of the clinic’s most recent PPS rate calculation.

Line 2 Indicate the **Fiscal Year End** of the clinic’s most recent PPS rate calculation.

Line 3 Enter the audited **Rate** from the clinic’s most recent PPS rate calculation.

Line 4 Enter the audited **Visits** from the clinic’s most recent PPS rate calculation.

WORKSHEET PART D: “Dental Hygienist Information”

Line 1 Type 1 Providers enter the actual and billable Dental Hygienist Visits performed during the period covered in Part C, Line 2. Go to Part G - Certification Statement.

IMPORTANT: Accompanying Information to submit with Worksheets:

If you are a **TYPE 1** provider you must submit documentation from your Practice Management System that verifies the billable visit count entered in Part D, Line 1. **REMEMBER**; In order for face-to-face encounters between clinic patients and dental hygienists or dental hygienists in alternative practice to be independently reimbursable as visits, only dental hygiene services that occur on a day separate from when other dental services occur qualify for this treatment. Therefore, when a clinic patient encounters the dental hygienist and another billable dental professional on the same day, only

one visit is counted.

Line 2 Type 2 Providers enter the actual total Dental Hygienist Hours Worked during the period covered in Part C, Line 2. Go to Part G - Certification Statement.

IMPORTANT: Accompanying Information to submit with Worksheets:

If you are a **TYPE 2** provider you must submit documentation to verify the Dental Hygienist Hours entered in Part D, Line 2. Please include all hours spent at facility whether productive or non-productive. The productivity standard of 1,250 visits per FTE takes in to account the estimated non-productive hours spent at the facility.

Line 3 Calculated Dental Hygienist FTE's. The worksheet will automatically calculate this using the time worked standard of 2,080 hours per year.

Line 4 Calculated Dental Hygienist Visits. The worksheet will automatically calculate this using the productivity standard of 1,250 visits per FTE per year.

WORKSHEET PART E: "FQHC/RHC Recalculated Visits"

Line 1 Automatically recalculated number of visits including Dental Hygienist Services.

WORKSHEET PART F: "Alternate Rate Calculation"

Line 1 Automatically recalculated PPS rate utilizing the Alternate Payment Methodology.

WORKSHEET PART G: "Certification Statement"

The individual signing this statement must be an officer or other authorized person responsible for clinic operations. Print name, title, and date. Original signature is required.

Intentional misrepresentation or falsification of any information contained in this request resulting in reimbursement by the Department may be punishable by fine and/or imprisonment under federal and state laws. (42 CFR 1003.102 "Basis for Civil Money Penalties and Assessments", 18 U.S.C 1347 "Health Care Fraud", California Welfare and Institutions Code 14123.25 "Civil Penalties for Fraudulent Claims", and Title 22 of the California Code of Regulations 51485.1 "Civil Money Penalties")

ADDITIONAL INFORMATION

Effective Date for Dental Hygienist Visits:

The SPA provisions require that the effective date of the APM will be the first day of the fiscal year in which the clinic submits this request. Therefore the APM rate will be effective for **most providers on 7/1/10 (if 6/30 FYE) or 1/1/11 if a calendar year end is utilized. Rates and services prior to the effective date will not be affected.**

Providers should make their own determination as to whether the APM results in a reimbursable amount that is less, in the aggregate, than what the clinic would have received under the previously established PPS rate; in which case this election is not necessary.

DHCS will establish each provider's APM rate after taking into account the Medicare Economic Index rate increases that occur each October 1st.