



**Department of Health Care Services
California Advancing and Innovating Medi-Cal (CalAIM)
Oral Health Initiatives
Safety Net Clinics (SNCs) – Frequently Asked Questions (FAQ)**

A. Program Overview

1. What is the P4P: Preventive Services?

Answer: The pay for performance (P4P) payment is for preventive services aimed to increase statewide utilization of preventive services for all Medi-Cal members. This performance payment is a flat rate performance payment for each paid preventive service billed by a service office location. The P4P is 75 percent of the procedure payment rate, also known as the Schedule of Maximum Allowances (SMA) fee. These performance payments are only applicable to specific preventive services identified by Current Dental Terminology (CDT) codes for children and adults. These codes can be found on the [Pay-for-Performance: Preventive Services web page](#).

2. What is the P4P: Continuity of Care?

Answer: The P4P payment is for continuity of care services aimed to establish a dental home for all Medi-Cal members, increase patients' return to the same dental office year-after-year for continuity of care, and improve health/dental outcomes. Services billed with CDT codes D0150 (comprehensive oral evaluation - new or established patient), D0145 (oral evaluation for a patient under three years of age and counseling with primary caregiver), and D0120 (periodic oral evaluation - established patient) for dental exam/evaluation will count toward an annual continuity of care performance payment of \$55. This performance payment is provided to dental provider service office locations that maintain dental continuity of care by establishing a dental home for each patient and perform at least a yearly dental exam/evaluation for two or more years in a row. Payments will begin in 2022 for providers who rendered exams to patients in 2021.

3. What is the baseline year for the P4P: Continuity of Care?

Answer: The baseline year is 2021.

4. Does DHCS have a specific stakeholder listserv for CalAIM?

Answer: No. Communications about CalAIM are communicated to SNCs through monthly bulletins and NewsFlashes on www.Medi-Cal.ca.gov.

- 5. What is included in the CRA bundle? Do all of the services in the bundle have to be billed together and have the same date of service?**

Answer: Under CalAIM, the CRA bundle includes CRA exams (D0601, D0602, or D0603 depending on the risk level) and Nutritional Counseling (D1310). Both services in the CRA bundle must be billed together and have the same date of service in order to receive reimbursement for the bundle.

- 6. What age group qualifies for Silver Diamine Fluoride (SDF)?**

Answer: The caries-arresting medicament SDF is intended primarily for children ages 0-6; however, if medically necessary and with supporting documentation, SDF application is available for individuals of all ages for whom non-restorative caries treatment may be optimal.

B. Participation

- 1. Do I need to fill out an opt-in form to participate in CalAIM or to be eligible for reimbursement?**

Answer: No; however, SNC providers who wish to receive P4P payments for preventive services and continuity of care must submit encounter data for paid “03” dental encounters to the Medi-Cal Dental Fiscal Intermediary (FI) for processing and payment. Providers wishing to provide CRA services must take the TYKE training and keep proof of course completion on file for audit purposes.

- 2. My FQHC has 3 sites. For continuity of care, can the patient be seen in any of the 3 sites and be counted?**

Answer: Yes. The patient can be seen at any FQHC site. The same FQHC has to bill for the patient to receive P4P payments.

- 3. The Training Young Kids Everyday (TYKE) training hosted by the California Dental Association (CDA) is required in order to bill for Caries Risk Assessment (CRA) services. Do I have to retake this training if I have already taken it for the Dental Transformation Initiative (DTI)?**

Answer: No. You do not need to retake the training if you have already taken it for DTI; however, if you did not provide CRA services under DTI and have not taken the training already, you will be required to do so. SNC providers must keep proof of course completion on file for audit purposes. The training can be accessed [here](#); a coupon code is needed for non-CDA members to take the training at no cost and is found in the [Medi-Cal Dental provider bulletins](#).

4. How many times a year can I bill for low, moderate, and high risk CRA?

Answer: With low caries risk, services follow the standard annual frequency of two preventive service visits per year (or once every six months). With moderate risk, the allowable frequency of services increases to three visits per year (once every four months). With high risk, the allowable frequency of services increases to four visits per year (once every three months).

5. What forms must be kept in the patient record for CRA?

Answer: The [DHCS 6212 CRA form](#) posted on the [Medi-Cal Dental CalAIM web page for CRA](#) must be utilized to establish risk level. These forms must remain on file in the patient record for audit purposes.

C. Billing and Data Submission

1. Is the payment schedule the same as it was under the Dental Transformation Initiative?

Answer: No. Under CalAIM, CRA and SDF services are paid through “03” encounter claims processes. The P4P payments will be issued once per month beginning in January 2022.

2. How do Medi-Cal SNCs submit encounter data to the Medi-Cal Dental FI?

Answer: Encounter data may be submitted to the Medi-Cal Dental FI either through Electronic Data Interchange (EDI) claims or proprietary paper claims. See the detailed instructions regarding [SNC encounter data submissions](#) on the [CalAIM dental web page](#) for instructions.

3. I currently transmit 837i dental claims to Medi-Cal. Will the payer ID be different for us to transmit encounter data in 837D to Medi-Cal Dental?

Answer: Yes. The CalAIM payer ID is **DTCA7**.

4. I currently have an EDI billing agreement on file with Medi-Cal. Do I need to sign a new one for Medical Dental?

Answer: No. DHCS will honor your existing agreement on file with Medi-Cal.

5. Who has to sign the submission form if I use a billing service to submit claims?

Answer: The signatures of the SNC provider and biller are required.

6. Does submitting the 837D to Medi-Cal Dental for CalAIM affect any current 837i processes?

Answer: No. You should continue to send claims to Medi-Cal for adjudication and payment prior to submission to Medi-Cal dental FI for CalAIM payments.

- 7. What fees am I supposed to submit if I am sending in the Indian Health Services (IHS) rate for the encounter visit and do not have an associated fee for a particular service for Medi-Cal patients?**

Answer: You may find the fees associated with the specific dental procedure code in the Medi-Cal Provider Handbook, Schedule of Maximum Allowances (SMA) section; however, including of fees is not required. Performance payments for qualifying preventive service procedures will be paid at 75% of the listed SMA, and performance payments for qualifying continuity of care services will be paid at a flat rate of \$55.