



State of California—Health and Human Services Agency
Department of Health Care Services



GAVIN NEWSOM
GOVERNOR

July 28, 2021

To: Tribal Chairpersons, Designees of Indian Health Programs,
and Urban Indian Organizations

Subject: Notice of Proposed Change to the Medi-Cal Program

The purpose of this letter is to provide information regarding a proposed change to the Department of Health Care Services' (DHCS) Medi-Cal Program that will be submitted to the Centers for Medicare and Medicaid Services (CMS). DHCS is forwarding this information for your review and comment.

DHCS is required to seek advice from designees of Indian Health Programs and Urban Indian Organizations on Medi-Cal matters having a direct effect on Indians, Indian Health Programs or Urban Indian Organizations per the American Recovery and Reinvestment Act of 2009 (ARRA). DHCS must solicit the advice of designees prior to submission to CMS of any State Plan Amendment (SPA), waiver requests or modifications, or proposals for demonstration projects in the Medi-Cal program.

Please see the enclosed summary for a detailed description of this DHCS proposal.

QUESTIONS AND COMMENTS:

Indian Health Programs and Urban Indian Organizations may also submit written comments or questions concerning this proposal within 30 days from the receipt of notice. Comments may be sent by email to PublicInput@dhcs.ca.gov or by mail to the address below:

Contact Information

Department of Health Care Services
Medi-Cal Dental Services Division
Attn: Alani Jackson
P.O. Box 997413, MS 4900
Sacramento, California 95899-7413

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and Urban Indian Organizations

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In addition to this notice, DHCS plans to cover this SPA in the next quarterly Medi-Cal Indian Health webinar. Please note that Indian Health Programs and Urban Indian Organizations may also request a consultation on this proposal at any time as needed.

Sincerely,

Original signed by Andrea Zubiate for

Sandra "Sam" Willburn, Chief
Primary, Rural, and Indian Health Division
Department of Health Care Services

Enclosure



**Department of Health Care Services (DHCS)
Tribal and Designees of Indian Health Programs Notice**

PURPOSE

State Plan Amendment (SPA) 21-0019 will implement new dental benefits and Pay-for-Performance (P4P) payments for dental services as part of the California Advancing and Innovating Medi-Cal (CalAIM) initiative.

BACKGROUND

The Department of Health Care Services (DHCS) proposed the CalAIM multi-year initiative in October 2019, and conducted stakeholder engagement from November 2019 to February 2020. DHCS postponed the planned implementation of the CalAIM initiative, originally scheduled for January 1, 2021, to focus on the public health emergency due to COVID-19. DHCS released a revised proposal on January 8, 2021. CalAIM includes three oral health initiatives for eligible Medi-Cal children and adults statewide. CalAIM's dental initiatives support the stability of the Medi-Cal Dental program and will be available statewide effective January 1, 2022.

SUMMARY OF PROPOSED CHANGES

CalAIM includes two dental initiatives for P4P payments and a third initiative for new benefits.

Initiative 1 offers a P4P payment for select preventive dental services. The P4P payment is 75 percent of the standard procedure payment. Details on the select preventive services Current Dental Terminology (CDT) codes which will receive these payments can be found in Appendix H of the CalAIM proposal:

<https://www.dhcs.ca.gov/provgovpart/Documents/CalAIM-Proposal-03-23-2021.pdf>.

To receive the P4P payment, Indian Health Services Memorandum of Agreement Providers (IHS-MOAs), Tribal Federally Qualified Health Centers (Tribal FQHCs), FQHCs, Rural Health Clinics (RHCs), and Safety Net Clinics (SNCs) will be required to submit detailed claims data to the DHCS dental fiscal intermediary using the existing processes established for the [Dental Transformation Initiative](#) (DTI) Domains [1](#) and [3](#). These processes include signing up for Electronic Data Interchange (EDI) to submit electronic claims, where possible, and submitting either electronic or paper claims encounter data with details of the qualifying CDT codes/procedures to the dental fiscal intermediary for P4P payment processing.

Initiative 2 offers a P4P payment to dental offices that maintain continuity of care by establishing a dental home for each patient and performing at least one annual dental exam/evaluation for two or more years in a row. Dental offices may earn P4P payments on one dental exam/evaluation service annually (billed with exam codes D0120, D0145, or D0150) at the fixed amount of \$55. To receive the P4P payments, IHS-MOAs, Tribal FQHCs, FQHCs, RHCs, and SNCs will need to submit detailed claims data to the fiscal intermediary following [existing processes](#) from the DTI.

Initiative 3 adds a Caries Risk Assessment (CRA) bundle and Silver Diamine Fluoride (SDF) as new dental benefits in alignment with national dental care standards. The CRA bundle is intended for children ages 0 through 6, and includes exams based on the risk



level for caries. The bundle includes CDT codes D0601 (low risk, CRA twice per year); D0602 (moderate risk, CRA three times per year); or D0603 (high risk, CRA four times per year), and nutritional counseling (D1310).

To receive payment for the CRA bundle, dental providers must:

- Take the Treating Young Kids Everyday (TYKE) training currently hosted by the California Dental Association (CDA), and obtain proof of course completion.
- Determine the appropriate risk level and treatment for the child, and bill the appropriate procedure code reflecting the level of CRA risk. The first code billed in the CRA series will determine the number of allowable CRA visits per year for the child.

In addition, application of caries-arresting medicament SDF (D1354) will be reimbursable for children (ages 0 through 6) and persons with underlying conditions such that nonrestorative caries treatment may be optimal. This may include children and adults in a Skilled Nursing Facility/Intermediate Care Facility and the [Department of Developmental Services](#) population. The SDF benefit provides two visits per member per year, for up to ten (10) teeth per visit, with a maximum of four applications per tooth. Both the CRA and SDF benefits will be included in the scope of Medi-Cal program dental benefits. IHS-MOAs, Tribal FQHCs, FQHCs, RHCs, and SNCs can bill these benefits following normal billing procedures at their established per-visit rates.

IMPACT TO INDIAN HEALTH SERVICES-MEMORANDUM OF AGREEMENT PROVIDERS

DHCS anticipates IHS-MOAs will achieve positive oral health outcomes for beneficiaries as a result of increased preventive services utilization, a focus on continuity of care/regular dental exams, and utilization of new dental benefits. IHS-MOAs will be required to submit detailed claims data to the dental fiscal intermediary in order to receive P4P payments for Initiatives 1 and 2, as these payments will be in addition to the All-Inclusive Rate (AIR). For Initiative 3, CRA and SDF services will be reimbursable at the AIR. To bill for CRA services, all IHS-MOAs rendering providers will be required to take the TYKE training, currently hosted by CDA, and obtain certification of training completion. Clinics and providers must also adhere to the criteria/limitations and required documentation for billing as outlined in the Medi-Cal Dental Manual of Criteria (MOC).

IMPACT TO TRIBAL FEDERALLY QUALIFIED HEALTH CENTERS

DHCS anticipates that Tribal FQHCs will achieve positive oral health outcomes for beneficiaries as a result of increased preventive services utilization, a focus on continuity of care/regular dental exams, and utilization of new dental benefits. Tribal FQHCs will be required to submit detailed claims data to the dental fiscal intermediary to receive P4P payments for Initiatives 1 and 2, as these payments will be in addition to the Alternative Payment Methodology (APM), which is set at the AIR. For Initiative 3, CRA and SDF services will be reimbursable at the APM. To bill for CRA services, all Tribal FQHC rendering providers will be required to take the TYKE training, currently hosted by CDA, and obtain certification of training completion. Clinics and providers must also adhere to the criteria/limitations and required documentation for billing as outlined in the Medi-Cal Dental MOC.



IMPACT TO FEDERALLY QUALIFIED HEALTH CENTERS

DHCS anticipates that FQHCs will achieve positive oral health outcomes for beneficiaries as a result of increased preventive services utilization, a focus on continuity of care/regular dental exams, and utilization of new dental benefits. FQHCs will be required to submit detailed claims data to the dental fiscal intermediary to receive P4P payments for Initiatives 1 and 2, as these payments will be in addition to the Prospective Payment System (PPS) rate. For Initiative 3, CRA and SDF services will be reimbursable at the PPS rate. To bill for CRA services, all FQHC rendering providers will be required to take the TYKE training, currently hosted by CDA, and obtain certification of training completion. Clinics and providers must also adhere to the criteria/limitations and required documentation for billing as outlined in the Medi-Cal Dental MOC.

IMPACT TO INDIAN MEDI-CAL BENEFICIARIES

CRA and SDF services will be available to children ages 0 through 6, and SDF will also be available to populations who may benefit from non-restorative caries treatment (such as those living in Skilled Nursing Facilities/Intermediate Care Facilities). Preventive care, including annual visits and fluoride procedures, are incentivized through the P4P initiatives, which DHCS anticipates will have a positive oral health outcome for all Californians.

RESPONSE DATE

Indian Health Programs and Urban Indian Organizations may also submit written comments or questions concerning this proposal within thirty (30) days from the receipt of notice. Comments may be sent by email to PublicInput@dhcs.ca.gov or by mail to the address below. Please indicate SPA 21-0019 in the subject line or message.

CONTACT INFORMATION

Written comments may be sent to the following address:
Department of Health Care Services
Medi-Cal Dental Services Division
Attn: Alani Jackson
P.O. Box 997413, MS 4900
Sacramento, California 95899-7413