Denti-Cal California Medi-Cal Dental

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Training Seminars

<u>Reserve an available spot</u> for one of our open training seminars.

Webinar Basic & Edi/D663 - June 9, 2017 Ortho/D664 - June 14, 2017

San Jose Workshop/D651 - June 21, 2017

Provider Enrollment Assistance Line

Speak with an Enrollment Specialist. <u>Go here for more information!</u>

Wednesday, June 21, 8 am - 4 pm.

Dental Transformation Initiative (DTI) Domain 2 and 3 Updates

Domain 2 - Caries Risk Assessment and Disease Management Pilot

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

Please note providers must complete the following prior to submitting claims for payment for this domain:

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

Domain 2 is a pilot program and is currently available to serve beneficiaries in **only** the eleven (11) Counties identified below:

Glenn, Humboldt, Inyo, Kings, Lassen, Mendocino, Plumas, Sacramento, Sierra, Tulare and Yuba.

In order to receive a "Bundled Incentive Payment," the procedures listed in the tables below must be billed on the same claim with the same date of service (DOS).

<u>Risk Level Low</u>: Once every 6 months

Bullet

| Procedure Code | Description | Fee | Total Incentive Payment |
|-------------------|----------------------------------|---------|----------------------------|
| D0601 | Caries Risk Assessment, low risk | \$15.00 | |
| D1310 | Nutritional Counseling | \$46.00 | \$126.00 |
| D9993 | Motivational Interview | \$65.00 | |

Risk Level moderate: Once every 4 months

| Proc Code | Description | Fee | Total Incentive Payment |
|-----------|---------------------------------------|---------|----------------------------|
| D0602 | Caries Risk Assessment, moderate risk | \$15.00 | |
| D1310 | Nutritional Counseling | \$46.00 | \$126.00 |
| D9993 | Motivational Interview | \$65.00 | |

<u>Risk Level High</u>: Once every 3 months

| D0603 | Caries Risk Assessment, moderate risk | \$15.00 | |
|-------|---------------------------------------|---------|----------|
| D1310 | Nutritional Counseling | \$46.00 | \$126.00 |
| D9993 | Motivational Interview | \$65.00 | |

<u>*Risk Level High*</u>: Once every 6 months

| D1354* | Interim Caries Arresting Medicament | \$35.00 |
|--------|-------------------------------------|---------|
|--------|-------------------------------------|---------|

*Procedure code D1354 can be provided as needed every 6 months for high risk patients only and does not need to be the same DOS or billed on the same claim.

Increased frequencies of prophylaxis (D1120), application of topical fluoride varnish (D1206) and oral evaluations (D0120, D0145, D0150) will be allowed at intervals for each defined risk level and will be reimbursed at the current Schedule of Maximum Allowances (SMA) and can be billed on a different DOS and a different claim.

Domain 3 – Continuity of Care

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. This begins with services rendered in 2016. This Domain may expand on a statewide basis if the pilot is determined to be successful, subject to the availability of funding under the DTI Pool. 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.

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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.

| Date/Time: | Location: | County: |
|--|---|-----------|
| Wednesday, June 7, 2017 8:00 AM - 4:00 PM <u>Register Now!</u> | Embassy Suites 29345 Rancho California Rd Temecula, CA 92591 | Riverside |
| Thursday, June 22, 2017 8:00 AM - 4:00 PM <u>Register Now!</u> | Hampton Inn & Suites Merced 225 South Parsons Avenue Merced, CA 95340 | Merced |

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

Note: if a provider relocates their practice <u>OUTSIDE</u> one of these qualifying counties, they are no longer eligible for any incentive payments they may have accrued prior to relocation.

Resources

More information regarding the domains can be found at the DTI website: <u>http://www.dhcs.ca.gov/provgovpart/Pages/DTI.aspx</u>. Please continue to monitor the Denti-Cal website at <u>www.denti-cal.ca.gov</u> 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

Outreach Mailing for Non-Utilizing and Newly Enrolled Beneficiaries

Beginning June 2017, Denti-Cal will launch a campaign to engage Denti-Cal beneficiaries who have not had a dental visit in the past 12 months and/or recently became eligible for benefits. The campaign combines mailings and call reminders, encouraging Denti-Cal beneficiaries to schedule an appointment with a dentist enrolled in the Denti-Cal program. During the campaign, providers might see an increase in appointment requests from beneficiaries.

To maximize the effectiveness of this campaign, Denti-Cal encourages providers to take advantage of the free referral service for accepting Denti-Cal beneficiaries. If you are a provider interested in this service, or need to update the information currently on file, please fill out the <u>Medi-Cal Dental Patient Referral Service Form</u>. Complete the form in one of the following ways:

- Complete the form electronically and submit via e-mail to: <u>Denti-CalEnrollmentDept@delta.org</u>
- Fax the completed form to 916-631-1191
- Mail the completed form to:

Denti-Cal Attn: Provider Enrollment P.O. Box 15609 Sacramento, CA 95852-0609

• Call the Denti-Cal Provider Customer Service line at 1-800-423-0507 and an agent will assist you in completing the form.

For questions, please contact the Denti-Cal Provider Customer Service line at 1-800-423-0507.

Denti-Cal Forms Reorder Requests – Helpful Tips

When placing an order for more forms and envelopes, Denti-Cal would like to remind providers of some important "Do's" and "Don'ts" that will help expedite your order.

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Do:

- Use the most current Forms Reorder Request (DC-204) to ensure the item you wish to order is still available. You can download and print the latest version here: <u>http://www.denti-cal.ca.gov/provsrvcs/forms/dc204_form.pdf</u>.
- Fill out the form completely, including your phone number, in case there are any questions.
- Place your order monthly and order enough inventory to last approximately six weeks.
- Order in quantities of 50 (e.g., 50, 100, 150, 200, etc.).
- Fax your order. Faxing eliminates the cost of postage and reduces the time it takes for your order to be queued for processing.
- Call Denti-Cal at (800) 423-0507 to check on your order if it has been longer than 10 days before submitting a new request.

<u>Do not:</u>

- Do not alter the pre-imprinted form reorder request If changes need to be made to the information printed on the form, contact Denti-Cal to ensure accurate information for your office is on file.
- Do not write any notes on the form reorder request.
- Do not order more than 1,000 forms or envelopes in one order.
- Do not mail the Forms Reorder Request with other documents, such as TAR/Claim forms, correspondence, etc.

Denti-Cal forms and envelopes are provided free of charge to all enrolled providers. Orders are processed and shipped within 10 business days of receiving your order.

For questions regarding forms and supplies, please contact the Denti-Cal Provider Customer Service line at (800) 423-0507.



PO Box 15609 Sacramento, CA 95852-0509 (800) 423-0507