

**INSTRUCTIONS  
FEDERALLY QUALIFIED HEALTH CENTER (FQHC)  
RURAL HEALTH CLINIC (RHC)  
DENTAL HYGIENIST SERVICES  
ALTERNATE PAYMENT METHODOLOGY WORKSHEET**

**Please read all instructions carefully before completing these forms.**

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 January 1, 2008, 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 December 31, 2007. Any clinic that does not fit this description but instead added dental hygienist services after December 31, 2007, 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. Copies will not 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 and a DocuSign Certification Statement located on the [DHCS](#) Forms & Publications webpage electronically to [Clinics@dhcs.ca.gov](mailto:Clinics@dhcs.ca.gov) or mail to:

**Department of Health Care Services  
Audits & Investigations, Financial Audits Branch  
FQHC/RHC Section  
1500 Capitol Avenue—MS 2102  
P.O. Box 997413 Sacramento, CA 95899-7413**

For questions or assistance, contact the FQHC/RHC Section at **(916) 713-8584** or email: [Clinics@dhcs.ca.gov](mailto:Clinics@dhcs.ca.gov)

## **ELECTION OF ALTERNATIVE PAYMENT METHODOLOGY**

Federal Centers for Medicare and Medicaid Services (CMS) requires California to 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.

## PART A—GENERAL INFORMATION

Refer to the DocuSign Certification Statement located on the [DHCS](#) Forms & Publications webpage to complete this step. The Certification Statement must be signed and dated by an officer or other authorized person responsible for clinic operations. The cost report will be returned if a Certification Statement does not accompany it.

1. Enter Preparer Name or Contact Person
2. Enter Telephone Number (xxx) xxx-xxxx
3. Enter Provider's Legal Name
4. Enter Doing Business As (DBA)
5. Enter Medi-Cal (Legacy) Number (if applicable)
6. Enter Service Address
7. Enter National Provider Identifier (NPI) Number
8. Enter Billing Address
9. Enter Type of Ownership/Control
10. List of who the FQHC/RHC is Owned by
11. Enter Ownership Percentage

### **Other providers owned or controlled by same interest (Clinics, Hospitals, Skilled Nursing Facilities, Home Health Agencies, Suppliers, or other related entities):**

12. Enter Other Provider Names
13. Enter Location(s)
14. Enter Identification Number (NPI, Legacy, or Other)

## PART B—Dental Hygienist Encounter Tracking System

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:

### **Line 1:**

**Type 1**—Select from the drop-down menu 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**—Select from the Drop Down Menu 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 (mm/dd/yyyy) 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.**

### PART C: Rate Determination Year Information

1. Select from the drop-down menu that indicates the **Type** of the clinic's most recent PPS rate calculation.
2. Indicate the **Fiscal Year-End** of the clinic's most recent PPS rate calculation.
3. Enter the Clinic's PPS Rate prior to any MEI adjustments.
4. Enter the FQHC/RHC Visits utilized to calculate the PPS Rate entered in Part C Line 3.

### PART D: Dental Hygienist Information

1. Enter Qualified Dental Hygienist Visits during Rate Determination Year if known (**TYPE 1 Providers ONLY**)
2. Enter Qualified Dental Hygienist Hours during Rate Determination Year if known (**TYPE 2 Providers ONLY**)
3. Total Dental Hygienist FTE's.
  - Calculated Dental Hygienist FTE's. The worksheet will automatically calculate this using the time worked standard of 2,080 hours per year.
4. Total Calculated Dental Hygienist Visits.
  - Calculated Dental Hygienist Visits. The worksheet will automatically calculate this using the productivity standard of 1,250 visits per FTE per year.

### 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:** 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, only one visit is counted when a clinic patient encounters the dental hygienist and another billable dental professional on the same day.

**Type 2** Providers enter the actual total Dental Hygienist Hours Worked during the period covered in Part C, Line 2.

**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 the facility, whether productive or non-productive. The productivity standard of 1,250 visits per FTE takes into account the estimated non-productive hours spent at the facility.

**PART E: FQHC/RHC Recalculated Visits**

1. Automatically recalculated the number of visits, including Dental Hygienist Services.

**PART F: Alternate Rate Calculation**

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

**PART G: Certification Statement**

Refer to the DocuSign Certification Statement located on the [DHCS](#) Forms & Publications webpage to complete this step. The Certification Statement must be signed and dated by an officer or other authorized person responsible for clinic operations.

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 USC 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 July 1, 2010 (if 6/30 FYE) or January 1, 2011, 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 1.