

This document is a compilation of frequently asked questions (FAQs) and responses regarding the Medi-Cal 2020 Dental Transformation Initiative (DTI) Domain 3. DHCS will continue to update this document.

1. Will moving to a different service office location within the same county affect my enrollment in the program, or my incentive payments?

<u>Answer:</u> No, providers that change service office locations within the same county will not be affected. Update your mailing address as soon as possible so any correspondence, incentive payments, etc., are mailed to the correct location.

2. How are incentive payments calculated?

<u>Answer:</u> Please see the Domain 3 Fact Sheet on the DTI webpage. <u>http://www.dhcs.ca.gov/services/Documents/DTIDomain3.pdf</u>

3. I see that San Luis Obispo County is in Domain 3. Our office is in Santa Maria, which is in Santa Barbara County but on the SLO county line. If we recall patients from that county will they qualify for the incentive, or does the office need to be in SLO County?

Answer: Only service office locations in designated counties are eligible to participate in Domain 3.

4. We have 5 dental clinics within our county. Patients can potentially go to any of these clinics for their care. Since we are 1 billing entity, I would assume that care would be considered continuous as long as they stay in our system. Is this correct?

<u>Answer:</u> Yes, that is correct. Since you're one billing entity, care would be considered continuous.

5. My Federally Qualified Health Center (FQHC) has 3 sites. For Domain 3, can the patient be seen in any of the 3 sites and be counted?

<u>Answer:</u> FQHCs typically submit claims on behalf of all contracted service locations. If this is your current practice, the patient may be seen in any of the 3 locations. Any location within an FQHC network will count as the "same provider."

6. I'm still not clear on how the Domain 3 baseline will work for the second year (2017). Will the new baseline for 2017 be based on the previous year?

Answer: The baseline year will always be the earliest year that data was submitted, with the earliest

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year being 2015. For 2017 (program year 2), if you submitted claims data for 2015, then 2015 will be the baseline year. However, if you only submitted claims for 2016, then this year will be the baseline year. Incentive payments will be a flat payment calculated on a per beneficiary basis, per year of continuous service basis. The incentive payment amount will be based on the number of years a beneficiary maintains continuity of care with the same service office location. For more information on the tier payment schedule, please see the Domain 3 Fact Sheet on the DTI webpage. http://www.dhcs.ca.gov/services/Documents/DTIDomain3.pdf

7. Would DHCS consider the continuity-of-care goals being satisfied by other dentists in the same organization but at different locations?

<u>Answer</u>: The DTI federal requirements provide for incentive payments by continuous service office locations.

8. Previous DHCS guidance indicates, "This incentive program will be available to service office locations that provide examinations to an enrolled Medi-Cal child for two, three, four, five, and six year continuous periods (per claims data). The incentive will be a flat payment for providing continuity of care to the beneficiary. Incentive payments will be made annually." Is that a flat payment per Medi-Cal child served?

<u>Answer:</u> Incentive payments will be a flat payment calculated on a per beneficiary basis, per year of continuous service basis. The incentive payment amount will be based on the number of years a beneficiary maintains continuity of care with the same service office location.

9. Is the incentive payment based on at least one exam per patient per calendar year? Or fiscal year? Or at least every 365 days?

<u>Answer:</u> Yes, it is at least one exam per calendar year. Please see the Domain 3 Fact Sheet on the DTI webpage. <u>http://www.dhcs.ca.gov/services/Documents/DTIDomain3.pdf</u>