



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



GAVIN NEWSOM
GOVERNOR

DATE: July 13, 2021

TO: ALL MEDI-CAL DENTAL MANAGED CARE PLANS

SUBJECT: **APL 21-002 Dental Managed Care (DMC) Dental Transformation Initiative (DTI) Change Log Clarification**

The purpose of this Dental All Plan Letter (APL) is to codify and explain the additional requirement/deliverable of the Dental Transformation Initiative (DTI) Control log under Dental Managed Care (DMC) Contract Clause: Exhibit A, Attachment 8, Subsection (G) – “Changes to Provider Network Report.”

BACKGROUND:

The DTI was implemented in 2016 with four domains, as authorized by the Medi-Cal 2020 Waiver Section 1115(a) of the Social Security Act and approved by the Centers of Medicare & Medicaid Services (CMS) on December 30, 2015. The DTI has focused on preventive services, caries risk assessment and management and continuity of care. The Medi-Cal 2020 Waiver was set to expire on December 31, 2020, but was approved for a 12-month extension to continue Domains 1-3 until December 31, 2021. The Department of Health Care Services (DHCS) maintains a provider master file that identifies the participating DMC providers for the purpose of issuing Domain 1 and 2 payments to the providers based on data received from the DMC plans. DHCS recently discovered discrepancies with the data, therefore, DHCS has developed a standardized template (DTI Change Log) for plans to submit the necessary elements related to the Provider Network Report.

POLICY AND REQUIREMENTS:

Upon receipt of this APL, all DMC plans shall submit the DTI Change log using the enclosed template and submit via email. The document is to be titled “[PLAN NAME, SUBMISSION MONTH & YEAR] DTI Change Log.

The DTI Change Log shall be submitted monthly on the 15th day of the following month to the dmcdeliverables@dhcs.ca.gov inbox. This document is used to ensure the timely processing of incentive payments for participating DMC providers in DTI domains 1 and 2. Please note the following:

- Domain 1: Incentive payments are based on claims submitted by each billing office. The billing office must first reach their targeted benchmark to receive payment on all unduplicated preventive service claims submitted.¹
- Domain 2: Incentive payments are based on the provider submitting a caries risk assessment (CRA) bundle of procedures (D0601/0602/0603, D1310, D9993). Upon the successful reimbursement of the CRA bundle, providers will be authorized to follow the frequencies to provide additional preventive services above the covered scope of the Medi-Cal Dental Manual of Criteria.

Effectively immediately, the DTI Change Log submission shall be submitted at the 15th of each month and contain the complete list of participating DTI network providers (with current billing NPI address). When there is a change on the list, DMC plans shall notate the change in the body of the email and highlight the changes within the template. DTI network provider changes may occur when a provider:

1. Leaves the plan's network:
 - a. Indicate as 'terminate' and/or 'inactive' when the provider no longer has any outstanding claims that require processing.
 - b. Indicate as 'change' and/or 'inactive' when the provider still has outstanding claims that require processing. Once a billing NPI is inactive no payments will be issued regardless if money is owed.
2. Joins a different DMC network:

The rendering provider is responsible for confirming if the new billing provider participates in DTI. If the billing provider is not participating in DTI, the plan shall 'add' the billing provider information in the DTI Change Log submission. To effectuate payments, all billing providers, regardless of the plan they work for, **MUST** use **ONLY** one address per NPI to receive all DTI payments.

The plan shall include the provider's current billing NPI address. The current billing NPI address must be reported even if there are pending claims in the previous billing NPI address. If there is more than one billing NPI address associated to a network rendering NPI, there will be an error resulting in delayed payment. All Domain claims/payments are paid to one, and only one, billing NPI office on record. If a provider works at several offices/locations participating in DTI, the provider shall be responsible for tracking their claims for each office at which they work.

If there are **no** changes or updates following the first complete list of participating DTI network providers (with current billing NPI address), the plan may send an email to the

¹ <https://www.dhcs.ca.gov/services/Documents/MDS/DTI%20Materials/DTI-Domain-1-Fact-Sheet-022820.pdf>

DTI inbox and dmcdeliverables inbox in lieu of the DTI Change Log indicating no changes/updates for that month. If there are changes, the plans shall submit the DTI Change Log with **only** the updates.

Please send questions or requests for technical assistance on the DTI Change Log template to DTI@dhcs.ca.gov with a carbon copy to dmcdeliverables@dhcs.ca.gov.

Sincerely,

Original signed by

Carolyn Brookins for Alani Jackson
Division Chief
Medi-Cal Dental Services Division
Department of Health Care Services

Enclosure