



Provider Bulletin

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TRAINING SEMINARS

To reserve a spot online or to view a complete list of training seminars, to go the [Provider Training Seminar Schedule](#).

PROVIDER ENROLLMENT ASSISTANCE LINE

Speak with an Enrollment Specialist. Go [here](#) for more information.

Available every Wednesday
8am - 4pm

REMINDER: Dental Case Management Program

Dental Case Management is designed to assist Medi-Cal members with special health care needs who are unable to schedule and coordinate complex treatment plans among multiple practitioners. Some examples of special healthcare needs include: physical, developmental, mental, sensory, behavioral, cognitive or emotional impairment or other limiting condition that requires medical management, health care intervention and/or use of specialized services or programs.

Case Management is an extension of the Care Coordination services offered by the Telephone Service Center (TSC) representatives when a Medi-Cal member calls for assistance. Case Management and Care Coordination Services are closely related and provide specific, yet different, services to members. Case Management Representatives will be available to provide assistance to Medi-Cal dental providers on a referral basis to manage complex treatment plans and oral health care needs.

Does your Medi-Cal patient need Care Coordination services?

Care Coordination Services allow Medi-Cal members to call and gain access to dental services with the direction and support of our TSC representatives, who assist members with locating a general or specialist dentist, transportation and/or translation services. A TSC representative will also initiate contact with a member or member representative if a case is referred for care coordination from the Case Management team.

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Does your Medi-Cal patient need Case Management?

Referrals for Case Management services are initiated by the members' Medi-Cal dental provider, medical provider, case manager or case worker and are based on a current, comprehensive evaluation and treatment plan. All referrals will be evaluated to determine eligibility for Case Management. If criteria is met, a Case Management Representative will initiate contact with the member or member representative.

To ensure all referrals are handled accurately and efficiently, referrals that do not meet Case Management criteria will be forwarded to Care Coordination for further assistance.

As a Medi-Cal dental provider, medical provider, case manager or case worker, you may refer patients to Case Management by completing the secure online referral form. After completing the referral form, you must email the referral to

DentalCaseManagement@delta.org.

Please visit our [Provider Forms Page/Dental Case Management section](#) to download and submit a [Case Management Referral form](#). If you have questions when submitting an online referral, please contact the Telephone Service Center at (800) 423-0507.

REMINDER: Missed Appointments

Medi-Cal Dental reminds providers that they cannot bill Medi-Cal dental members for missed appointments under the Medi-Cal Dental Program. However, providers may record the absentee member's name and missed appointment date in the [Provider Website Application](#). Once information about the missed appointment is entered into the Missed Appointment Notification form on the Provider Website Application, Medi-Cal Dental will follow up with the member to assist in rescheduling their appointment with your office.

The Provider Website Application also allows secure login for providers and their staff to access their claim status and history, Treatment Authorization Request (TAR) status and history, weekly check amounts, and monthly payment totals and year-to-date payments. For instructions on how to create an account, please review the [Denti-Cal Provider Website Application User Guide](#).

For more information about missed appointments and Medi-Cal Dental billing practices, please refer to the [Provider Handbook](#). If you have questions or want to report a missed appointment by phone, please contact the Telephone Service Center at (800) 423-0507.

Sign-Up for the Medi-Cal Dental Provider E-Mail List and Smile Alerts

Registration is quick and easy! Sign-up for the Medi-Cal Dental e-mail distribution list and receive the latest Medi-Cal Dental Program updates and announcements straight to your inbox. To subscribe, please complete the online form [here](#). **After submitting the form, you will receive an e-mail requesting authorization to be added to the e-mail list.** Once you have confirmed your subscription, you will begin receiving regular communications

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about the Medi-Cal Dental Program.

Providers and partners can also sign-up for Smile Alerts to stay informed with Medi-Cal Dental's *Smile, California* campaign. Simply send an email to hello@smilecalifornia.org to receive updates each time new content becomes available. You can also visit SmileCalifornia.org to learn more about the campaign and to access helpful tools and resources.

If you have questions about signing-up for the Medi-Cal Dental Provider e-mail list, please call the Telephone Service Center at (800)-423-0507.

Verifying Member Identification

Medi-Cal Dental would like to remind providers that member eligibility for the Medi-Cal Dental Program is determined by a County Social Services office and reported to the State of California. When a member is eligible for Medi-Cal, he/she will receive a Medi-Cal Benefits Identification Card (BIC). While the BIC serves as a permanent identification for a Medi-Cal member, possession of the card **does not** guarantee eligibility for Medi-Cal benefits. **However, a member's Social Security Number (SSN) is an allowable method to verify Medi-Cal eligibility and is especially important when providing necessary services to foster children whose foster parents may not have the child's BIC readily available.**

Providers should always verify Medi-Cal eligibility prior to rendering services. Providers may access the Medi-Cal Automated Eligibility Verification System (AEVS) or the [Medi-Cal website](#), and, with the member's approval, may use the member's SSN to verify eligibility. Please note that verifying eligibility on the Internet does require providers to complete and mail the Medi-Cal Point of Service (POS) Network/Internet Agreement to the POS/Internet Help Desk. Providers can also verify eligibility by calling Medi-Cal AEVS at (800) 456-AEVS (2387).

If the member is unknown to the provider, the provider is required to make a "good faith" effort to verify the member's identification. A provider can do this by matching the name and signature on the Medi-Cal issued ID to that on a valid, **current** photo identification (a California driver's license, an ID card issued by the Department of Motor Vehicles, or any other document that appears to validate and establish identity). Providers must retain a copy of this identification in the member's records.

In accordance with [Section 4- Treating Beneficiaries](#) of the Provider Handbook, there are some circumstances where no identification verification is required. Identification verification is **not** required when:

- The member is 17 years of age or younger;
- The member is receiving emergency services;
- The member is a resident in a long-term care facility.

A Medi-Cal eligible member may receive dental services through the Medi-Cal Dental Program. However, some restrictions may apply to the following individuals:

- Assigned special aid codes
- Limited to minor consent restricted services

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Please remember that a Medi-Cal member's eligibility is not necessarily a guarantee of payment by Medi-Cal Dental and each requested procedure must meet all criteria and policies.

For more information on verifying member identification and Medi-Cal dental member eligibility, please refer to [Provider Handbook](#) or call the Telephone Service Center at (800) 423-0507.