



# Provider Bulletin

AUGUST 2022  
Volume 38, Number 26



## THIS ISSUE

- pg 1 Disaster Assistance to Evacuated Members and Dental Offices
- pg 3 Provider Application and Validation Enrollment Portal Demonstration
- pg 4 Dental Managed Care Update

## Disaster Assistance to Evacuated Members and Dental Offices

The Department of Health Care Services will allow member and provider processing exceptions to expedite the replacement of removable dental appliances for those impacted by the recent fire in California.

Removable dental appliances include:

- Orthodontic retainers
- Space maintainers
- Partial and full dentures
- Temporomandibular joint appliances fabricated by professionals which may be removed and inserted by the member

Disaster assistance will be provided to the following counties:

County Disaster Assistance Provided To	Effective Date	End Date
Mariposa	July 22, 2022	September 30, 2023
Siskiyou	July 30, 2022	September 30, 2023

### Will prior authorization be waived?

Claims will be accepted without requiring prior authorization

*Continued on pg 2*

## TRAINING SEMINARS

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

**Please note: Due to the COVID-19 pandemic, seminars will be held in-person and through webinars.**

## PROVIDER ENROLLMENT ASSISTANCE LINE

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

Available every Wednesday  
8am - 4pm



and will not be rejected due to frequency limitations for subsequent removable appliances for eligible members who are residents of the impacted county. Claims for exams and radiographs connected to the removable appliances will also be accepted and will not be rejected due to frequency limitations.

Exceptions to prior authorization requirements will be allowed. “Title 22, Section 51003, State of California Code of Regulations allows for the retroactive approval of prior authorization under the following conditions: When the required service could not be delayed ...” ([Provider Handbook](#) Section 5 - Manual of Criteria and Section 2 - Program Overview, page 2-13). For provider claims submitted for replacement of removable appliances, the claims will be evaluated to determine if they are requested from the impacted county identified above.

### **What does the claim need to demonstrate?**

The negative impact of the fire or the extreme fire weather conditions alone will meet the criteria of medical necessity.

### **What does the claim need to include?**

Providers are instructed to include the statement **“Patient impacted by fires and extreme weather conditions and removable appliance was lost”** within the comments field on the claim. Damaged appliances will be screened for repair.

**Reminder:** Partial and full dentures require submission of a properly completed Justification of Need for Prosthesis (DC054) form (Rev 09/18). For detailed instructions, please refer to [Provider Handbook](#) Section 6 – Forms, pages 6-48 to 6-51.

### **Will late submission of claims be accepted?**

For Medi-Cal dental providers that must submit late billing due to the fire or extreme weather conditions, providers are instructed to include substantiating documentation that justifies the late submission of a claim.

Providers must submit statements about the circumstances of the fire or extreme weather condition that were beyond their control, such as: damage to or destruction of their business office or records; circumstances of the fire that substantially interfered with the timely processing of bills; or other circumstances clearly beyond the control of the provider, that was reported to the appropriate law enforcement or fire agency.

Payment for removable appliances that have been fabricated by a lab but cannot be delivered to the member must follow the requirements in the [Provider Handbook](#) Section 2 - Program Overview, Billing and Payment Policies, Time Limitations for Billing, pages 2-20.

*Continued on pg 3*



### **Will claims for members living in other counties be accepted?**

For members residing in other counties that lost their removable appliance while temporarily in the impacted county, claims will be accepted for removable appliances and related exams and radiographs without prior authorization and will not reject claims due to frequency limitations; however further documentation of need is required.

*Documentation must include:* a copy of the official Public Service Agency Report (fire or police) filed in the county in which the removable appliance was lost, the statement that the member lost the removable appliance due to the fire, and identification of the county where the removable appliance was lost. Claims submitted due to the situation above will be evaluated.

Providers are encouraged to monitor the [Medi-Cal Dental website](#) for future updates. Questions about this notice may be directed to the Telephone Service Center at (800) 423-0507.

## **Provider Application and Validation Enrollment Portal Demonstration**

The Department of Health Care Services (DHCS) is working to implement the Provider Application and Validation for Enrollment (PAVE) portal to simplify and accelerate the Medi-Cal enrollment processes for dental providers. By November 2022, dental providers will be able to **electronically** submit enrollment applications and required documentation to DHCS through PAVE. Paper applications will no longer be accepted upon implementation of the PAVE system. A reminder email will be sent prior to the launching of PAVE for dental providers.

DHCS invites dental providers to attend two online demonstrations to learn more about PAVE. The two-part series will include an introduction to PAVE and an overview of key features. The recording of the presentation will be uploaded onto the DHCS website, and providers will be notified when it is available. A more in-depth training session will be scheduled in November 2022, following the implementation of the PAVE system for dental providers. Each session is one hour.

*Continued on pg 4*



## PAVE Demonstration Schedule

Demonstration 1	August 24, 2022 11 a.m. 12 p.m. <a href="#">Register here.</a>	<p><b>Introduction to PAVE</b></p> <ul style="list-style-type: none"> <li>• What is PAVE?</li> <li>• Setting up user profiles and business profiles</li> </ul>
Demonstration 2	October 12, 2022 TBD Registration link to be sent at a later date.	<p><b>Basic Functions in PAVE</b></p> <ul style="list-style-type: none"> <li>• High-level walk-through of the application</li> </ul>

For questions or comments, please email [PAVE@dhcs.ca.gov](mailto:PAVE@dhcs.ca.gov).

## Dental Managed Care Update

On February 16, 2022, the Department of Health Care Services (DHCS) released a Dental All Plan Letter (APL) [22-002](#): Medi-Cal Dental Managed Care Plan Performance Measures to all Medi-Cal Dental Managed Care (DMC) Plans. The APL notified all DMC plans of the [California Advancing and Innovating Medi-Cal \(CalAIM\) 1915\(b\) Waiver Special Terms and Conditions \(STCs\)](#) approved by the federal Centers for Medicare and Medicaid Services, which are in effect from January 1, 2022 through December 31, 2026.

In accordance with STC C. Dental, #22 Monitor Plan Performance, DHCS monitors performance in the DMC and Medi-Cal Dental fee-for-service (FFS) delivery systems using the following measures: Annual Dental Visits and Preventive Dental Services for children and adults, the Use of Sealants for children, and/or any other applicable successor measure(s) established.

As specified in STC C. Dental, #27 Plan Parity with FFS, in Sacramento County, if DMC plan parity is not achieved in each of the performance metrics by December 31, 2022, members will be allowed to disenroll from any DMC plan that is not assuring the adequate quality of services and choose Medi-Cal Dental FFS or another DMC plan in the county.

*Continued on pg 5*



Children – Under 21	Adults – 21+
Annual Dental Visit	Annual Dental Visit
Preventive Dental Services	Preventive Dental Services
Use of Sealants	

For any DMC plan operating in Sacramento County where a disenrollment has been allowed under STC C. Dental, #27, DHCS will conduct a review of the DMC plan within four months and determine whether the DMC plan’s contract should be suspended or terminated.

If a DMC plan is eliminated, provider participation in FFS would allow the member to remain with the same provider. To participate as FFS provider, a provider must submit a complete application package for enrollment for the location services rendered under W&I Code Section 14043.26(a)(1). To learn more about how to enroll as a provider in FFS, please visit the [Medi-Cal Dental Enrollment Toolkit](#) on the Medi-Cal Dental website or call the Provider Customer Service Line at (800) 423-0507.

For more information concerning Dental DMC and FFS performance, please visit the [Dental FFS and DMC Performance Fact Sheet](#).