

Provider Bulletin

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TRAINING SEMINARS

To reserve a spot online or view a complete list of training seminars, go to the <u>Provider Training Seminar</u> <u>Schedule</u>.

<u>Please note</u>: Due to the COVID-19 pandemic, all seminars will be held as webinars.

PROVIDER ENROLLMENT ASSISTANCE LINE

Speak with an Enrollment Specialist. Go <u>here</u> for more information.

Available every Wednesday 8am - 4pm

Website Refresh on Medi-Cal Dental Website

The Medi-Cal Dental website has been refreshed using the current CA.gov website standard template. There is now an updated look and feel to both static content and website applications such as the Find A Dentist tool and Provider Web Application. The functionality of the website and applications remains the same.

Updates have been made to the usability and user interface features, as well as the navigation throughout the website. Future updates will allow for more visually pleasing elements and compelling presentation of content.

Check out the website to see the new look and feel, including a new color scheme, images, and more. You can find direct links to the Find A Dentist tool, the <u>Smile, California website</u>, and the Provider Web Application at the bottom of the Medi-Cal Dental website homepage.

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Enhanced Protections for Medi-Cal Members

Providers may not submit a claim to, or collect reimbursement from, a Medi-Cal member or an authorized representative, except for the specified share of cost a member's eligibility status requires for any service. Title 22, California Code of Regulations, Section 51002 (a) and Welfare and Institutions Code (WIC) Section 14019.4 (a) expressly prohibits a provider from billing a Medi-Cal member for services included in the Medi-Cal Dental Program scope of benefits. Furthermore, a provider may not bill both the member and the Medi-Cal Dental Program for the same dental procedure.

Senate Bill 639, effective July 1, 2020, specifies in Business and Professions (B&P) Code, if a dental provider accepts Medi-Cal, the treatment plan for a Medi-Cal patient shall indicate if Medi-Cal would cover an alternate, medically necessary service as defined in current law, WIC Section 14059.5. The treatment plan shall indicate that the Medi-Cal patient has a right to ask for only services covered by Medi-Cal and that the dental provider agrees to follow Medi-Cal rules to secure Medi-Cal covered services before treatment.

Current Law:

- Dentists shall not arrange for or establish third-party credit or loans for patients administered or under the influence of general anesthesia, conscious sedation, or nitrous oxide. [B&P Code § 654.3(g)].
- Dentists shall not charge to third-party lines of credit (arranged for or established in their office) any treatment costs before the treatments are provided, unless the dentist provides the patient a written or electronic notice and treatment plan, including an itemized list of treatments and services charged before rendering or incurring costs. [B&P Code § 654.3(b)].
 - o The written treatment plan must include:
 - Each anticipated service to be provided and the estimated cost of each service;
 - The patient's private or government-estimated share of cost for each service (if applicable, including whether Medi-Cal will cover the service); and
 - If services are not covered by patient's private or other insurance (including Medi-Cal), notification that the services may not be covered and that the



patient has the right to confirm coverage before starting dental treatment.

Written notice must be provided in patient's threshold language. [B&P Code § 654.3(f)].

All of the current requirements above continue to apply, with the following additions:

- Dentists shall not charge to third-party lines of credit (arranged for or established in their office) any treatment costs more than 30 days before the treatments are rendered (except for orthodontia). [B&P Code § 654.3(c)]
- Dentists shall not arrange for or establish an open-end credit or loan that contains a deferred interest provision (which is common under many current third-party credit companies). [B&P Code § 654.3(b)]
- Dentists shall not complete any part of a third-party credit or loan application (arranged for or established in their office) so that any application is not completely filled out by the patient. [B&P Code § 654.3(e)].
- Dentists shall provide the patient a written or electronic notice and treatment plan, including an itemized list of treatments and services charged before rendering or incurring costs.
 - The notice must include the revised language specified in B&P Code § 654.3(g).
 - For all Medi-Cal providers, the written treatment plan must indicate if Medi-Cal would cover an alternate medically necessary service. It must also notify the Medi-Cal patient that they have a right to ask for only services covered by Medi-Cal, and that the dentist must follow Medi-Cal rules to secure Medi-Cal-covered services before treatment. [B&P Code § 654.3(h)(1)].
- Dentists shall not arrange for or establish third-party credit or loans when patients are in a treatment area (including but not limited to exam rooms, surgical rooms, and any other area where dental treatment is provided) unless the patient agrees to do so. [B&P Code § 654.3(j)].

Providers can review Senate Bill 639 in its entirety <u>here</u>. For more information about Medi-Cal Dental billing practices, see Provider Bulletin <u>Volume 37, Number 7</u>, or refer to the <u>Provider Handbook</u>.



Reminder: 2022 Provider Network Capacity Survey

Medi-Cal invites dental providers to take the **2022 Provider Network Capacity Survey** now through **August 1, 2022**. The purpose of this survey is to identify potential access-to-care barriers within the Medi-Cal Dental Program. The survey is available on the Medi-Cal Dental <u>website</u> and the *Smile, California* <u>website</u>. Providers will also receive the survey by mail.

Please only take the survey once. Thank you for taking time to respond.

Online Enrollment Portal Coming Soon!

The Department of Health Care Services (DHCS) plans to implement the Provider Application and Validation for Enrollment (PAVE) portal to simplify and accelerate Medi-Cal enrollment processes for dental providers. DHCS anticipates the PAVE launch to occur no later than November 2022. The PAVE portal is a web-based application that allows dental providers to submit enrollment applications and required documentation to DHCS electronically. **DHCS will no longer accept paper applications once PAVE is implemented.**

The Medi-Cal Provider e-Form Application complies with current state and federal regulatory and statutory requirements. All dental providers will be required to use PAVE e-forms to enroll in Medi-Cal, report changes to existing enrollments, and complete revalidation or continued enrollment for individual, group and rendering provider types.

The easy-to-use, intuituve PAVE portal streamlines processes by offering:

- Secure login
- Document uploading
- Electronic signatures
- Application progress tracking
- Social collaboration

You can access resources and learn more about the new portal on the <u>DHCS PAVE page</u>.



Planning for the End of the Continuous Coverage Requirement - Become a DHCS Ambassador

In January 2020, the U.S. Department of Health and Human Services declared a <u>Public</u> <u>Health Emergency</u> (PHE) in response to the outbreak of COVID-19. The COVID-19 PHE is set to expire on July 15, 2022.

Special rules were put in place during the COVID-19 PHE to allow more people to get access to and keep their Medi-Cal benefits. One of these rules is the continuous coverage of Medi-Cal, to allow members to continue their coverage regardless of any changes in their circumstances. Once the COVID-19 PHE ends, local county offices will verify if members still qualify for free or low-cost Medi-Cal.

When the COVID-19 PHE ends, 2-3 million Medi-Cal members could lose their coverage.

The Department of Health Care Services' (DHCS') goal is to minimize member burden and promote continuity of coverage for members. To achieve this goal, DHCS is looking for Coverage Ambassadors. DHCS Coverage Ambassadors will be trusted messengers to reach members in culturally and linguistically appropriate ways and deliver targeted communication at the local level about maintaining Medi-Cal coverage after the COVID-19 PHE ends.

Ambassadors may include, but are not limited to:

- Providers
- Managed Care Plans
- Local County Offices
- Health Navigators
- Advocates and Stakeholders
- Community Organizations
- Health Care Facilities
- Clinics
- State and Federal Agencies



DHCS has developed a <u>toolkit with resources</u> for DHCS Coverage Ambassadors to use in their communities. The toolkit includes flyers, social media images, call scripts, website banners, and more.

Join the mailing list to become a DHCS Coverage Ambassador and receive the latest information about the End of the Continuous Coverage Requirement. You can also access other resources and download the toolkit from the <u>DHCS website</u>. If you have any questions, please email to <u>Ambassadors@dhcs.ca.gov</u>.

Visit Us at the 2022 California Dental Association Convention in San Francisco (CDA Presents)

We invite you to visit the Medi-Cal Dental booth **in-person** at <u>CDA Presents Event</u> in San Francisco on **September 8-10, 2022**. To learn more about registering for and attending the convention, see the <u>Attendee FAQs webpage</u>.

Stop by our booth to meet our Provider Training team, Outreach Representatives, and Dental Consultants. Our Medi-Cal Dental team will be available to answer general questions about:

- California Advancing and Innovating Medi-Cal (CalAIM)
- Medi-Cal Dental Program criteria
- Proposition 56 (Tobacco Tax) Supplemental Payment program
- Electronic Data Interchange (EDI)
- Provider training
- Enrollment application assistance
- Smile, California campaign
- And more

Whatever your questions are - we have answers! Come see us!