

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 <u>Provider Training Seminar</u> <u>Schedule</u>.

<u>Please note</u>: Due to the COVID-19 situation, all seminars will be held as webinars. These changes are noted in red on the Provider Training Seminar Schedule page.

PROVIDER ENROLLMENT ASSISTANCE LINE

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

Available every Wednesday 8am - 4pm

Additional \$20 Billion from Provider Relief Fund Distribution:

Apply October 5, 2020 – November 6, 2020

On October 1, 2020, the U.S. Department of Health and Human Services (HHS) announced plans to distribute an additional \$20 billion from the Provider Relief Fund General Distribution allocation under relief assistance Phase 3. **Providers will have** from October 5, 2020 through November 6, 2020 to apply for Phase 3 General Distribution funding.

Eligibility:

HHS is making a large number of providers eligible for Phase 3 General Distribution funding, including:

- Providers who previously received, rejected or accepted a General Distribution Provider Relief Fund payment. Providers that have already received payments of approximately 2% of annual revenue from patient care may submit more information to become eligible for an additional payment.
- Behavioral Health providers, including those that previously received funding and new providers.
- Healthcare providers that began practicing January 1, 2020 through March 31, 2020. This includes Medicare, Medicaid, CHIP, dentists, assisted living facilities and behavioral health providers.

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dental.dhcs.ca.gov

Payment Methodology - Apply Early:

All eligible providers will be considered for payment against the below criteria.

- 1. All provider submissions will be reviewed to confirm they have received a Provider Relief Fund payment equal to approximately 2 percent of patient care revenue from prior general distributions. Applicants that have not yet received Relief Fund payments of 2 percent of patient revenue will receive a payment that, when combined with prior payments (if any), equals 2 percent of patient care revenue.
- 2. With the remaining balance of the \$20 billion budget, HRSA will then calculate an equitable add-on payment that considers the following:
 - A provider's change in operating revenues from patient care
 - A provider's change in operating expenses from patient care, including expenses incurred related to coronavirus
 - Payments already received through prior Provider Relief Fund distributions

HHS is urging all eligible providers to apply early; do not wait until the last day or week of the application period. Applying early will help to expedite HHS's review process and payment calculations, and ultimately accelerate the distribution of all payments. The full press release regarding the various distributions for the HHS Provider Relief Fund can be found <u>here</u>.

Update: Disaster Assistance to Evacuated Members and Dental Offices

Note: This article has been updated to include the additional counties identified in Governor Newsom's latest <u>emergency proclamation</u> due to the recent fires in California. Please refer to the table below for details.

The Department of Health Care Services will allow member and provider processing exceptions to expedite replacement of removable dental appliances for those impacted by the recent fires in California. Removable dental appliances include orthodontic retainers, space maintainers, partial and full dentures, and temporomandibular joint appliances fabricated by professionals which may be removed and inserted by the member.

County Disaster
Assistance Provided ToEffective DateEnd DateDel NorteSeptember 25, 2020November 30, 2021

Disaster assistance will be provided to the following counties:

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County Disaster Assistance Provided To	Effective Date	End Date
Fresno	September 6, 2020	November 30, 2021
Los Angeles	September 25, 2020	November 30, 2021
Madera	September 6, 2020	November 30, 2021
Mariposa	September 6, 2020	November 30, 2021
Mendocino	September 25, 2020	November 30, 2021
Monterey	August 18, 2020	October 31, 2021
Napa	September 28, 2020; previously August 18, 2020	November 30, 2021; previously October 31, 2021
Nevada	August 18, 2020	October 31, 2021
San Bernardino	September 6, 2020	November 30, 2021
San Diego	September 6, 2020	November 30, 2021
Shasta	September 28, 2020	November 30, 2021
Siskiyou	September 8, 2020	November 30, 2021
Sonoma	September 28, 2020	November 30, 2021

Will prior authorization be waived?

Claims will be accepted without requiring prior authorization and will not be rejected due to frequency limitations for subsequent removable appliances for eligible members who are residents of the impacted counties. 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 requested from one of the impacted counties identified above.

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What does the claim need to demonstrate?

The negative impact of the fires 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 fire weather conditions and removable appliance was lost" within the comments field on the claim. Damaged appliance will be screened for repair.

Will late submission of claims be accepted?

For Medi-Cal dental providers that must submit late billing due to the fires or extreme fire 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 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 were 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 <u>Provider Handbook</u> Section 2 - Program Overview, Billing and Payment Policies, Time Limitations for Billing, page 2-20.

Will claims for members living in other counties be accepted?

For members residing in other counties that lost their removable appliance while they were temporarily in one of the impacted counties, 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 <u>Medi-Cal Dental website</u> for future updates. Questions regarding this notice may be directed to the Medi-Cal Dental Telephone Service Center (TSC) at (800) 423-0507, Monday through Friday, except holidays.