

Best Practices for Providers

Medicaid Assistance Enrollment Information

The Department of Human Services (Department) is committed to working with dental providers to improve the care provided to recipients. This information is for those considering participation with Pennsylvania's Medical Assistance (MA) Program or Children's Health Insurance Program (CHIP). The Department appreciates your interest in the MA Program and CHIP and hopes that the information provided in this section will be helpful to you.

If you require additional general information on the MA Program, please review the [Health Care/Medical Assistance Provider Information section](#) on the Department's website.

CHIP Provider Enrollment Information:

The Department has implemented the Affordable Care Act (ACA) Provider Screening and Enrollment provisions which require all providers who render services to CHIP enrollees to be enrolled with the Department. To enroll, providers must complete an enrollment application appropriate for their provider type and submit all required documents. If a provider is already enrolled in the Pennsylvania MA Program, the provider does not need a separate enrollment for CHIP.

Enrolling to Be an Approved MA Dental Provider

To be eligible to participate in the MA Program, you must be currently licensed and registered or certified by the appropriate commonwealth agency. You must also sign a provider agreement provided by the Department. Additional provider enrollment information and applications can be found at [PROMISe\(TM\) Provider Enrollment and Applications](#).

All providers enrolled with MA are eligible for payment for covered services provided to recipients enrolled in fee-for-service. If you wish to treat recipients enrolled in HealthChoices/Managed Care, you must enroll with one or more of the participating MA Managed Care Organizations (MCOs) after you enroll in the MA Program.

To enroll with participating MA MCOs, you must meet each of the credentialing requirements of the given MCO and sign a contract. For more information about individual credentialing requirements, contact the MCOs directly.

Requirements for Pennsylvania MA Dental Providers:

<https://www.dhs.pa.gov/providers/Billing-Info/Documents/Provider%20Enrollment%20Docs/Dentist%20Requirements.pdf>

Requirements for CHIP ONLY Dental Providers: CHIP only applications are for those dental providers who do not participate with MA in any of their practices.

Online Provider Enrollment Application

Use the [Online Provider Enrollment](#) portal to submit a new application, for revalidation, or for reactivation.

Benefits of using the secure online portal:

- Allowing documents to be uploaded directly to the portal
- Permitting providers see the status of their submission
- Decreasing wait time to review applications

Tips to navigate the portal — [User Interface Provider Training](#)

Portal Enrollment Website for Pennsylvania MA:

<https://www.dhs.pa.gov/providers/Providers/Pages/Provider-Enrollment-Docs.aspx>

Portal Enrollment Website for CHIP ONLY Providers:

<https://www.dhs.pa.gov/providers/Providers/Pages/PROMISE-Chip-Enrollment.aspx>

(if you accept MA at any location, all locations must be enrolled MA, which entitles the provider to see both MA and CHIP ONLY recipients)

After your submission of the application, you will be assigned a tracking number. Please keep this number and keep it for reference.

After review of the application, if additional required verifications or more information is needed for completion of the enrollment, the staff will return the application to the email that is listed on the application. Upon completion of the application, a Provider ID number and welcome letter will be generated and will be sent to the mail to address listed on the application.

ALL Providers must revalidate every 5 years.

Individual Dental Providers-portal-Helpful Hints:

Service Location is defined as: Any address at which the provider has regularly scheduled office hours.

List the provider’s license-at this time you will be prompted to upload verification of the license.

List the Anesthesia License (If applicable).

Complete the primary specialty code as well as the subspecialty code if the dentist will be providing nitrous or other means of sedation in the office. If this is not listed, a submission of nitrous for reimbursement may be denied.

Dental Group application–portal-Helpful hints:

Enter Name of Group and the FEIN number (at this time you will be required to upload a verification of the IRS FEIN number being used), We do not accept W-9s as acceptable verification of the IRS being used). For all out-of-state providers, please include proof of participation in the home state’s Medicaid Program. For all Group applications the IRS/Legal Name and Address-This name must be the name as it appears on the IRS verification. If this is a Business for Profit, it is required on page 7 to list all owners and the percentage owned. You will upload verification of the Corporation papers (if applicable) If individual providers fee assigning to your group would be providing anesthesia services, those

specialties should also be added to your Group application. Please list all group members to be fee assigned to this group. You must also upload a Group Members Sheet, including the individuals name, 13-digit provider ID number and the signature of the provider, you must list at least one individual provider when completing a group application. During the COVID Public Health Emergency electronic signatures will be accepted. You can fee assign additional individuals via ePEAP after receiving your provider ID number for the group.

Dental Services Provided in the MA Program

The scope of benefits for which MA recipients are eligible to differ according to recipients' benefits packages. MA covers the following:

- All medically necessary dental services for children under age 21 enrolled in MA.
- Medically necessary dental services for individuals 21 years of age or older enrolled in MA to include families with children who are eligible for MA and who meet the financial eligibility requirements for TANF, SSI or an optional State supplement. These services include diagnostic (exam & x-rays), preventive (prophy's), restorations (amalgam and composite restorations), extractions, and other types of oral surgery. Diagnostic and preventive services are limited to 1 per 180 days per adult recipient. Additional oral evaluations and cleanings will require an approved Benefit Limit Exception (BLE). Complete and partial dentures are limited to one per arch per lifetime without an approved BLE. Root canals (endodontic services), crowns and adjunctive services, and periodontal services require an approved benefit limit exception in order for the service to be covered. Refer to [MAB 27-11-47](#) for more information.
- Dental services are also provided for adults for palliative treatment or if the condition of the patient requires services be provided in a short procedure unit (SPU), ambulatory surgical center (ASC) or inpatient hospital.
- Beneficiaries in nursing facilities and ICF-MR or ICF/ORC facilities are afforded the same coverage as adults and are not subject to the BLE requirements.

For Pennsylvania MA regulatory information on Dentists' Services, refer to [Chapters 1101, 1149, and 1150 Opens In A New Window](#) in title 55 of the Pa. Code.

The Department has an online recipient [Eligibility Verification System](#) (EVS) that provides the most current eligibility status information on MA recipients. Providers can use information from EVS to make informed decisions regarding billing before rendering services. Providers may typically access EVS 24 hours-a-day, seven days a week. Version V3.53 of the Provider Electronic Solutions software is required to submit any EVS or ECM transaction to the PROMISe" system.

Fee for Service Dental Fee Schedules and Fees

Dentists are paid for services delivered to fee-for-service recipients according to the fees specified in the Department's MA [Dental Fee Schedule](#) unless the dentist typically charges the public less than that which is specified in the fee schedule for service. In such cases, the dentist will be paid the fee typically charged. The fee schedule provides a complete list of fees paid for each service and the limitation on services (i.e., no more than two check-ups per year).

Please note that the single contracted rates paid by the Department to the HealthChoices/Managed Care MCOs serve as payment for all covered services, including dental care. The Department does not regulate the fees paid to dentists for services to HealthChoices/Managed Care recipients. Therefore, fees for services provided to recipients in these programs may vary by MCO.

Fee-for-service dental claims can be submitted using the ADA Claim Form - Version 2012 (available from [ADA.org Opens In A New Window](#)) and can be submitted via hard copy or via electronic submission. The ADA Claim Form — Version 2012 Completion Aid, an item-by-item reference guide that will assist providers in successfully completing the ADA claim form. Managed care claims are filed directly through MCOs. Refer to the MCOs directly for claims submission information. NOTE: The ADA Claim Form - Version 2012 is not available for order on the MA 300X.

The Department offers MA Billing Training free of charge to newly enrolled MA providers and their billing personnel and to currently enrolled providers that have hired new billing personnel and are experiencing serious billing difficulties. For additional information, refer to [MA Bulletin 27-08-05](#).

Bill and Set up Online Access (Fee for Service)

Upon receiving your MA numbers, follow the directions to set up a username and password on the promise website. If you are setting up a group, you can submit via a dropdown of providers assigned to that MA group. This will simplify the process with only one login rather than one for each doctor to submit claims. Follow the ePEAP manual for directions.

Keep track of the login of your enrollment dates.

Link and quick tip for ePEAP- to change mail-to, pay-to, fee assignment
<https://www.dhs.pa.gov/providers/Quick-Tips/Documents/Qtip%2092.pdf>

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