



JENNIFER KENT
DIRECTOR

State of California—Health and Human Services Agency
Department of Health Care Services



EDMUND G. BROWN JR.
GOVERNOR

DATE: June 25, 2018

TO: ALL MEDI-CAL DENTAL MANAGED CARE PLANS

SUBJECT: APL 18-011: Encounter Data Submission Reconciliation Form

PURPOSE:

The purpose of this Dental All Plan Letter (APL) is for the Department of Health Care Services (DHCS) to introduce required use of the Encounter Data Submission Reconciliation Form (EDSRF) by all Medi-Cal Dental Managed Care (DMC) plans beginning July 1, 2018.

BACKGROUND:

Effective June 12, 2015, DHCS transitioned its encounter data reporting for all DMC plans to the Post-Adjudicated Claims and Encounters System (PACES), a national standard file format for encounter data submissions. DMC plans have been required to comply with the new DHCS encounter data reporting requirements when submitting encounter data as specified in DHCS Contract, Exhibit A, Attachment 4.B and DMC APL 15-007. In addition, Title 42 CFR §438.242(d)(2) requires DHCS to have procedures and quality assurance protocols to ensure that member encounter data submitted by DMC plans represents a complete and accurate representation of the services provided.

POLICY:

To ensure the receipt of complete and accurate data, effective July 1, 2018, each DMC plan must now submit an EDSRF on the 15th of each month to DHCS. The EDSRF shall include all data files submitted, rejected, and re-submitted in the prior month's submission. For example:

Month of Data Submission	EDSRF Deadline
June 2018	July 15, 2018
July 2018	August 15, 2018
August 2018	September 15, 2018
September 2018	October 15, 2018
October 2018	November 15, 2018
November 2018	December 15, 2018
December 2018	January 15, 2019

DENTAL ALL PLAN LETTER 18-011
PAGE 2

DHCS will use this document to track and validate the receipt of all encounter data file submissions.

An updated version of the EDSRF template will be distributed to all DMC plans via email upon posting of this APL to the DHCS website. DHCS will also provide the template upon request. To request the template or ask any additional questions, please contact dmcdeliverables@dhcs.ca.gov.

Sincerely,

Originally signed by:

Alani C. Jackson, MPA
Chief, Medi-Cal Dental Services Division
Department of Health Care Services
