

# Denti-Cal Bulletin



VOLUME 19, NUMBER 37 P.O. BOX 15609 SACRAMENTO, CALIFORNIA 95852-0609 DECEMBER 2003

## **IMPACT OF SENATE BILL 857 (SB 857) AFFECTING THE MEDI-CAL DENTAL PROGRAM**

Senate Bill 857 (SB 857), effective January 1, 2004, implements a process for the Department of Health Services (Department) to more thoroughly review providers applying for participation in the Medi-Cal Dental Program, including establishing a new provisional provider status. The provisions of SB 857 will also allow for more efficient identification of problematic and fraudulent provisional providers from the Medi-Cal Dental program.

### **Section 1. The heading of Article 1.3 (commencing with Section 14043) of Chapter 7 of Part 3 of Division 9 of the Welfare and Institutions Code.**

**For the Medi-Cal Dental Program, SB 857 key points are as follows:**

**Section 14043.26** - New providers will be enrolled as “provisional providers.” These providers shall be subject to the terms of provisional provider status for a period of 12 months from the date of enrollment. After successful completion of the 12-month provisional period, the provider’s status will be changed to reflect regular, active status.

All applicants must be processed within 180 days and, if approved, are given provisional provider status for 12 months. If the provider is not notified after 180 days, provisional provider status will be automatically invoked.

**Section 14043.28** - Providers who are subsequently denied enrollment will not be eligible to reapply for a period of three (3) years.

**Section 14123.25** - Providers will be notified of improper billing practices via deficiency notices. Subsequent notices to the same providers may result in civil penalties being imposed by the Department.

**Section 14172.5** - Beginning January 1, 2004, the Department’s collection procedures for established overpayments made to non-institutional providers will change. Prior to January 1, 2004, when a non-institutional provider filed a request for hearing, liquidation of the disputed overpayment was deferred until the appeal was finalized or rejected. Effective January 1, 2004, pursuant to SB 857, the Department shall pursue liquidation of the overpayment 60 days after issuance of the first statement of accountability or demand for repayment, regardless of the status of the provider’s appeal.

To view the full text of the chaptered bill, enter the following website address for the State of California Official Legislative website and select either html or pdf:

[http://www.leginfo.ca.gov/cgi-bin/postquery?bill\\_number=sb\\_857&sess=CUR&house=B&author=speier](http://www.leginfo.ca.gov/cgi-bin/postquery?bill_number=sb_857&sess=CUR&house=B&author=speier)