



Denti-Cal California Medi-Cal Dental Bulletin

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Enrollment Preferred
Provisional Provider Status

Medi-Cal Dental Provider Enrollment Preferred Provisional Provider Status

How dentists can request, and provide documentation and verification for, consideration for enrollment in the Medi-Cal Dental program as a Preferred Provisional Provider.

The Welfare and Institutions (W & I) Code section 14043.26(d) allows providers who meet the criteria identified in that section to be considered within 60 days for enrollment in the Medi-Cal program as preferred provisional providers.

Based upon the authority granted to the director of the Department of Health Care Services (DHCS) in W & I Code section 14043.75(b), the director has established the following procedures that must be followed for a provider to request enrollment in the Medi-Cal Dental program as a preferred provisional provider. These procedures implement W & I Code section 14043.26(d) as it relates to dental providers and have the full force and effect of law pursuant to W & I Code section 14043.75(b). These procedures are effective for all application packages received on or after December 27, 2012.

If the applicant does not meet the criteria for a preferred provisional provider, or the application package submitted fails to meet the requirements set forth, the applicant shall be notified within 60 days, and the submitted application package shall be processed under W & I Code section 14043.26 within 180 days from the date of the notice to the applicant or provider that s/he does not qualify as a preferred provider.

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Due to processing changes in the enrollment of providers, budget constraints, and the anticipated volume of application packages received, program staff is unable to reply to inquiries about the status of application packages in process. For more information about the application package forms, provider updates and regulatory requirements for participation in the Medi Cal Dental program, please visit the Denti-Cal website at <http://www.denti-cal.ca.gov/> and click the “Providers” tab.

If a provider has already submitted an application to Denti-Cal for enrollment and they would like to request to be considered for a preferred provisional provider, they must meet all the criteria in item two below and submit all documentation listed in item two that was not already included in application package submitted along with a *Cover Letter for Preferred Provisional Provider Enrollment* as directed in item three below.

If the Medi-Cal Dental Program finds that a provider falsely certified that they meet the criteria to be a preferred provisional provider, the Medi-Cal Dental Program will recoup all payments for claims from Denti-Cal to provider.

Procedures for Enrollment as a Preferred Provisional Provider

An applicant or provider requesting consideration for enrollment as a preferred provisional provider must do all of the following:

1. Submit an application package that includes the:

- [Medi-Cal Provider Group Application \(DHS 6203, Rev. 2/08\)](#) or the [Medi-Cal Provider Application \(DHCS 6204, Rev. 2/08\)](#)
- [Medi-Cal Disclosure Statement \(DHS 6207, Rev. 11/11\)](#)
- [Medi-Cal Provider Agreement \(DHS 6208, Rev. 11/11\)](#)

The words “Preferred Provisional Provider” must be clearly written by the provider in bold print at the top of the first page of the Medi-Cal Provider Group Application or the Medi-Cal Provider Application. Failure to disclose required information or the disclosure of false information in the application package requesting enrollment as a preferred provider, its attachments or in the Cover Letter for Preferred Provisional Provider Enrollment or its required statement, will result in denial or termination of the provisional provider status, and may result in further legal action.

2. Meet all of the following criteria and submit the listed documentation at the time of submission of the application package to the department:

- a. Hold a current license as a dentist issued by the Dental Board of California, which has not been revoked, whether stayed or not, currently suspended, on probation, or subjected to other limitation. To meet this criterion, the applicant must include a copy of his/her dental license.
- b. Submit documentation showing the dental provider is credentialed by a health care service plan licensed under the Knox-Keene Health Care Service Plan Act of 1975. Documentation may come in various forms including, but not limited to, a letter by the Knox-Keene licensed plan notifying the provider that they have successfully enrolled in the Knox-Keene licensed plan, the provider’s most recent beneficiary roster from the Knox-Keene licensed plan without PHI, or proof of payment by a Knox-Keene licensed plan.
- c. Have never had revoked and/or suspended privileges through the California Medicaid program Medi-Cal Dental.
- d. Have no adverse entries in the Healthcare Integrity and Protection Data Bank/National Practitioner Data Bank (HIPDB/NPDB). To meet this criterion, the applicant must submit documentation from HIPDB/NPDB verifying that the database has no adverse entries regarding the applicant.

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3. Include in the application package a Cover Letter for Preferred Provisional Provider Enrollment in which the applicant declares under penalty of perjury under the laws of the state of California that s/he meets all the criteria of a preferred provisional provider, has no adverse entries in the HIPDB/NPDB and holds a current license as a dentist through the Dental Board of California, which has not been revoked, whether stayed or not, suspended, placed on probation, or subjected to other limitation. The Cover Letter for Preferred Provisional Provider Enrollment shall identify the place in California where the statement is made and include the date and signature of the applicant.

The following format may be used for the required cover letter statement:

“I, _____, declare under penalty of perjury under the laws of the state of
 (Name of applicant, printed)

California that I meet all of the criteria to be enrolled as a preferred provisional provider as set forth in Welfare and Institutions (W & I) Code, Section 14043.26(d)(3). Specifically, I (check appropriate boxes):

- Hold a current license as a dentist issued by the Dental Board of California, which has not been revoked, whether stayed or not, suspended, placed on probation, or subjected to other limitation. To meet this criterion, the applicant must include a copy of his/her dental license; and
- Am currently enrolled as a dental provider by a health care service plan licensed under the Knox-Keene Health Care Service Plan Act of 1975; and
- Have never had revoked and/or suspended privileges through the California Medicaid program Medi-Cal Dental; and
- Have no adverse entries in the Healthcare Integrity and Protection Data Bank/National Practitioner Data Bank (HIPDB/NPDB).

Furthermore, I declare under penalty of perjury that each and every copy of a document included in my application package requesting consideration for enrollment in the Medi-Cal Dental program as a preferred provisional provider or attached to it or its cover letter is true and correct or is a true and correct copy of what it purports to be.

Signed this _____ day of _____, 20(____)

In _____, California by: _____”
 (Name of county where signed) (Signature of applicant)



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