



Denti-Cal California Medi-Cal Dental Bulletin

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Fresno
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Helpful Hints for Completing Denti-Cal Enrollment Application Forms

Completing the Denti-Cal enrollment application forms can seem like a daunting task, but the following information will help make the process easier!

In addition to the information below, make sure to review "[Section 3 – Enrollment Requirements](#)" of the Provider Handbook for more information about the enrollment process and forms.

*Please note: Prospective providers must have received a [National Provider Identifier \(NPI\)](#) prior to applying to the Medi-Cal Dental Program. This unique identifier is **required** on all Medi-Cal applications.*

Obtaining the Enrollment Application Forms

The complete enrollment application forms packet includes the following:

- The appropriate application form ([individual](#) or [group](#))
- [Medi-Cal Disclosure Statement \(DHCS 6207\)](#)
- [Medi-Cal Provider Agreement \(DHCS 6208\)](#)

These forms can be obtained in two ways:

- By downloading them from the [Denti-Cal Applications Forms](#) section of the Denti-Cal web site, or
- By calling the Denti-Cal Telephone Service Center at 1-800-423-0507 and requesting an enrollment packet.

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Please note that **only current forms will be accepted** as part of a complete application package. If you are unsure if a form is current, download the latest form from the [Denti-Cal web site](#) or contact the Denti-Cal Telephone Service Center at 1-800-423-0507.

More information about the forms can be found on the “[Denti-Cal Application Forms](#)” page on the Denti-Cal web site.

Completing the Enrollment Application Packet

Below are tips for completing forms, the disclosure statement, and attachments.

Forms

It’s a good idea to read all of the instructions prior to filling out the enrollment application forms. This will allow you to gather all the necessary information you will need to complete the forms.

When filling out the forms, please be aware of the following:

- Type or print clearly.
- **Blue ink** is preferred if filling in the forms by hand.
- Do not use pencil.
- Do not use correction fluid/tape. To make a correction, put a line through the error and then initial and date the change in ink.
- Do not use staples on forms or attachments.
- When filling out the forms, do not leave any questions, boxes, lines, etc., blank: **a blank field will make the application incomplete, and incomplete applications will be returned.** If a specific question does not apply, simply enter or write “N/A” (not applicable) on the form.

If you have questions about a form’s instructions or if you need clarification, please call the Denti-Cal Telephone Service Center at 1-800-423-0507.

The Medi-Cal Disclosure Statement

The Medi-Cal Disclosure Statement (DHCS 6207) consists of 15 pages. Identify your type of business below to determine which pages of the disclosure statement apply to your business entity.

Business Type	Section/Pages to Complete	Notes
Unincorporated Sole-Proprietor	Section I Page 1- 3	
	Section II Page 4	Any contract signed by the applicant/provider and another party
	Section V Page 10-12	
	Section VIII Page 15	Notary Public Not Applicable
Partnership/Corporation/ Government/Non-Profit	Section I Page 1-3	
	Section III Page 5-6	An additional page 6 is required for each entity listed on page 5. Corporation(s) must attach a list of ALL business location addresses and P.O. Box address of the corporation.
	Section IV Page 7-9	Additional page 8 and 9 is required for each individual listed on page 7. Page 7-9 also applies to managing employees, and person or persons authorized to sign/ make decisions on behalf of the applicant/provider.
	Section V Page 10-12	Any contract signed by the applicant/provider and another party
	Section VIII Page 15	Notary Public Not Applicable

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A disclosure statement will be returned as incomplete if:

- The original signatures from the applicant/provider are missing. If the entity is a government or a nonprofit, then a signature from the authorized signer must be included.
- There are blank questions, boxes, lines, etc. Write or enter “N/A” if not applicable
- The Legal Name of the applicant/provider doesn’t match supporting documents
- Pencil, white-out, highlighter, correction fluid and/or correction tape has been used on the form. If you must correct an entry, draw a line through the incorrect entry, initial and date the correction in ink.
- The applicant/provider fails to disclose all ownership or controlling interest

If you have questions about the disclosure statement’s requirements or instructions, please call the Denti-Cal Telephone Service Center at 1-800-423-0507.

Attachments

In addition to the completed enrollment application forms, additional supporting documentation (“attachments”) will need to be submitted. The instructions for the form will indicate the required attachments/supporting documentation required for submission.

When making copies of the attachments, make sure they are legible and current.

Attachments include, but are not limited to:

- Verification of NPI, as either an e-mail or letter from the Centers for Medicare & Medicaid Services (CMS)
- Internal Revenue Service (IRS) document as requested in the form instructions. The IRS document must be pre-printed indicating the Tax Identification Number (TIN) and legal business name. A W9 is acceptable if you are enrolling under your Social Security Number.
- Articles of Incorporation (for Corporations)
- Partnership agreement (for Partnerships)
- Local permits and business licenses
- Dental Board of California permits: Fictitious name, Additional office, etc. These permits are in addition to any required by local government agencies.
- Professional (malpractice) liability insurance for each licensed provider
- General/Commercial Liability insurance for the location where services are rendered
- Driver’s license or a State issued identification card with a viewable expiration date. Enlarged copy preferred.
- Dental License
- Any other supporting documents that pertain to your type of business

If you have questions on attachments, please call the Denti-Cal Telephone Service Center at 1-800-423-0507.

Submitting the Enrollment Packet

Upon completing the forms, please review the documents to make sure all information is current, correct, and consistent across all forms and attachments. **Finally, the applicant/provider must sign and date all the necessary forms in blue ink.** If the forms do not have a live signature, then the application will not be processed.

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Send the completed enrollment application packet to:

Medi-Cal Dental Program (Denti-Cal)
 Provider Enrollment
 P.O. Box 15609
 Sacramento, CA 95852-0609

Within 10 days of Denti-Cal receiving the enrollment application package a postcard acknowledging the receipt of your application will be sent to your Service office address. The postcard includes an 11-digit correspondence reference number (CRN). Please reference this number in any follow-up correspondence or telephone inquiry.

Within 180 days following the receipt of your complete application package you will receive written notification of one of the following:

- The application is approved for enrollment as a provisional provider
- The application is incomplete and additional information is needed
- The application is referred for a comprehensive review
- The application is denied with the reason(s) for denial

Common Reasons for Returned Applications

Below is a list of common reasons why applications are returned:

1. Incomplete or inconsistent information provided on the forms.

Before submitting the completed enrollment packet, make sure all the information is current, correct, and consistent across all the forms and attachments. Also, make sure all forms are signed in **blue ink**.

2. Missing Type 2-Organization NPI.

Make sure you include your NPI number. More information on NPI numbers can be found on the [Denti-Cal web site under the NPI tab](#), and in "[Section 2 – Program Overview](#)" of the Provider Handbook.

3. Missing supporting business documents like business license, proof of commercial liability insurance or workers compensation.

Review the form instructions to verify all the necessary attachments are included.

4. Missing supporting credentialing documents like dental license, driver license or ID, proof of malpractice insurance.

Review the form instructions to verify all the necessary attachments are included.

5. No Fictitious Name Permit (FNP) for fictitious name or Additional Office Permit (AOP) for additional office.

If your business is doing business under a fictitious name, then you will need to attach a valid, legible copy of the fictitious name permit issued by the Dental Board of California.

6. Invalid corporation name.

A professional corporate name (e.g., "John Q Dentist, DDS Inc" or "John Q. Dentist, a Professional Dental Corporation") does not include the fictitious name (e.g., "Sunny Smiles Dentistry").

For any questions regarding the enrollment application forms or process, please call the Denti-Cal Telephone Service Center at 1-800-423-0507.



PO Box 15609
 Sacramento, CA
 95852-0509
 (800) 423-0507