

Updated Requirements and Procedures for the Enrollment of Medi-Cal Dental Providers

The Department of Health Care Services (DHCS) is establishing new Medi-Cal provider enrollment requirements for dental providers. Effective October 31, 2022, dental providers may apply for enrollment in the Medi-Cal Fee-For-Service program as individuals, group providers, rendering providers, ordering/referring/prescribing providers, or crossover-only providers by submitting an electronic application through the [Provider Application for Validation and Enrollment](#) (PAVE) online enrollment portal, along with all supporting documentation. For the purposes of this bulletin, dental providers include licensed dentists, registered dental hygienists, registered dental hygienists in alternative practice, and registered dental hygienists in extended functions. This regulatory bulletin does not authorize dental assistants, registered dental assistants, or registered dental assistants in extended functions to enroll in or bill Medi-Cal directly.

In accordance with *Welfare & Institutions Code* (W&I Code) Section 14043.75(b), DHCS is establishing specific application and enrollment requirements for dental providers who apply for enrollment in the Medi-Cal program to be reimbursed for the covered services they provide to Medi-Cal beneficiaries. These requirements implement and make specific W&I Code Sections 14043.26 and 14043.15, and as such have the full force and effect of law. This bulletin does not substitute for, or eliminate, all other enrollment requirements set forth in W&I Code Sections 14043.25 and 14043.26.

Application Requirements

All dental applicants requesting enrollment, changes to enrollment, or continued enrollment in the Medi-Cal Fee-For-Service program must submit an e-Form through the PAVE online system, available at <https://pave.dhcs.ca.gov>. The e-Form incorporates the appropriate application information, disclosure statements, provider agreement, and the procedure to use digital signatures to verify applications and enrollment modifications.

Current state and federal regulatory and statutory enrollment requirements apply to the e-Form. Submission of a copy of the Articles of Incorporation is required for all incorporated applicants, pursuant to *California Code of Regulations* (CCR), Title 22, Section 51000.30(e).

DHCS will no longer accept paper applications from dental providers as of October 31, 2022.

Preferred Provisional Provider Eligibility

Licensed dentists may request, and provide documentation and verification for, consideration for enrollment in the Medi-Cal program as a Preferred Provisional Provider. Preferred Provisional Provider status shortens the deadline for a DHCS

response from 180 days to 150 days. However, all program requirements still need to be met. Preferred status may be met if all of the following statements are true:

- The applicant holds 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 subject to other limitation.
- The applicant is currently enrolled as a dental provider by a health care service plan licensed under the Knox-Keene Health Care Service Plan Act of 1975.
- The applicant has never had revoked and/or suspended privileges through the California Medicaid program Medi-Cal Dental; and
- The applicant does not have any adverse entries in the Healthcare Integrity and Protection Data Bank/National Practitioner Data Bank (HIPDB/NPDB).

University Enrollment

University providers are accredited University dental schools. These providers must indicate within the e-Form application that they are applying as a University provider and upload faculty permit(s) or a letter from the University appointing the dental director(s).

Rendering Physician Enrollment

Physicians rendering services to dental provider groups must submit an e-Form application as a rendering provider linking them to the dental provider group and are required to attach a valid physician/surgeon license as well as a valid Medical General Anesthesia permit.

Specialized Enrollments

The required use of the [PAVE](#) application process and e-Forms also applies to groups and provider types with specialized enrollments. Billing providers that meet the requirements of any of the following specialized enrollments are exempted from the established place of business requirements of CCR, Title 22, Section 51000.60.

Facility-Based Dental Provider Enrollment

A “facility-based provider” is defined as a natural person or professional corporation enrolled as a provider who renders services to Medi-Cal beneficiaries *exclusively* in one or more licensed health facilities or health-related facilities. Details on the requirements and procedures for this type of enrollment are outlined in the regulatory provider bulletin titled [Updated Requirements and Procedures for Enrollment as a “Facility-Based Provider.”](#) Facility-based providers must indicate within the e-Form application that they are applying for enrollment as a facility-based provider and submit the attestation letters outlined in the aforementioned provider bulletin.

School-Based Dental Provider Enrollment

School-based providers offer dental services within their authorized scope of practice to elementary, middle, or high school students on school grounds. These providers must enroll using the school address as their service address, indicate within the e-Form application that they are applying as a school-based provider and upload a signed contract between the school and the provider.

Mobile Dental Clinic Enrollment

Mobile clinics are required to indicate that they are applying for enrollment as a mobile dental clinic within the e-Form application. These providers are also required to:

- Enter their mobile dental clinic permit number issued by the Dental Board of California and attach a legible copy.
- Attach their vehicle DMV registration, as required by law; and
- Attach their vehicle insurance, as required by law.

Registered Dental Hygienists in an Alternative Practice

Registered Dental Hygienists in Alternative Practice (RDHAPs) who have an office where they see patients are required to meet established place of business requirements pursuant to CCR, Title 22, Section 51000.60. Alternatively, RDHAPs who provide services solely at residential facilities, residences of the homebound, group homes, licensed health facilities, or as otherwise permitted by Business and Professions Code, Sections 1925 and 1926, are not required to meet specified established place of business requirements to render services to patients. Therefore, RDHAPs who do not have an office where they see patients may use an “administrative location” for the purposes of reporting a business address in the e-Form application. RDHAPs are not required to provide services at the administrative location, however, the administrative location must be a physical location and cannot be a Post Office (PO) Box. This may be the same as their mailing address. This address will appear in directories and in the [California Health and Human Services Open Data Portal](#). For the purposes of this provider bulletin, an “administrative location” is defined as the physical location associated with the RDHAP’s operations, which can include where RDHAPs are dispatched from or based.

The requirement set forth in CCR, Title 22, Section 51000.4 is modified to permit the use of a cellular telephone as the primary business phone for RDHAP providers. Additionally, the following specified established place of business requirements set forth in CCR, Title 22, Section 51000.60(c)(9) will be waived for RDHAP providers who attest that they provide services at residential facilities, residences of the homebound, group homes licensed health facilities, or as otherwise permitted by Business and Professions Code,

Sections 1925 and 1926.

The waived requirements are:

- Regular and permanently posted business hours
- Is identifiable as a medical/health care provider or business, by permanently attached signage that identifies the name of the provider or business as shown on the application
- Obtains and maintains Liability insurance coverage, that covers premises and operation, in an amount not less than \$100,00 per claim, with a minimum annual aggregate of not less than \$300,000, from an authorized insurer pursuant to Section 700 of the Insurance Code

RDHAP Attestation Procedures

For the established place of business requirements outlined above to be waived, RDHAPs must sign and upload the following attestation in the general liability insurance field in lieu of a copy of a general liability insurance policy within the e-From application. The RDHAP attestation template language may only be modified in the blank fields as applicable, and the attestation must have been signed within the last 60 days from the date the application is submitted. The attestation must be on the RDHAP's letterhead using the language below and contain no confidential or protected health information.

I, _____, attest that the following is true and correct:
(Name of applicant or provider)

1. I am licensed by the state of California as a Registered Dental Hygienist in Alternative Practice.
2. Consistent with my scope of licensure, I provide dental hygiene services at residential facilities, residences of the homebound, group homes, licensed health facilities, or as otherwise permitted by Business and Professions Code, Sections 1925 and 1926.
3. I do not have an established place of business where I see Medi-Cal beneficiaries.

Attested to on: _____ of _____, _____.
(Day) (Month) (Year)

By: _____
(Printed name and title of person authorized to legally bind the applicant or provider)