



Note: Dental All Plan Letter (APL) 18-004, issued January 16, 2018, provided detailed guidance to DMC plans on this topic. The information below is a supplemental guide for DMC plans on this topic.

1. Do new DMC plan provider applications submitted prior to January 1, 2018, but not yet approved, need to have the DHCS 5300 completed?

Answer: Yes, all new DMC provider applications not approved prior to January 1, 2018, must have the DHCS 5300 completed as part of the DMC application process.

2. Do DMC plans need to collect a signed DHCS 5300 for the current network providers?

Answer: DMC plans must obtain a signed DHCS 5300 from all current DMC providers that are not currently enrolled in the Medi-Cal Dental Fee-for-Service (FFS) program. Please collect as soon as feasibly possible.

3. Does DHCS expect the DMC plans to terminate provider contracts for all providers who have not completed DHCS 5300?

Answer: No. DHCS expects DMC plans to have an active and compliant enrollment and screening process in place by January 1, 2018. All contracted providers in the DMC plan prior to January 1, 2018, are required to enroll, either through the DMC plan or the Medi-Cal Dental Fee-for-Service (FFS) program, as soon as feasibly possible.

4. What is the timeline for when providers not already enrolled in Medi-Cal Dental FFS must be enrolled by either DHCS or the DMC Plan?

Answer: DMC plans electing to establish their own enrollment process are expected to have their infrastructure in place by January 1, 2018. All contracted providers in the DMC plan prior to January 1, 2018, are required to enroll promptly but no later than December 31, 2018, through either the DMC plan or the Medi-Cal FFS program.

Within 120 days of receipt of a provider application, the DMC plan must complete the enrollment process and provide the applicant with an official determination issued on DMC plan letterhead. DMC plans may allow providers to participate in their network for up to 120 days, pending the outcome of the screening process, in accordance with APL 18-004 and Title 42 of the Code of Federal Regulations (CFR), Section (§) 438.602(b)(2).

5. Will DHCS provide FFS dental providers with a letter that DMC plans need to use to confirm FFS enrollment, or is a listing on the California Health and Human Services

(CHHS) Open Data Portal sufficient verification of enrollment status? Assuming the data portal will be used what identifier will be available online. NPI?

Answer: A Dental FFS provider listed on the Open Data Portal is considered enrolled for purposes of verification. The list of Dental FFS providers on the Open Data Portal contains the NPI number to use as an identifier.

In addition, DHCS has provided each DMC plan with a complete list of Dental FFS providers, and will continue to provide this list to DMC plans on a monthly basis.

6. If the provider elects to enroll with FFS, can the DMC plan ask that the DMC plan application be filled out to ensure that all the necessary information is collected for our systems? If not, can we draft an enrollment form with the minimum information we need to collect?

Answer: If a provider has enrolled via Dental FFS, DMC plans cannot ask the provider to complete a duplicate DHCS 5300 application. However, a provider contracted with a DMC plan will need to complete the DMC plan's Provider Agreement/Contract. DMC plans should avoid requesting unnecessary provider information that duplicates the information requested in the DHCS 5300.

Link to [Denti-Cal Provider Application \(DHCS 5300\)](#)

7. Senate Bill 137 (Chapter 649, Statutes of 2015, codified at Health & Safety Code section 1367.27) requires plans to confirm provider directory information with each provider every 6 months. How does this requirement relate to information collected in the FFS provider enrollment process?

Answer: SB 137 directory update requirements are separate from provider enrollment requirements.

8. Regarding DHCS 5300 forms completed by DMC providers, can plans store these electronically or should the wet signature documents be stored?

Answer: DMC plans must retain the original signed DHCS 5300, with a wet signature.

9. Can a DMC plan deny/terminate a provider?

Answer: If a DMC plan declines to enroll or terminates a provider, it must refer the provider to DHCS and the Dental FFS Administrative Service Organization (ASO) for further Dental FFS enrollment options.

10. How can DMC plans be made aware if DHCS deactivates or suspends a DMC plan provider's enrollment? How can DMC plans confirm that a provider is actively enrolled in Medi-Cal FFS?

Answer: Under certain circumstances, DHCS may make DMC plans aware of provider suspensions or temporary suspensions. Otherwise, DMC plans should conduct monthly checks of all exclusionary data sources specified in APL 18-004, and the Open

Data Portal, which is updated monthly. For your convenience, please see [link to Open Data Portal](#)

11. Does DHCS perform fingerprinting and criminal background checks for high-risk providers, and will that process continue?

Answer: Yes. As specified in WIC §14043.38(c)(2) and the provider bulletin titled "[Medi-Cal Requirements to Submit Fingerprints for a Criminal Background Check](#)", high-risk providers are required to submit fingerprints and submit to a criminal background check as part of the provider enrollment process.

12. If a provider is enrolled with Dental FFS, does this enrollment cover all locations where the provider might render services, or must the provider enroll at every location where it renders services?

Answer: FFS enrolled rendering providers in good standing may join existing provider groups or practice at other locations without submitting additional applications for each location. It is courtesy for the rendering provider to send in a letter on office letterhead notifying us of the additional location. Please use office letterhead and the rendering providers National Provider Identifier (NPI).

13. Site Visit Requirements

Answer: DHCS does not intend to provide a tool for site visits. As stated in the APL, DMC plans must conduct site visits of all providers at least once every five years to verify that the information submitted to the DMC plan and DHCS is accurate, and to determine the applicant's compliance with state and federal enrollment requirements, including but not limited to Title 42 CFR Section 455.414, Title 22 CCR Sections 51000.30, 51000.31, 51000.32, 51000.35, 51000.45, and 51000.60. In addition, all providers enrolled in the Medi-Cal Dental program, including providers enrolled through DMC plans, are subject to unannounced onsite inspections at all provider locations.

14. What happens when a provider enrolls as a FFS provider and also separately as a DMC provider, either by accident or intentionally, and DHCS and the DMC plan make different enrollment decisions? What provider information will be shared to ensure that the two systems are aligned?

Answer: DHCS does not anticipate enrollment decisions to vary between DMC plans and dental FFS. As noted in APL 18-004, Page 5, Section E. Federal and State Database Checks, specifies that DMC plans must perform database checks on their providers in six systems (listed a-f) depending upon status of enrollment. The dental FFS enrollment processes and requirements align with the APL18-004: Provider Screening / Enrollment and Credentialing / Recredentialing.