California Medi-Cal Dental Program

Denti-Cal Bulletin

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NO CLAIM ACTIVITY FOR 12 MONTHS

The Welfare and Institutions Code states providers who have had no claim activity (submitting no claims or requesting reimbursement) in a twelve month period shall be deactivated. Welfare and Institutions Code Section 14043.62 reads as follows:

> The department shall deactivate, immediately and without prior notice, the provider numbers used by a provider to obtain reimbursement from the Medi-Cal program when warrants or documents mailed to a provider's mailing address or its pay to address, if any, or its service or business address, are returned by the United States Postal Service as not deliverable or when a provider has not submitted a claim for reimbursement from the Medi-Cal program for one year. Prior to taking this action the department shall use due diligence in attempting to contact the provider at its last known telephone number and ascertain if the return by the United States Postal Service is by mistake or shall use due diligence in attempting to contact the provider by telephone or in writing to ascertain whether the provider wishes to continue to participate in the Medi-Cal program. If deactivation pursuant to this section occurs, the provider shall meet the requirements for reapplication as specified in this article or the regulations adopted thereunder.

If you are deactivated and wish to re-enroll, please phone (800) 423-0507 to request an enrollment package. To remain in the Medi-Cal Program, please fill out the form below, stating why you wish to be an active provider. Send the form to: Denti-Cal, California Medi-Cal Dental Program, Post Office Box 15609, Sacramento, CA 95852-0609.

If you have any questions, please call Denti-Cal toll free at (800) 423-0507.

Yes, I wish to remain a provider in the California Medi-Cal Dental Program because _____

_____

Check the boxes that apply to your practice:

- ☐ AAH (Alameda Alliance Health)
- ☐ CCS (California Children's Services)
- ☐ DMC (Dental Managed Care) Plan Name: _____
- ☐ FQHC/RHC (Federally Qualified Health Clinic/Rural Health Clinic)
- ☐ GHPP (Genetically Handicapped Persons Program)
- ☐ GMC (Geographic Managed Care) Plan Name: _____
- ☐ HFP (Healthy Families Program)

_____ _____

Provider Name/Number Provider Signature