



# Provider Bulletin

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## Medi-Cal Dental Holiday Payment Schedule for the Remainder of Fiscal Year 2024-25

Effective January 1, 2023, the Department of Health Care Services (DHCS) is required to conduct internal wire transfer with the State Controller’s Office in processing provider payments.

Checks written from the Fiscal Intermediary (FI) to providers for weekly Fee-For-Service and monthly Safety Net Clinic CalAIM payments will be issued on the Tuesday of the week AFTER the check write is complete. If a holiday falls on a Friday, Monday, or Tuesday, payments may be delayed until the following Wednesday or Thursday as listed in the table below.

The check issue date will not match the date providers receive their payment.

The Medi-Cal Dental payment schedule for the holidays is listed below.

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## SIGN UP FOR OUR EMAIL LIST

Learn the latest Medi-Cal Dental news and information by signing up for our Medi-Cal Dental Fee-For-Service Provider email distribution list [here](#).

## TRAINING SEMINARS

To reserve a spot online or view a complete list of training seminars, go to the [Provider Training Seminar Schedule](#).

## PROVIDER ENROLLMENT

To enroll in Medi-Cal Dental, or check the status of an existing enrollment application, click [here](#) or email [PAVE@dhcs.ca.gov](mailto:PAVE@dhcs.ca.gov).



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[dental.dhcs.ca.gov](http://dental.dhcs.ca.gov)



<b>Holiday</b>	<b>Holiday Date</b>	<b>Provider Paper Check Mailed and Provider EFT Pay Date</b>
Labor Day	September 2, 2024	Wednesday, September 4, 2024
Columbus Day	October 14, 2024	Wednesday, October 16, 2024
Veteran's Day	November 11, 2024	Wednesday, November 13, 2024
Thanksgiving	November 28-29, 2024	Thursday, December 5, 2024
Christmas Day	December 25, 2024	Tuesday, December 31, 2024
New Year's Day	January 1, 2025	Tuesday, January 7, 2025
Martin Luther King Jr. Day	January 20, 2025	Wednesday, January 22, 2025
President's Day	February 17, 2025	Wednesday, February 19, 2025
Cesar Chavez Day	March 31, 2025	Tuesday, April 1, 2025
Memorial Day	May 26, 2025	Wednesday, May 28, 2025
Juneteenth	June 19, 2025	Wednesday, June 25, 2025

Please check the Medi-Cal Dental website for future notifications. For questions regarding the Medi-Cal Dental payment schedule, please call the Provider Telephone Service Center at 1-800-423-0507.

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# Important Reminder: Providers Selling or Purchasing a Business

The Department of Health Care Services (DHCS) wants to remind dental providers who are selling or purchasing a business of the Requirements and Procedures for Successor Liability:

**Successor liability may apply when any of the following events occur as indicated in 51000.30(b) and the Provider Bulletins titled, “[Requirements and Procedures for Successor Liability](#)” and “[Important Reminder: Providers Selling or Purchasing a Business](#).”**

- A change of ownership as defined in California Code of Regulations (CCR), Title 22, Section 51000.6
- A sale or transfer of 50% or more of the assets owned by the corporation at the location for which a provider number was issued
- A cumulative change in the person(s) with an ownership or control interest of 50% or more since the information provided in the last complete application package that was approved for enrollment

## **Form Requirements:**

This letter should be postmarked no later than five (5) days after the occurrence of the circumstance listed in California Code of Regulations (CCR), Title 22, Section 51000.30(b). The transferee applicant must submit a complete application package to be received by the Department within 35 days of the occurrence of a circumstance listed in (b)(1), (b)(2), (b)(6), or (b)(7). This is required per CCR, Title 22, Section 51000.30(b). All successor liability forms should be mailed to:

Provider Enrollment Division  
MS4704  
PO Box 997412  
Sacramento, CA 95899-7412

Pursuant to the Provider Bulletins, “[Requirements and Procedures for Successor Liability](#)” and “[Important Reminder: Providers Selling or Purchasing a Business](#).” The form should include the following information:

- Legal name of provider transferor on file with IRS Fictitious Business Name of both the Provider Transferor and Transferee Applicant, if applicable
- Legal name of transferee applicant on file with IRS
- Street address, city and nine-digit zip code of location being transferred
- Effective date of transfer

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- Current NPI or Medi-Cal Dental provider number of provider transferor

The provider transferor and transferee applicant acknowledge and agree that they both will be jointly and severally liable for all debts arising from the Medi-Cal Provider Agreement applicable to the location indicated below, from the date of this agreement until the transferee applicant's application is either approved or denied. Both transferor and transferee agree not to submit any claims to DHCS using an NPI unless that NPI is appropriately registered with the Centers for Medicare and Medicaid Services (CMS) and is in compliance with all NPI requirements established by CMS as of the date the claim is submitted. Both transferor and transferee agree that submission of an NPI to DHCS as part of an application to use that NPI for billing services constitutes an implied representation that the NPI submitted is appropriately registered and in compliance with all CMS requirements at the time of submission. Both transferor and transferee agree that any subsequent defect in registration or compliance of the NPI constitutes an "addition or change in the information previously submitted" which must be reported to DHCS under the requirements of California Code of Regulations, Title 22, Section 51000.40

**For Provider transferor (Notarization is required)**

- Day of month, month, year
- Name of county where signed
- Signature of provider transferor
- Date
- Current NPI or Medi-Cal Dental provider number of provider transferor
- "Fictitious Business" name of provider transferor, if applicable

**For Transferee Applicant (Notarization is required)**

- Day of month, month, year
- Name of county where signed
- Signature of provider transferee
- Date
- Current NPI or Medi-Cal Dental provider number of provider transferee
- "Fictitious Business" name of provider transferee, if applicable
- Name of transferee applicant
- Executed at City, State and Date

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## **Application Package Requirements:**

Within 35 days of any qualifying successor liability events listed above, if the provider transferor and the transferee applicant agree to assume joint and several liability for the purposes of successor liability, the transferee applicant shall submit a complete Medi-Cal Dental enrollment application in the [Provider Application and Validation for Enrollment \(PAVE\) portal](#).

If the transferee applicant's application package is denied, the provider number and provider agreement for that location will be deactivated effective the date of transfer pursuant to W&I Code Section 14043.28(b)(1). If the application package is approved, both the provider transferor and the transferee applicant will be jointly and severally liable for all amounts paid for provided services, goods, supplies, etc. provided to a Medi-Cal member after the date of transfer.

For further information, please visit the DHCS website and download the [Successor Liability with Joint and Several Liability Agreement form DHS 6217](#).

For Medi-Cal provider enrollment information, please contact PED using the Inquiry Form on PED's website under "Provider Resources." You can also call the PED Message Center at (916) 323-1945. For PAVE application questions, email PED at [pave@dhcs.ca.gov](mailto:pave@dhcs.ca.gov), or send a message through the PAVE portal.