AppCentral
User Guide
For Providers
AppCentral is an Online Enrollment and Credentialing submission tool

- It’s an easier, faster way to get your enrollment and credentialing submitted right the first time.
- It saves you time, and helps to ensure your information is entered quickly, correctly, and completely.
- You will receive status update emails throughout your application process.
- It’s an easy-to-use tool that walks you through all required information.
- It promotes faster Credentialing Turnaround Times.
- It provides the providers access to view archived application submissions.
- It’s a safe and secure information collection and transmission tool.
- It enables support Staff to see what you see in real-time.
- Pre-Populated Recredentialing Application (coming soon)

Registration: When you register an account, the account will be unique to each provider. Please ensure the account name you register with is the applicant’s name. Once you are registered you will be able to enter a credentialing contact name within the credentialing application. If you are submitting applications for multiple providers, you will create unique accounts for each provider.

Email addresses: an email address is required to register with Application Central. When you create your account as a new provider you can provide two email addresses:
  - **Personal Email (Required):** Used to send a personalized link to access your credentialing application and status updates throughout the credentialing process. When Recredentialing is due (typically every 36 months), this email is used to send the link to complete your application.
  - **Credentialing Email (Not Required):** This email will not receive the link to log-into your personalized credentialing application, but will receive all status updates and requests for additional information where applicable.

2. Click Join Our Network

3. For new users, click on Start a NEW Online Credentialing Application

4. For existing users, click on Continue an ALREADY STARTED Online Credentialing Application
New Online Credentialing Application

1. Fill in the Provider Enrollment Form

   Business Name?
   Contact Number?
   I Wish to see DentaQuest Members from more than one state?
   What State do you wish to see members from?
   What is your individual Type 1 NPI?
   Please enter the Tax ID(s) that you wish to bill from.
   Do you have an active CAQH ID?
   CAQH ID
   Select Your practice type
   Please select your primary specialty
   In what types of networks do you wish to participate?
   In what county(s) is your treatment location(s) needed?

2. Click Submit

3. Select the products you wish to accept

   Please select the available Networks you wish to participate
   If you have questions about the networks please contact our Credentialing help desk at 800.233.1468
   Adult Medicaid
   Child Medicaid

4. Click Done
5. Click, Sign Up

6. Create Account
   a. Enter Provider Name
   b. AppCentral ID (Username)
   c. Password
   d. Personal Email (Providers personal email)
   e. Credentialing Contact Email (the contact person for credentialing related questions)
   f. Security Question
   g. Read and Accept terms of use agreement

   Note: An account will need to be created for each individual provider.

7. Click Create my account
Note: All fields in **RED** are required before the application can be submitted

1. Print **Provider Agreement**
   - This document will need to be completed and returned with the application if the business (billing entity) is new to DentaQuest
     - Directions on how to attach or fax documents are at the end of this instruction manual
   - This document contains
     - Provider Agreement
     - W9
     - EFT (Electronic Funds Transfer) Waiver Form (required to be completed if you do not want payment to be sent via EFT)

2. Select **DentaQuest Credentialing Application**
3. Is the enrolling provider with a
   - New Business with DentaQuest, or
   - An Existing Business with DentaQuest
     • Please Add = Enrolling providers Name
     • Entity Name = Business Name

4. Select all states that you services members for

5. Click ➡️ to get to the next page

   **Note:** The Page Backward and Page Forward buttons are located on the right hand side on the top and the bottom of the page

6. Complete the **General Information** Section
7. Complete the **Other Names** Section, if applicable
   **Note:** Please be sure to attach documentation of the name change (i.e. – marriage certificate, legal name change documentation, etc.)
8. Complete the Provider Languages Section
   • Please select all applicable languages spoken by the provider

   **Note:** If more than three entries are needed, click on [Add more] to include additional languages

9. Complete the Licensure Section
   • Include all current and past licensees

   **Note:** If more than two entries are needed, click on [Add more] to include additional licenses

10. Complete the DEA Registration Section
    • Include all current and past DEA License(s)
    • If you select Not Applicable or In Process, a DEA Release Form will need to be attached
    • A DEA is required for all states that you service members in. If your DEA License is registered in a state other than the one you are applying for; please attached a DEA Release Form

    **Note:** If more than one entry is needed, click on [Add more] to include additional licenses

11. Complete the CDS Registration Section
    • Include all current and past CDS License(S)

    **Note:** If more than one entry is needed, click on [Add more] to include additional licenses

12. Complete the Education Section

13. Complete the Specialties & Boards Section

14. Complete the Residency/Continuing Education Section, as applicable
    • Check [Not Applicable] if you did not attend a Residency/Continuing Education Program

    **Note:** If the American Board Certified Diplomat box is checked on previous page, completion of Residency is required

15. Complete Hospital & Healthcare Affiliations Section, as applicable
    • Check [Not Applicable] if you do not have any hospital affiliations
16. Complete the **Professional Liability Insurance** Section
   - A current copy of the insurance certificate will need to be attached prior to submitting the application.
   
   **Note:** If insurance will expire within the next 30 days, also include the insurance certificate for the upcoming coverage period

17. Complete the **Office Location(s)** Section
   - For additional location page(s), click

18. Complete **Billing Address** Section
   - If the billing information is the same as the Primary Office Location, check

19. Complete **Correspondence Address** Section
   - If the correspondence Address is the same as the Primary Office Location, check

20. Complete Credentialing Contact Information
   - If the credentialing contact information is the same as the Correspondence information, click

21. Complete the **Work History** Section
   - The past 10 years of work history is required
   - MM/YYYY format is required
   - If you graduated within the last six months, check

   **Note:** If more than six entries are needed, a Curriculum Vitae (CV) may be attached
22. Select the applicable choice on the EFT Form

- If the business is existing with DentaQuest and already receiving payment via EFT, select

  Business Entity has EFT currently
  
  TIN: ____________________________

- If the business does not want payment sent via EFT, select

  Business Entity does not want to take EFT at this time
  
  TIN: ____________________________

  - The EFT Waiver Form will be required to be attached prior to submitting the application

- If the business would like to receive payment via EFT, select

  Business Entity would like to add New EFT
  
  TIN: ____________________________

  - Complete the remainder of the form
  - A copy of a voided check will need to be attached prior to submitting the application

23. Complete the Questionnaire

  Note:
  - DentaQuest uses the National Practitioner Data Bank (NPDB) to verify and adverse licensure, malpractice history, hospital privileges and professional society actions against physicians and dentists related to quality of care. To obtain a copy of your NPDB report, please perform a Self-Query by visiting [https://www.npdb.hrsa.gov/ext/selfquery/SQHome.jsp](https://www.npdb.hrsa.gov/ext/selfquery/SQHome.jsp)
  - If you Answer “Yes” to questions 1-13 and 15-16, the following information is required in your response:

    Please enter the following information in the Explanation Section below:
    
    o In your own words, a description of the adverse action
    o Date of adverse action
    o Outcome of the adverse action

  Note: A copy of your Self-Query is not acceptable unless you have completed the ‘Subject Statements’ Section

24. Complete the Certification, Statements and Signature

  Note: The date must be current date.
25. Complete the **Disclosure of Ownership**

**NOTE:** All sections need to be completed before the document can be considered complete. This includes all sections of the document and all questions. If a correction is made to the document, the error needs to be lined out and dated and initialed.

**Section 1:**
- This section needs to be completed in its entirety. Information populated in section 1 should match the information on the W9 form.
- If provider states that TIN was completed within the last 6 months, this is the only section that needs to be filled out.

**Note:** Note: The version that must be on file with DQ is this same version that is in the application.

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This document **MUST** be completed and signed by an Owner of the Business Entity. If there are multiple Service Offices associated with this Business Entity, please attach a complete list of **ALL** Service Offices including their address.

The Disclosure of Ownership is a CMS (Center for Medicare/Medicaid Services) and Client Required document for DentaQuest to obtain during the contracting/credentialing process. If this documentation is not received, the credentialing process will be delayed.

Current copy of the Disclosure of Ownership for Business Entity already on file with DentaQuest -

**COMPLETED WITHIN THE LAST 6 MONTHS.**

TIN: ____________________________

☐ Yes  ☐ No

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**Disclosure of Ownership and Control Interest Statement**

Completion and submission of this form is a condition of participation in any program established by Medicaid or Medicare only. One full and accurate disclosure of ownership is required for each Business Entity. Failure to submit the requested information will result in refusal to participate in the DentaQuest Network or in termination of an existing agreement. If there are any changes in the ownership an updated form must be submitted.

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<tr>
<th>1. Identifying Information</th>
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<tr>
<td><strong>Name of Entity</strong></td>
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<td><strong>Street Address</strong></td>
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<tr>
<td><strong>State</strong></td>
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Section 2:
- Questions 2a - 2c require a response.
  - If any questions 2a – 2c has a “YES” response, an explanation is required in the provided “Remarks” area of page 4.
- Question 2d requires a response.
  - If the question has a “NO” response, an explanation is required in the provided “Remarks” area of page 4. **PLEASE NOTE: It is a requirement of DentaQuest for business’ to perform this search.**
Section 3:

- **Section 3a** This should include all the owners of the organization (List each member of the Board of Directors or Governing Board and Managing Employees also including General Manager, Business Manager, Administrator, Director, or other individual who exercises operational or managerial control over, or who directly or indirectly conducts the day-to-day operation.). If needed, a list of owners can be attached and “See Attached” can be written in this section.

- **Section 3b** needs to be completed. Information populated in this section should match the information on the W9 form.
  - **Section 3c** If the business is a corporation, this section needs to be completed.

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<tr>
<th>Name of Individual or Entity</th>
<th>DOB</th>
<th>Address</th>
<th>Zip</th>
<th>City</th>
<th>State</th>
<th>SSN (if listing an individual)</th>
<th>TIN (if listing an entity)</th>
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- **b. W9 Type**
  - [ ] Sole Proprietorship
  - [ ] Partnership
  - [ ] Corporation
  - [ ] Unincorporated Associations
  - [ ] Other

- **c. If this Business Entity is a corporation, list names, addresses of the Directors, and EINs for entities.**
Section 3d: If this is answered “YES”, names and addresses of owners of the business who also own other Medicaid and Medicare organizations.

Disclosure of Ownership and Control Interest Statement

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Sections 4-5:
- Requires a date populated in the space provided, if any are answered with a “YES” response.

Sections 6:
- Can be answered with a “YES” response without an explanation.
Section 7:

- If section 7a is answered with a “YES” response, and the business entity is part of a chain, a list of the affiliated locations that includes the name address and EIN # of every location is required.

| 7a. Is this entity chain affiliated? (if yes, list name, address of Corporation, and EIN) |
|-----------------------------------------------|-----------------------------------------------|
| Name | EIN |
| Address |
| City | State | Zip |

- If section 7b is answered with a “YES” response, a list of the locations that the location was affiliated with in the past is required.

| 7b. If the answer to Question 7a. is No, was the entity ever affiliated with a chain? |
|-----------------------------------------------|-----------------------------------------------|
| (If yes, list Name, Address of Corporation, and EIN) |
| Address |
| City | State | Zip |

Signature Section:

- All fields must be populated. **This form must be signed by an owner of the business.**

26. Complete the **DentaQuest Application Checklist**

Note: This section is used as a checklist to ensure all required documentation is attached.
There are two ways to attach documents

Helpful Hint: Gather all required documentation prior to this step

- If you select My Computer, have all documents scanned and saved in an easily assessable on your computer
- If you have trouble with attaching documents, please check your pop-up blocker and/or your firewall settings.

1. Click on located on the top of the page
2. Select
3. Select Attachment Method

Choose one of the methods of attachment below to proceed.

My Computer
Select a document from your computer and upload it as an attachment to this document.

Fax
Generates a coversheet with instructions to add an attachment to this document using a fax machine.

Previous Attachments
Select from a list of previous attachments that have been saved to the system.
Or

1. Click on **Fax or Attach Image**
2. Select **Add License, Photo, Certification, etc. via fax, from computer, or use a past attachment**
3. Select Attachment Method

Choose one of the methods of attachment below to proceed.

- **My Computer**
  Select a document from your computer and upload it as an attachment to this document.

- **Fax**
  Generates a coversheet with instructions to add an attachment to this document using a fax machine.

- **Previous Attachments**
  Select from a list of previous attachments that have been saved to the system.

When the application has been completed and all required documents are attached, click **Submit Document**
Document submitted successfully

Next Document  Back to Home  Sign Out