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STATE OF HAWAII  
DEPARTMENT OF HUMAN SERVICES  
Med-QUEST Division  
Clinical Standards Office  
P. O. Box 700190  
Kapolei, Hawaii 96709-0190

August 12, 2009

MEMORANDUM

DENTAL M09-05

TO: All Medicaid Dental Providers

FROM: Kenneth S. Fink, MD, MGA, MPH  
Med-QUEST Division Administrator *KF*

SUBJECT: CHILDREN'S HEALTH INSURANCE PROGRAM REAUTHORIZATION ACT  
(CHIPRA) "INSURE KIDS NOW" WEBSITE

The Department of Human Services, Med-QUEST Division (MQD) is contacting you to provide you with the option to have your name listed on the "Insure Kids Now" national website. We understand that some dentists may not want to have their name listed, and we want to give you the choice.

Pursuant to Section 501(e) of the Federal Children's Health Insurance Program Reauthorization Act (CHIPRA), all states are required to submit a list of dentists participating in Medicaid or the State Children's Health Insurance Program (SCHIP) for listing on the "Insure Kids Now" website. The "Insure Kids Now" website will enable the general public to access information regarding the availability of dental providers for Medicaid and SCHIP children.

If you do not desire being listed on the "Insure Kids Now" website, please complete and return the attached form by August 30, 2009. If you do not return a completed form indicating your preference not to be listed, we will consider that implied consent for listing. As the "Insure Kids Now" website listing will be updated quarterly, you can notify us at a later date if you change your decision about being listed.

Whether you choose to be listed or not, we would appreciate your taking the time to provide us with any updated information related to your practice so that we can better serve you and our clients. Completed forms can be faxed to 808-692-8131, or mailed to Department of Human Services, Med-QUEST Division, Clinical Standards Office, P.O. Box 700190, Kapolei, Hawaii 96709-0190.

If you have any questions regarding this initiative, please contact the Med-QUEST Division, Clinical Standards Office at 808-692-8124. Thank you for serving our low-income children.

Attachment

**"INSURE KIDS NOW" WEBSITE  
PROVIDER PARTICIPATION FORM**

I am willing to have my name included as a Hawaii Medicaid participating dental provider on the "Insure Kids Now" website.

- YES (Please complete the information on the chart below)
- NO (Please complete Provider information, sign and date)

**All providers: Please complete 1<sup>st</sup> category (Provider Name)**

Category	Information
Provider (First and Last Name)	
Professional Affiliation (Private Practice = PP; Community Health Center = CHC; Health Department = HD; Other = OTH)	
Group or Clinic Name	
Office Address (Street, City, State, Zip Code)	
Office Telephone Number	
Fax Number	
Health Plan Name/Coverage Entity (Insurers your practice accepts)	
National Provider Identifier (NPI) (Medicaid ID number if no NPI)	
Active Status (Y/N)	
Specialty: General Dentistry; Pediatric Dentist; Oral Surgeon; Endodontist; Orthodontist; Periodontist	
Accepts New Patients (Y/N)	
Accommodate Special Needs (Y/N)	

\_\_\_\_\_  
Provider Signature

\_\_\_\_\_  
Date