

Frequently Asked Questions – Provider Website

General Questions:

1. What is Medi-Cal Dental?

Medi-Cal Dental is the dental benefit of the State Medicaid Program.

2. What does Delta Dental do for Medi-Cal Dental?

Delta Dental of California administers the 'Fee-For-Service' portion of the dental program for the Department of Health Care Services (DHCS). Delta Dental functions as administrators of this program to process TAR/Claim forms, and to enforce the rules and guidelines set by DHCS.

3. What is the best way to receive update information from Medi-Cal Dental?

Medi-Cal Dental bulletins are published monthly to provide providers information and is available on the Medi-Cal Dental Website at <https://dental.dhcs.ca.gov> . New bulletins will appear in the "What's New Section" https://dental.dhcs.ca.gov/Dental_Providers/Denti-Cal/Provider_Whats_New/ of the Medi-Cal Dental website and are incorporated into the "Provider Bulletins" section of the website. This section should be checked frequently to ensure that your office has the most updated information on the Medi-Cal Dental program.

https://dental.dhcs.ca.gov/Dental_Providers/Denti-Cal/Provider_Bulletins/

For previous years or older bulletins, please visit our Provider Bulletin Archive

https://dental.dhcs.ca.gov/Dental_Providers/Denti-Cal/Provider_Bulletins/Provider_Bulletins_Archive/

For instant updates, sign up for Provider Email List

https://dental.dhcs.ca.gov/Dental_Providers/Denti-Cal/Provider_Email_List_Sign_Up/

Eligibility:

1. Where can I find eligibility information for my patients?

Eligibility is determined by the county department of Social Services of the member. This information is provided to DHCS.

There are two ways for providers to verify eligibility through the Point of Service (POS) Network:

- i. A.E.V.S. 800-456-2387
- ii. <https://www.medi-cal.ca.gov>

A Medi-Cal Point of Service (POS) Network/Internet Agreement Form must be filled out and on file with Medi-Cal in order to use the website for eligibility transactions.

The form may be found here: http://files.medi-cal.ca.gov/pubsdoco/publications/masters-MTP/Part1/pointfrm1net_z01.doc

Please mail the completed form to:

California MMIS Fiscal Intermediary
Attn: POS/Internet Help Desk
820 Stillwater Rd

West Sacramento, CA 95605

1-800-541-5555

2. How would a member obtain a Benefits Identification Card (BIC)?

When a member is determined eligible for Medi-Cal, the BIC is issued by the county department of Social Services where the member resides. If the member has not received their card or should need a replacement card, please refer the member to contact their local county social service office or to call 800-541-5555 to request it.

3. What does the BIC look like and what information do I need from it?

The BIC is not a verification of eligibility but does contain the information to enable the provider to access eligibility. The BIC is a permanent plastic card issued once. The reverse side contains a magnetic strip and member's signature area. The front of the card contains the member's ID number, name, birth date and issue date. You need this information to verify the member's eligibility on the Medi-Cal website. (Please refer to the Eligibility section for more information.)

Please refer to the Medi-Cal Dental Handbook, Page 2 for image samples of the BIC:

https://dental.dhcs.ca.gov/DC_documents/beneficiaries/DC_member_handbook_english.pdf

4. Do members of the Medi-Cal Dental program have different plan types and benefits allowed to them?

After the member eligibility is determined by the county department of Social Services, the member's scope of benefits are determined by an aid code assigned upon eligibility determination.

Aid codes can be referenced in:

- i. The Provider Handbook, Section 4

https://dental.dhcs.ca.gov/DC_documents/providers/provider_handbook/handbook.pdf#page=82

- ii. The Medi-Cal Website [http://files.medi-](http://files.medi-cal.ca.gov/pubsdoco/manual/man_query.asp?wSearch=%28%23filename+%2A%2Az00%2A%2Edoc+OR+%23filename+%2A%2Az00%2A%2Ezip+OR+%23filename+%2A%2Az01%2A%2Edoc+OR+%23filename+%2A%2Az01%2A%2Ezip%29&wFLogo=Part+1+%26%23150%3B+Medi-Cal+Program+and+Eligibility&wFLogoH=52&wFLogoW=516&wAlt=Part+1+%26%23150%3B+Medi-Cal+Program+and+Eligibility&wPath=N)

[cal.ca.gov/pubsdoco/manual/man_query.asp?wSearch=%28%23filename+%2A%2Az00%2A%2Edoc+OR+%23filename+%2A%2Az00%2A%2Ezip+OR+%23filename+%2A%2Az01%2A%2Edoc+OR+%23filename+%2A%2Az01%2A%2Ezip%29&wFLogo=Part+1+%26%23150%3B+Medi-Cal+Program+and+Eligibility&wFLogoH=52&wFLogoW=516&wAlt=Part+1+%26%23150%3B+Medi-Cal+Program+and+Eligibility&wPath=N](http://files.medi-cal.ca.gov/pubsdoco/manual/man_query.asp?wSearch=%28%23filename+%2A%2Az00%2A%2Edoc+OR+%23filename+%2A%2Az00%2A%2Ezip+OR+%23filename+%2A%2Az01%2A%2Edoc+OR+%23filename+%2A%2Az01%2A%2Ezip%29&wFLogo=Part+1+%26%23150%3B+Medi-Cal+Program+and+Eligibility&wFLogoH=52&wFLogoW=516&wAlt=Part+1+%26%23150%3B+Medi-Cal+Program+and+Eligibility&wPath=N)

5. What is a Share of Cost (SOC)?

If the Medi-Cal eligibility verification system indicates a member has an SOC, the SOC must be met before a member is eligible for Medi-Cal benefits. The SOC was developed by DHCS to ensure an individual or family with higher income meets a predetermined financial obligation for medical and dental services before Medi-Cal pays for any services.

6. How is it determined that a SOC is met or unmet?

Providers can determine a member's SOC when verifying the member's eligibility through AEVS. AEVS will report if a member has an unmet SOC before providing an Eligibility Confirmation Verification (EVC).

If the SOC is unmet, providers may collect payment on the date that services are rendered, or they may allow a member to pay for the services at a later date through an installment arrangement. SOC obligations are between the member and the provider and they should be in writing and signed by both parties.

Please see the Provider Handbook, Section 4 for more information.

https://dental.dhcs.ca.gov/DC_documents/providers/provider_handbook/handbook.pdf#page=82

History, Claims and Preauthorization

1. Where can providers check for a patient's treatment history?

History can be located by using the Interactive Voice Response (IVR) system when calling 800-423-0507. The IVR is available 22 hours a day, 7 days a week. If further assistance is required, the IVR will route to a customer service representative between the hours of 8 AM to 5 PM, Monday through Friday.

2. Can patient history be checked online?

No, patient history is not available online. It can be checked through the IVR 22 hours a day, 7 days a week. If further assistance is required, the IVR will route to a customer service representative between the hours of 8 AM to 5 PM, Monday through Friday.

3. How do providers follow up on payment or denial of claims or preauthorizations that have been submitted?

Following up on claims and preauthorizations is easier than ever with the Provider Website Application. This portal, located right on this Medi-Cal Dental website, is a tool that can help with managing claims and payments even for multiple practices.

Please see the Medi-Cal Dental Program Website Application User Guide on how to get started.

https://dental.dhcs.ca.gov/DC_documents/providers/provider_web_application_user_guide.pdf

The IVR also provides claims and preauthorization information. The IVR is available 22 hours a day, 7 days a week. If further assistance is required, the IVR will route to a customer service representative between the hours of 8 AM to 5 PM, Monday through Friday.

4. What resources are available for providers if they would like additional training for billing procedures?

Medi-Cal Dental offers a wide range of options for additional training, in which offers CE Credits through our Seminars, Webinars and Workshops. Please see the Provider Training section of the Medi-Cal Dental website for the Current Seminar Schedule and more information.

https://dental.dhcs.ca.gov/Dental_Providers/Denti-Cal/Provider_Training/