

Denti-Cal Bulletin



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MEDI-CAL NOW: CONFERENCE FOR MEDI-CAL

Electronic Data Systems (EDS) is hosting a three-day conference for Medi-Cal providers entitled **Medi-Cal Now**. This unique training opportunity is a comprehensive healthcare forum covering a variety of key topics from the Medi-Cal and public health arenas, and is designed to give providers a more personalized learning experience.

Medi-Cal Now is occurring in Sacramento **September 7, 8, and 9, 2005** at the following location:

Sacramento Convention Center
1400 J Street
Sacramento, CA 95814

For information on the Medi-Cal Dental (Denti-Cal) Provider Enrollment Process, applicants and providers can attend a presentation daily from 11:30 a.m. to 12:20 p.m.

For more information and to register, contact the EDS Telephone Service Center at (800) 541-5555.

SOME CLAIMS WITH HEALTHY FAMILIES COVERAGE (AID CODE 9H) DENIED IN ERROR

Some claims for beneficiaries with Healthy Families (Aid Code 9H) coverage processed between January 1, 2004 and June 22, 2005, may have been denied in error.

If you received a denial of Adjudication Reason Code 318, Policy Code 16, or Policy Code 25 for a Healthy Families (Aid Code 9H) beneficiary, please submit a Claim Inquiry Form (CIF), requesting re-adjudication. For these claims, CIFs may be submitted to Denti-Cal through December 31, 2005.

VERIFY YOUR TAX IDENTIFICATION NUMBER

The California Medi-Cal Dental Program (Denti-Cal) reports annually to the Internal Revenue Service (IRS) the amount paid to each enrolled billing provider. The Business Name and Tax Identification Number (TIN) must match **exactly** with the name and TIN on file with the IRS. If the Business Name and TIN **do not** match, the IRS requires Denti-Cal to withhold 31% of future payments.

TAX IDENTIFICATION NUMBER

TINs may either be a Social Security Number (SSN) or an employer identification number (EIN). Denti-Cal uses the TIN to report earnings to the IRS, which are printed on the front of the check and on the Explanation of Benefits (EOB) you receive from Denti-Cal. **Please verify that the Business Name and TIN on the next check/EOB you receive from Denti-Cal are correct.** If the Business Name and TIN appearing on your Denti-Cal check/EOB are correct, you do not need to notify Denti-Cal.

UPDATING YOUR TAX IDENTIFICATION NUMBER

If the Business Name and/or TIN are not correct, a Medi-Cal Dental Provider Information Change/Deletion Request (DC-012) form is required to make necessary changes. Please attach a valid, legible copy of an official document **from** the IRS (Form 147-C, SS-4 Confirmation Notification, 2363 or 8109C).

If your business type has changed (for example: sole proprietorship, corporation or partnership) you are required to complete a new Medi-Cal Dental Provider Number Request (DC-005), Medi-Cal Disclosure Statement (DHS 6207), and Medi-Cal Provider Agreement (DHS 6208).

If you are incorporated, attach a valid, legible copy of the Articles of Incorporation showing the name of the corporation. If you are doing business under a fictitious name, attach a valid, legible copy of the fictitious name permit issued by the Dental Board of California.

To obtain a current application package, please contact Denti-Cal toll-free at (800) 423-0507. Failure to submit the appropriate form(s) and supporting documents will delay the processing of your application and it will be returned as incomplete.

MEDI-CAL DENTAL PATIENT REFERRAL SERVICE

Medi-Cal Dental Program (Denti-Cal) providers can take advantage of a free referral service for accepting Medi-Cal dental patients. This referral service can be an excellent resource for enrolled Denti-Cal providers to build, maintain, or increase their patient base while making available the highest level of dental service for the state's medically needy.

If you are a provider interested in this service, or need to update the information currently on file, please fill out the attached Medi-Cal Dental Patient Referral Service Form and mail it to:

California Medi-Cal Dental Program
P.O. Box 15609
Sacramento, CA 95852-0609

If there are questions regarding any of this information, please call Denti-Cal toll-free at (800) 423-0507.



Denti-Cal

California Medi-Cal Dental Program

Medi-Cal Dental Patient Referral Service

Dear Doctor:

The Medi-Cal Dental Program (Denti-Cal) offers a voluntary patient referral service that serves the dental community statewide. Please consider our request to include your office on our referral list for Denti-Cal patients.

Complete this form and return it to the Denti-Cal in the enclosed envelope.

If you have any questions about the Medi-Cal Dental Patient Referral Service, please do not hesitate to call Denti-Cal toll-free (800) 423-0507.

Sincerely,
Provider Services
Medi-Cal Dental Program
Denti-Cal

- ☐ Yes I would like Denti-Cal patients referred to my office. Please add my name to your referral list. I understand I may request removal of my name from this list at any time.
- ☐ No I do not want Denti-Cal patients referred to my office. Please do not include my name on your referral list.

Provider Name: _____ Billing Provider ID: _____ Service Office #: _____

Business Name: _____

Fictitious Name: _____

Office Address: _____

Office Telephone: (____) _____ Is your office wheelchair accessible? ☐ Yes ☐ No

What other languages are spoken
in your office? _____

List any dental specialties or services offered in your office (e.g., endodontic, periodontal, oral surgical procedures, general anesthesia, etc.): _____

What age group of children does your office see? ☐ 5 & under ☐ 6 – 12 ☐ 13 & older

Billing Provider Signature: _____

Date: _____