



Denti-Cal California Medi-Cal Dental Bulletin

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Training Seminars:

Want to learn more about the Denti-Cal program? Come to one of our training seminars. Go to our website to [Reserve Your Spot](#).

Elk Grove
Basic & EDI/D381 - July 12, 2012

Elk Grove
Advanced/D382 - July 13, 2012

San Mateo
Basic & EDI/D383 - July 18, 2012

San Mateo
Advanced/D384 - July 19, 2012

Fresno
Basic & EDI/D385 - July 26, 2012

Fresno
Advanced/D386 - July 27, 2012

Deactivation of Personal Identification Number

Denti-Cal assigns a Personal Identification Number (PIN) to all providers during their participation in the California Medi-Cal Dental Program and/or California Children Services/ Genetically Handicapped Persons Program (CSS/GHPP).

The PIN is used to access the:

- Medi-Cal Automated Eligibility Verification System (AEVS)
- Point-Of-Service (POS) Device
- Internet to determine online beneficiary eligibility
- Denti-Cal automated telephone system to obtain financial information

If a provider does not check eligibility or share of cost transactions for 15 months, their PIN will be deactivated.

Providers will need to apply for a new PIN if the current PIN has been deactivated. To request a new PIN, write a letter to Provider Enrollment that includes the provider's name and NPI and send it to:

Denti-Cal
Attention: Provider Enrollment
PO Box 15609
Sacramento, CA 95852

Questions regarding PINs or the Denti-Cal program in general can be directed to the Denti-Cal Telephone Service Center at (800) 423-0507

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New Aid Codes for Non-Minor Dependents

In response to Assembly Bill (AB) 12 (Chapter 359, Statutes of 2010, California Fostering Connections to Success Act), six new full scope aid codes have been created to identify non-minor dependents (NMDs) ages 18 through 21 who qualify for the following programs:

- California Work Opportunity Responsibility to Kids (CalWORKs)
- Foster Care (FC)
- Kinship Guardianship Assistance Payment Program (Kin-GAP)
- Adoption Assistance Program (AAP)

A NMD is defined as a current or former dependent child or ward of the Juvenile Court, who is at least 18, but less than 21 years of age, in a foster care placement under the responsibility of the county social services agency, county probation department, or Indian tribe, and participating in a transitional independent living case plan.

The six new aid codes are as follows:

Aid Code	Benefits	SOC	Program/Description
07	Full Scope	No	A cash grant program to facilitate the ongoing adoptive placement of hard-to-place NMDs, whose initial AAP payment occurred on or after age 16 and are over age 18 but under age 21, who would require permanent foster care placement without such assistance.
43	Full Scope	No	Covers NMD, age 18 but under age 21, under AB 12 on whose behalf financial assistance is provided for state-only foster care placement.
49	Full Scope	No	Covers NMD, age 18 but under age 21, under AB 12 on whose behalf financial assistance is provided for federal foster care placement.
4N	Full Scope	No	Covers NMD, age 18 but under age 21, under AB 12 on whose behalf financial assistance is provided for foster care placement, living with an approved CalWORKs relative who is not eligible for Kin-GAP or foster care.
4S	Full Scope	No	Serves former foster care NMDs over age 18, but under age 21, by moving them from foster care placements to more permanent placement options through the establishment of a relative guardianship that occurred on or after age 16. (Also “includes youth age 18 but under age 21 based on a disability.”)
4W	Full Scope	No	Covers NMDs age 18 but under age 21, eligible for extended KinGAP assistance based on a disability or based on the establishment of the guardianship that occurred on or after age 16. Non-Title IV-E KinGAP must have a full Medicaid eligibility determination.

A complete list of aid codes is found in “[Section 4 - Treating Beneficiaries](#)” in the Provider Handbook.

For questions on aid codes, or any other information, please contact the Denti-Cal Telephone Service Center at (800) 423-0507.

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Centers for Medicare and Medicaid Services Final Rule - Title 42 Code of Federal Regulations: Revalidation of Enrollment

Under the provisions of the Affordable Care Act, the Centers for Medicare and Medicaid Services (CMS) published new anti-fraud regulations in the Federal Register. Effective March 25, 2011, these regulations establish new requirements for the enrollment and screening of Medicare, Medicaid, and Children's Health Insurance Program providers at the federal and state levels.

Compliance with CMS Final Rule

The [Code of Federal Regulations, Title 42, Section 455.414](#) states:

The State Medicaid agency must revalidate the enrollment of all providers regardless of provider type at least every 5 years.

As a result, Denti-Cal must:

- Revalidate the enrollment of all active providers by March 25, 2016.
- Revalidate the enrollment of all active providers on an on-going basis every five years.

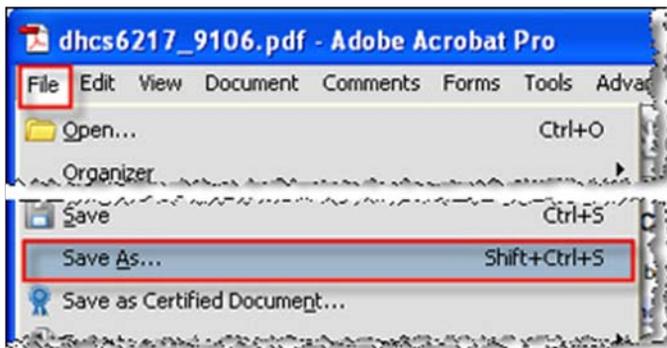
Effective January 1, 2013, Denti-Cal will begin the revalidation process. All providers will be required to submit new enrollment applications in order to continue participating in the Medi-Cal Dental Program. Providers will receive written notification of their reenrollment.

Additional information will be provided in upcoming bulletins.

Saving Form Data

Did you know you can save information entered on Denti-Cal enrollment forms if you are using Adobe Acrobat Standard or Pro? Saving the data means an easier time completing forms and easier updates!

To save the form, simply go to the File menu and select Save As to save the form and its data.



Please note that the free Adobe Reader cannot save form data.