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Denti-Cal
California Medi-Cal Dental

Bulletin

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Training Seminars

Reserve an available spot for one of our open training seminars.

Roseville
Basic & EDI/D597 - Feb. 4, 2016
Advanced/D598- Feb. 5, 2016

Webinar
Ortho/D599 - Feb. 10, 2016

Calabasas
Basic & EDI/D600 - Feb. 23, 2016
Advanced/D601- Feb. 24, 2016

Provider Enrollment Assistance Line

Speak with an Enrollment Specialist.
Go here for more information!

Wednesday, Feb. 17, 8 am - 4 pm.

NEW AID CODES – 2P, 2R, 2S, 2T, 2U

Five (5) new aid codes have been created pursuant to Welfare and Institutions Code section 11461.3. The purpose of the Approved Relative Caregiver Funding Option Program (ARC Program) is to make the amount paid to an approved relative caregiver for the care and supervision of a child who is under the jurisdiction of the juvenile court and who is ineligible for Aid to Families with Dependent Children-Foster Care (AFDC-FC) equal to the basic amount paid on behalf of a juvenile child who is under the jurisdiction of the juvenile and who is eligible for AFDC-FC. This is a county optional program that began January 1, 2015. Prior to the ARC Program, these children/youth would only have been eligible for CalWORKs benefits and associated Medi-Cal benefits. If a county opts into the ARC Program, the relative will receive an amount equal to the basic foster care payment and the child/youth should be transitioned into the appropriate aid code for the ARC Program. Eligible ARC program enrollees will transition from CalWORKs aid code to an ARC program aid code as of the January 2015, month of eligibility. It is important to note that beneficiaries who opt into an ARC aid code and were previously in a foster care aid code are eligible for, and should be placed in, aid code 4M or 4U when the CalWORKs benefits cease due to emancipation of the foster child from foster care.

New aid code descriptions are as follows:

Aid Code	Benefits	SOC	Program/Description
2P	Full Scope	No	ARC Program – Medi-Cal coverage for foster children and youth up to 18 years of age (eligibility ends on the last day of the month of their 18th birthday) participating in the ARC Program who do not qualify for state CalWORKs.
2R	Full Scope	No	ARC Program – Non-Minor Dependent (NMD) – Medi-Cal coverage for foster youth 18 to 21 years of age (eligibility ends on the last day of the month of their 21st birthday) participating in the ARC Program as a NMD who does not qualify for state CalWORKs.

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Aid Code	Benefits	SOC	Program/Description
2S	Full Scope	No	ARC Program – Federal CalWORKs – Medi-Cal coverage for foster children and youth up to 18 years of age (eligibility ends on the last day of the month of their 18th birthday) participating in the ARC Program who qualify for federal CalWORKs.
2T	Full Scope	No	ARC Program – State CalWORKs – Medi-Cal coverage for foster children and youth up to 18 years of age (eligibility ends on the last day of the month of their 18th birthday) participating in the ARC Program who qualify for state Cal-WORKs.
2U	Full Scope	No	ARC Program – State CalWORKs NMD – Medi-Cal coverage for foster youth 18 to 21 years of age (eligibility ends on the last day of the month of their 21st birthday) participating in the ARC Program as a NMD who qualifies for state CalWORKs.

Verify Your Tax Identification Number (TIN)

The California Medi-Cal Dental Fee-For-Service Program (Denti-Cal) reports annually to the Internal Revenue Service (IRS) the amount paid to each enrolled billing provider. The business name and 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 28% of future payments. **If the business name and TIN appearing on your Denti-Cal check/EOB are correct, you do not need to notify Denti-Cal.**

Tax Identification Number

The TIN 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 the last four digits 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.

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NEED MORE INFORMATION?

Provider Enrollment Workshops

Are you a dental provider who is interested in joining the Denti-Cal program but don't know where to start? Do you have questions about the Denti-Cal enrollment process? Then please drop-in anytime during the hours scheduled below to attend one of our enrollment workshops! Registration is preferred, but not required.

Date/Time:	Location:	County:
Wednesday, Feb. 10, 2016 8:00 AM- 4:00 PM Register Now!	Hampton Inn & Suites Seal Beach 2401 Seal Beach Blvd Seal Beach, CA 90740	Orange County
Wednesday, Feb. 24, 2016 8:00 AM- 4:00 PM Register Now!	Hampton Inn & Suites Palm Desert 74900 Gerald Ford Drive Palm Desert, CA 92211	Riverside County

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Updating Your Tax Identification Number

Updating your TIN is necessary only if:

- Your legal name and/or TIN are incorrect: a Medi-Cal Supplemental Changes - DHS 6209 (Rev. 2/08) form may be used to make changes if the entity itself has not changed. Please attach a valid, legible copy of a legal document for the name change and/or an official document from the IRS (Form 147-C, SS-4 Confirmation Notification, 2363 or 8109C).
- Your business type has changed (for example: sole proprietorship, corporation or partnership): you will be required to complete a new Medi-Cal Provider Group Application – DHS 6203 (Rev. 2/08) or a Medi-Cal Provider Application - DHS 6204 (Rev. 2/08), and a Medi-Cal Disclosure Statement - DHS 6207 (Rev. 2/15), and a Medi-Cal Provider Agreement - DHS 6208 (Rev 11/11).
  - You have incorporated your business: attach a valid, legible copy of the Articles of Incorporation showing the name of your corporation and a legible copy of an official document from the IRS (Form 147-C, SS-4 Confirmation Notification, 2363 or 8109-C).
  - Doing business under a fictitious name: attach a valid, legible copy of the fictitious name permit issued by the Dental Board of California.

A copy of the Tax Identification Change Information form has been attached to this bulletin. Mail the completed form to: Denti-Cal, Attention: Provider Enrollment Department, P.O. Box 15609, Sacramento, CA 95852-0609. To obtain the other forms mentioned above, please contact the Denti-Cal Provider Customer Service line at 800-423-0507 or visit the Denti-Cal website at www.denti-cal.ca.gov. Failure to submit the appropriate forms and supporting documents will delay the processing of your application and your application will be returned as incomplete.

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