Beneficiary Social Security Numbers Will Soon Not Be Accepted

Effective September 2007, *beneficiary social security numbers need to be removed from all documentation submitted for payment*. Per Section 14045 of the Welfare and Institutions Code, a "provider may not submit a reimbursement request to the Medi-Cal program containing a beneficiary's social security number in order to receive payment if the department has issued that beneficiary a Medi-Cal beneficiary identification card containing a beneficiary number with the issuance date included in that number."

Beneficiary identification cards (BICs) were issued in 2005. More information can be found in Denti-Cal Bulletin Volume 21, Number 18 (released April 2005) or in Section 2 of the Denti-Cal Provider Manual.

Please look in forthcoming bulletins for additional information.

Medi-Cal Dental Patient Referral Service

Medi-Cal Dental Program (Denti-Cal) providers can take advantage of a <u>free referral service</u> 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 (see Page 3) and mail it to:

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

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, <u>the IRS requires Denti-Cal to withhold 31% of future payments.</u>

<u>Tax Identification Number</u>

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 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 incorrect, a Medi-Cal Supplemental Changes - DHS 6209 (Rev. 1/06) 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 will be required to complete a new Medi-Cal Provider Group Application - DHS 6203 (Rev. 1/06) or a Medi-Cal Provider Application - DHS 6204 (Rev. 1/06), Medi-Cal Disclosure Statement - DHS 6207 (Rev. 1/06), and Medi-Cal Provider Agreement - DHS 6208 (Rev 1/06).

♦ If you are incorporated, 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).

If your corporation is 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 form, please contact Denti-Cal toll-free at (800) 423-0507 or visit the Medi-Cal Web site: www.medi-cal.ca.gov. Failure to submit the appropriate form and supporting documents will delay the processing of your application and will be returned as incomplete.

Visit Denti-Cal and Electronic Data Interchange (EDI) Booths at Anaheim California Dental Association (CDA) Scientific Session

Be sure to visit the Denti-Cal booths at the CDA Scientific Session in Anaheim, Friday, May 4, 2007 through Sunday, May 6, 2007. Representatives from Denti-Cal will be on hand in Booths 739 and 741, Hall B, of the Anaheim Convention Center to provide information and answer questions.

Denti-Cal Seminars Scheduled for April

D095/Workshop/EDI Overview *	April 12, 2007	Cupertino
D096/Advanced Seminar	April 13, 2007	Cupertino
D097/Basic Seminar *	April 19, 2007	San Diego
D098/Advanced Seminar	April 20, 2007	San Diego
D099/Workshop *	April 26, 2007	Palm Springs
D100/Advanced Seminar	April 27, 2007	Palm Springs

An overview of NPI will be covered at these seminars.

Note:

Denti-Cal Bulletin Volume 23, Number 10 contained a misprint on the third page. Welfare & Innstitutions Code 14017.3 (3) instead should read: "A second or subsequent conviction shall be punishable by imprisonment in the state prison." We apologize for any confusion incurred.

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 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 (i.e., 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:** _____