



## ELECTRONIC DATA INTERCHANGE ENROLLMENT PACKET

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To submit your Denti-Cal claims electronically:

**1. Check with your vendor.**

You will need to contact your practice management system vendor to determine if your software is set up to submit your Denti-Cal claims electronically, or if any modifications may be required.

**2. Complete the attached Application & Option Selection Form.**

Mail an Application per Provider (all four pages) and one Option Selection Form for each service office (or fax to (916) 381-4137 and mail originals) to:

Denti-Cal Dental Program  
EDI Support Group  
7667 Folsom Boulevard  
Sacramento, CA 95826

**IMPORTANT: YOUR CLAIMS WILL BE REJECTED IF YOU ARE NOT ENROLLED AS AN EDI PROVIDER PRIOR TO SUBMITTING DENTI-CAL CLAIMS ELECTRONICALLY.**

**3. Order your EDI supplies directly from Uniform Printing & Supply, Inc.**

Use the enclosed EDI Supply Request to order large and small x-ray envelopes, large mailing envelopes and self-adhesive EDI labels. These supplies are provided at no charge. They are printed in red ink to identify them as related to EDI claims. Note: Your vendor will help you determine which type of label you should order.

**4. Wait for Denti-Cal to confirm your enrollment.**

With your enrollment confirmation, you will also receive an EDI "How-To" Guide.

**5. Enter & transmit claims to Denti-Cal.**

Your practice management system vendor will advise you how to use your computer and modem to submit your Denti-Cal claims electronically.

**6. Retrieve your reports and labels each workday.**

Follow your software vendor's instructions. Depending on how your system is linked to Denti-Cal, you may receive your reports and labels through a clearinghouse. Even if you did not submit any EDI claims the prior workday, you may have NOAs & RTDs waiting to be retrieved, if your system is set up to receive them electronically.

Note: Check with the EDI Support Group regarding electronic submission of orthodontic services.

If you have any questions, call Denti-Cal at (916) 386-1620 and ask for the EDI Support Group.

**ELECTRONIC DATA INTERCHANGE (EDI)  
PROVIDER APPLICATION / AGREEMENT FORM**

**1.0 IDENTIFICATION OF PARTIES**

This agreement is between the State of California, Department of Health Services, hereinafter referred to as the "Department" and:

**PROVIDER INFORMATION:**

Provider Name (Full Legal): \_\_\_\_\_

DBA (If Applicable): \_\_\_\_\_

Denti-Cal Provider Number: \_\_\_\_\_

Provider Pay-To Address: \_\_\_\_\_

City, State, Zip Code: \_\_\_\_\_

Contact Name: \_\_\_\_\_

Contact Telephone: ( \_\_\_\_\_ ) \_\_\_\_\_ - \_\_\_\_\_

Full legal name(s) required, as well as any assumed (DBA) name(s), address(es), and Denti-Cal Provider number(s). The party identified above will be hereinafter referred to as the "Provider."

**1.1 BACKGROUND INFORMATION**

Provider agrees to provide the Department with any information requested in order to verify qualifications to act as a Denti-Cal EDI participant.

**2.0 DEFINITIONS**

The terms used in this agreement shall have their ordinary meaning, except those terms defined in regulations, Title 22, California Code of Regulations, Section 51502.1, shall have the meaning ascribed to them by that regulation as from time to time amended.

**3.0 CLAIM ACCEPTANCE AND PROCESSING**

The Department agrees to accept from the enrolled Provider (and/or a Clearing House or Billing Intermediary designated by the Provider) electronic claims submitted to the Denti-Cal fiscal intermediary in accordance with the Denti-Cal Provider manual and the EDI Specification and Protocol manual. The Provider hereby acknowledges that he or she has received, read, and understands these manuals and their contents, and agrees to read and comply with all Provider manual and Specification and Protocol manual updates and Provider Bulletins related to electronic data interchange (EDI).

**3.1 CLAIM CERTIFICATION**

The Provider agrees and shall certify under penalty of perjury that all claims for services submitted through electronic data interchange have been personally provided to the patient by the Provider or under his or her direction, by another person eligible under the Medi-Cal program to provide such services, and such person(s) are designated on the claim. The services were, to the best of the Provider's knowledge, necessary to the health of the patient. The Provider understands that payment for services rendered will be made from Federal and/or State funds, and that any falsification or concealment of a material fact, may be prosecuted under Federal and State laws. The Provider agrees to keep for a minimum period of three (3) years from the date of service all records that are necessary to disclose fully the extent of services furnished to the patient. The Provider agrees to furnish these records or any information regarding payments claimed for providing the services, on request, to California Department of Health Services; Medi-Cal Fraud Unit; California Department of Justice; Bureau of Medi-Cal Fraud; Office of the State Controller; California Department of Corporations; U.S. Department of Health and Human Services, or their duly authorized representatives.

A Provider shall not submit a claim to or a demand or otherwise collect reimbursement from a Medi-Cal beneficiary or from other persons on behalf of the beneficiary for any service included in the Medi-Cal program's scope of benefits.

Dental care services are offered and provided without discrimination based on race, color, religion, national, or ethnic origin, sex, age, physical or mental disability, marital status, or sexual orientation.

### 3.2 VERIFICATION OF CLAIMS WITH SOURCE DOCUMENTS

Regardless of whether Provider employs a Clearing House or Billing Intermediary, the Provider agrees to retain personal responsibility for the development, transcription, data entry, and transmittal of all claim information for payment. This includes usual and customary charges for services rendered. The Provider shall also assume personal responsibility for verification of submitted claims with source documents. The Provider agrees that no claim shall be submitted until the required source documentation is completed and made readily retrievable in accordance with Medi-Cal statutes and regulations. Failure to make, maintain, or produce source documents shall be cause for immediate suspension of electronic data interchange billing privileges.

### 3.3 ACCURACY AND CORRECTION OF CLAIMS OR PAYMENTS

Regardless of whether Provider employs a Clearing House or Billing Intermediary, the Provider agrees to retain personal responsibility for the review and verification of the accuracy of claims payment information promptly upon receipt of any payment. The Provider agrees to seek correction of any claim errors through the appropriate processes as designated by the Department or its fiscal intermediary including, but not limited to, the process set out in Title 22, California Code of Regulations, Section 51015 and as from time to time amended. The Provider acknowledges that anyone who misrepresents or falsifies or causes to be misrepresented (or falsified) any records or other information relating to that claim may be subject to legal action, including, but not limited to, criminal prosecution, action for civil money penalties, administration action to recover the funds and decertification of the Provider from participation in the Medi-Cal Program and/or electronic data interchange.

### 4.0 CHANGES IN EDI BILLING STATUS

The Provider and the Department agree that any changes in Provider's status in the Provider's relationship with a Clearing House or Billing Intermediary or the status of the Clearing House or Billing Intermediary that might affect Provider's eligibility to participate in electronic data interchange billing pursuant to Federal and State law shall be promptly communicated to the other party.

### 5.0 PROVIDER REVIEWS

The Provider agrees that agents of the Department of Health Services, the Office of the State Controller, the Department of Justice, or any other authorized agent or representative of the State of California or any authorized representative of the U.S. Department of Health and Human Services may, from time to time, conduct such reviews as are necessary to ensure compliance with State and Federal law and with the agreement. In particular, the Provider agrees to make available to such agents or representatives all source documents necessary to verify the accuracy and completeness of claims submitted via electronic data interchange.

### 5.1 NONEXCLUSIVE REVIEWS

The Provider agrees that the review set out in paragraph 5.0 above is not exclusive but supplements any other form of audit or review the Provider may be subject to as a result of its status as a certified Provider of services under the Medi-Cal or Medicare programs.

### 6.0 EFFECTIVE DATE

This agreement shall become effective upon approval of the Department.

### 6.1 TERMINATION

The Department may terminate the agreement at any time by giving 30 days prior written notice of intent to terminate, and the Provider has no right to appeal such termination by the Department. The Department may, however, terminate the agreement immediately pursuant to paragraph 6.2 upon determination that the Provider or the Provider's Clearing House or Billing Intermediary has failed or refused to produce or retain source documents in accordance with Federal or State law or this agreement.

The Provider may terminate this agreement at any time by giving written notice of termination to the Department.

## 6.2 TERMINATION FOR CAUSE

If the Provider and/or the Provider's Clearing House or Billing Intermediary cannot produce source documents on request pursuant to paragraph 5.0, the Department may terminate this agreement immediately by directing its fiscal intermediary to cease payment of any and all electronic data interchange claims submitted by Provider or by a Clearing House or Billing Intermediary on behalf of the Provider, including any EDI claims in process on the date of such termination. The Provider has no right to appeal termination for cause pursuant to this subpart prior to the effective date of such termination. The Provider may appeal any grievance resulting from the termination in accordance with the procedure established by Title 22, California Code of Regulations, Section 51015 as from time to time amended. The Department may demand repayment of claims for which no source documents are produced, and the Provider shall have a right to appeal such an overpayment finding to the extent provided by Section 14171 of the Welfare and Institutions Code and regulations promulgated thereto, and as from time to time amended.

## 6.3 EFFECT OF TERMINATION AND APPEAL

On termination pursuant to paragraph 6.1 or 6.2, the Provider or the Provider's Clearing House or Billing Intermediary may submit hard copy claims.

## 7.0 AGREEMENT BETWEEN PROVIDER AND CLEARING HOUSE OR BILLING INTERMEDIARY

The Provider stipulates that any agreements with Clearing Houses or Billing Intermediaries to submit Denti-Cal EDI billings shall be in conformance with State law governing electronic claims submission, and shall contain provisions including, but not limited to, the following:

- a. The Provider shall specifically designate the Clearing House or Billing Intermediary as the agent of the Provider for the purpose of preparation and submission of Denti-Cal claims by the Clearing House or Billing Intermediary. As the Provider's Agent, the Clearing House or Billing Intermediary agrees to comply with all Medi-Cal requirements on record making and retention as established by statute and regulation, including, but not limited to, Welfare and Institutions Code, Sections 14124.2 and Title 22, California Code of Regulations, Section 51476.
- b. EDI billings for services rendered to Denti-Cal beneficiaries shall be prepared by the Clearing House or Billing Intermediary solely from information supplied by the Provider. This information includes usual and customary charges for services rendered. A printed representation of source documents as defined in Title 22, California Code of Regulations, Section 51502.1 shall be kept, including all information transmitted as a claim by the Provider to the Clearing House or Billing Intermediary electronically, for a period of at least three years from the date of claims submission.
- c. The Provider agrees to include in any agreement with a Clearing House or Billing Intermediary adequate precautions to protect the confidentiality of Denti-Cal beneficiary records and claim submissions in accordance with statutes or regulations governing the Medi-Cal program.
- d. If a Department audit is initiated, the Clearing House or Billing Intermediary shall retain all original records described in paragraphs 3.2, 5.0 and 7.0(b) above until the audit is completed and every audit issue has been resolved, even if the retention period extends beyond three years from the date of service or termination of financial relationship or longer period required by Federal or State law.
- e. The parties shall agree that the Department may accept EDI billings prepared, certified, and submitted by the Clearing House or Billing Intermediary on behalf of the Provider only as long as the agreement between the Provider and the Clearing House or Billing Intermediary remains in existence and in effect.
- f. Both parties have a duty to notify the Department in writing immediately upon any change in or termination of their agreement.

**8.0 DECLARATION OF INTENT**

This agreement is not intended as a limitation on the duties of the parties under the Medi-Cal Act, but rather as a means of clarifying those duties as they relate to the Provider in his or her capacity as an authorized Provider for EDI billing.

**8.1 PROVIDER TO HOLD STATE OF CALIFORNIA HARMLESS**

Provider agrees to hold the State of California and its fiscal intermediary harmless for any and all failures to perform by Clearing Houses, Billing Intermediaries, billing software, or other features of electronic billing that do not occur with (hard copy) paper billing. The Provider explicitly agrees that the Provider is assuming any and all risks that accompany electronic data interchange and that the Provider is not relying upon the evaluation, if any, that the State has made of the electronic billing system, software, or biller the Provider is using. Furthermore, the Provider acknowledges that if the electronic billing system, software, Clearing House, or Billing Intermediary contracted with is or has been listed as available in Denti-Cal publications, that such listing was not an endorsement by the State of California or its fiscal intermediary, nor does it imply that the service, system, or software has met or is continuing to meet a standard of performance.

**9.0 CONFIDENTIALITY OF RECORDS**

The Provider agrees to provide adequate precautions to protect the confidentiality of Denti-Cal beneficiary records and claims submission methods in accordance with statute or regulation governing the Medi-Cal program.

Printed Name:		
Provider Signature:	Title:	Date:

Return Application/Agreement To:

Denti-Cal Dental Program  
Attention: EDI Support Group  
7667 Folsom Boulevard  
Sacramento, CA 95826

