

Mandatory SSN Requirement for Medi-Cal Provider Applicants

In accordance with the Centers for Medicare & Medicaid Services (CMS) requirements, the Department of Health Care Services (DHCS) is revising the *Medi-Cal Ordering/Referring/Prescribing Provider Application/Agreement/Disclosure Statement For Physician and Non-Physician Practitioners* (DHCS 6219), the *Medi-Cal Rendering Provider Application/Disclosure Statement/Agreement For Physician/Allied/Dental Providers* (DHCS 6216) and the *Medi-Cal Disclosure Statement* (DHCS 6207). These revisions are necessary for implementation of the Final Rule published by CMS on February 2, 2011, in Volume 76, Number 22 of the Federal Register (Title 42 Code of Federal Regulations [CFR], Parts 405,424, 447 et al.) and specifically for compliance with 42 CFR, Section 455.104(b), which mandates disclosure of Social Security Numbers (SSNs). These revisions are also necessary for compliance with 42 CFR, Section 455.436, which mandates that the State Medicaid Agency perform routine checks of Federal databases. The revised forms and SSN requirement will be effective for all Medi-Cal provider applications received on or after July 7, 2014.

In accordance with the authority granted to the Director of DHCS in *Welfare and Institutions Code* (W&I Code), Section 14043.75(b), the Director has adopted the Federal requirement for mandatory reporting of SSNs by provider applicants. This requirement implements and makes specific W&I Code, Section 14043.26 and as such it has the full force and effect of law.

Compliance Required Pursuant to 42 CFR, Section 455.104(b)

42 CFR, Section 455.104(b) states in relevant part, that, "The Medicaid agency must require that disclosing entities, fiscal agents, and managed care entities provide the following disclosures: (1)(i) The name and address of any person (individual or corporation) with an ownership or control interest in the disclosing entity, fiscal agent, or managed care entity...(ii) Date of birth and Social Security Number (in case of an individual)...(4) The name, address, date of birth, and Social Security Number of any managing employee of the disclosing entity (or fiscal agent or managed care entity)."

Compliance Required Pursuant to 42 CFR, Section 455.436

42 CFR Section 455.436 states that "The State Medicaid agency must do all of the following: (a) Confirm the identity and determine the exclusion status of providers and any person with an ownership or control interest or who is an agent or managing employee of the provider through routine checks of Federal databases. (b) Check the Social Security Administration's Death Master File, the National Plan and Provider Enumeration System (NPPES), the List of Excluded Individuals/Entities (LEIE), the Excluded Parties List System (EPLS), and any such other databases as the Secretary may prescribe. (c)(1) Consult appropriate databases to confirm identity upon enrollment and reenrollment; and (2) Check the LEIE and EPLS no less frequently than monthly."

Beginning July 7, 2014, Medi-Cal provider applicants, as described below, are required to complete and submit the following revised forms:

- Qualified individual providers who are requesting enrollment for the sole purpose of ordering, referring or prescribing goods and/or services for Medi-Cal patients must use the *Medi-Cal Ordering/Referring/Prescribing Provider Application/Agreement/Disclosure Statement For Physician and Non-Physician Practitioners* (DHCS 6219) that has a printed revision date of July 2014 and are required to provide the individual provider's SSN.
- Individual providers who are rendering healthcare services as members of a provider group or groups must use the *Medi-Cal Rendering Provider Application/Disclosure Statement/Agreement For Physician/Allied/Dental Providers* (DHCS 6216) that has a printed revision date of July 2014 and are required to provide the individual provider's SSN.

- All other provider applicants must use the *Medi-Cal Disclosure Statement* (DHCS 6207) that has a printed revision date of July 2014 and are required to provide the provider's SSN. Please note that the *Medi-Cal Disclosure Statement* (DHCS 6207) is one of three required forms needed for a complete application package. The specific forms to be submitted are determined by provider type. Application information by provider type can be found on the [PED](#) page of the DHCS website, by selecting the feature titled "Application Packages Alphabetical by Provider Type."