



# MEDI-CAL UPDATE

## Part 1

Program and Eligibility

[www.medi-cal.ca.gov](http://www.medi-cal.ca.gov)

### January 2007

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### **Provider Billing after Beneficiary Reimbursement (Conlan v. Shewry)**

As a result of the Conlan v. Shewry court order, Medi-Cal has implemented a Beneficiary Reimbursement process by which Medi-Cal beneficiaries can obtain prompt reimbursement of their Medi-Cal covered out-of-pocket expenses according to the terms of the order.

#### **Background**

The Beneficiary Reimbursement process provides that eligible beneficiaries who paid out-of-pocket for medical or dental care either during the three-month retro period prior to the month they applied for Medi-Cal eligibility, or while waiting for their Medi-Cal applications to be approved, or after receiving their Medi-Cal card, are entitled to be reimbursed for out-of-pocket monies they paid to a provider for Medi-Cal covered services. In general, beneficiaries are notified by letter that they may qualify for reimbursement under the terms of the court order.

#### **Beneficiary Service Center**

A Beneficiary Service Center (BSC) was established to work with both providers and beneficiaries to process Beneficiary Reimbursement claims. Beneficiaries may contact the center to obtain information and forms for requesting reimbursement. The BSC address and telephone number are as follows:

Beneficiary Service Center  
P.O. Box 138008  
Sacramento, CA 95813-8008  
(916) 403-2007

#### **BSC Responsibilities**

BSC responsibilities include the following:

- Verifying beneficiary Medi-Cal eligibility
- Verifying the service was a Medi-Cal covered benefit on the date of service
- Evaluating supporting medical expense documentation provided by the beneficiary
- Reviewing rendered services for medical necessity
- Determining whether Medi-Cal payment was previously made
- Verifying that the provider reimbursed the beneficiary
- Maintaining documentation for each case

#### **Provider Notification of Beneficiary Request for Reimbursement**

If a beneficiary's request for reimbursement is validated by the BSC, a letter of request for beneficiary reimbursement is sent to the provider. The letter, *Letter 08*, must be submitted with the provider's claim for reimbursement. A sample of this letter follows the new *Provider Billing after Beneficiary Reimbursement (Conlan v. Shewry)* section in the Part 2 manual.

*Please see **Provider Billing**, page 3*

## EDS/MEDI-CAL HOTLINES

Border Providers.....	(916) 636-1200
CDHS Medi-Cal Fraud Hotline.....	1-800-822-6222
Telephone Service Center (TSC) .....	1-800-541-5555
Provider Telecommunications Network (PTN).....	1-800-786-4346

EDS • PO Box 13029 • Sacramento, CA • 95813-4029

For a complete listing of specialty programs and hours of operation, please refer to the Medi-Cal Directory in the provider manual.



*Opt Out* is a service designed to save time and increase Medi-Cal accessibility. A monthly e-mail containing direct Web links to current bulletins, manual page updates, training information, and more is now available. Simply “opt out” of receiving this same information on paper, through standard mail. To download the Opt Out enrollment form or for more information, go to the Medi-Cal Web site at [www.medi-cal.ca.gov](http://www.medi-cal.ca.gov), and click the “Learn how...” link under **OPT OUT** on the right side of the home page.

## Stop Illegal Tobacco Sales

The simplest way to stop illegal tobacco sales to minors is for merchants to check ID and verify the age of the tobacco purchasers. Report illegal tobacco sales to 1-800-5-ASK-4-ID.

For more information, see the California Department of Health Services Web site at <http://www.dhs.ca.gov>.

## MEDI-CAL FRAUD IS AGAINST THE LAW

MEDI-CAL FRAUD COSTS TAXPAYERS MILLIONS  
EACH YEAR AND CAN ENDANGER  
THE HEALTH OF CALIFORNIANS.

HELP PROTECT MEDI-CAL AND YOURSELF  
BY REPORTING YOUR OBSERVATIONS TODAY.

**CDHS MEDI-CAL FRAUD HOTLINE**  
1-800-822-6222

**THE CALL IS FREE AND YOU CAN REMAIN ANONYMOUS.**

Knowingly participating in fraudulent activities can result in prosecution and jail time. Help prevent Medi-Cal fraud.

**Provider Billing** *(continued)***Provider Responsibility**

Upon receipt of a beneficiary reimbursement letter, providers are expected to reimburse beneficiaries for monies that the beneficiary paid to the provider for a Medi-Cal covered service, then bill Medi-Cal for the same service. Claims will be denied if the beneficiary has not been reimbursed. In accordance with the court order to obtain prompt reimbursement to the beneficiary, providers that do not comply with the request for beneficiary reimbursement are subject, when appropriate, to recoupment action by the California Department of Health Services (CDHS) of all monies paid to the provider by the beneficiary for Medi-Cal covered services.

Providers must verify eligibility for Medi-Cal managed care beneficiaries and seek prior authorization from the Medi-Cal managed care plan before rendering non-emergency services. Providers risk denials of claims for services if they are not members of the provider network of the managed care plan in which the beneficiary is enrolled.

**Claim Submission**

Providers must, within 60 days of the date on the beneficiary reimbursement letter, submit claims to Medi-Cal as follows:

- Submit an original hard copy claim solely for services mentioned in the beneficiary reimbursement letter
- Enter delay reason code 10 in the appropriate claim field (refer to instructions in the *Claim Submission and Timeliness Overview* section of the Part 1 manual)
- Attach the beneficiary reimbursement letter
- Attach any additional required Medi-Cal documentation

The original claim, beneficiary reimbursement letter and supporting documentation are submitted to the following address:

EDS  
Beneficiary Service Center Claims Unit  
P.O. Box 138008  
Sacramento, CA 95813-8008

No electronic claim submission is allowed. Because the BSC determines medical necessity, no *Treatment Authorization Request* (TAR) is required. The six-month billing limit will be modified for these claims.

**Reimbursement**

The reimbursements rate is the rate on file for the date of service, or if one is not listed, the current rate.

**Enrollment Requirement**

To be reimbursed, the provider must have been enrolled as a Medi-Cal provider on the date of service. Per the instructions on the beneficiary instruction letter, providers should contact the Medi-Cal Provider Enrollment Branch if any of the following conditions apply:

- The provider was not a Medi-Cal provider on the date of service, but wants to enroll now
- The provider is a Medi-Cal provider now, but was not enrolled on the date of service and needs retroactive eligibility
- The provider was not a Medi-Cal provider on the date of service, but wants to temporarily enroll retroactively in Medi-Cal in order to bill for the Beneficiary Reimbursement Process claims

*This information is reflected on manual replacement pages prov guide 8 (Part 1), prov rel 9 (Part 1), prov bil 1 thru 4 (Part 2) and the request for beneficiary reimbursement letter (Letter 08).*

### **New Billing Requirements Prohibit Social Security Numbers**

Effective March 1, 2007, providers may no longer bill Medi-Cal or the Child Health and Disability Prevention (CHDP) program using a recipient's Social Security Number (SSN). Providers will be required to bill with the 14-character Medi-Cal identification number from the recipient's Benefits Identification Card (BIC) or paper card when submitting claims. Claims submitted with a recipient's SSN for a date of service on or after March 1, 2007 will be denied.

#### **Exceptions**

Certain exceptions apply for hospitals, Long Term Care (LTC) facilities, licensed primary care clinics and emergency medical transportation, as indicated by the *Welfare and Institutions Code* (W&I Code), Section 14045. The exception criteria will be based primarily on claim type and place of service codes.

The excluded entities are required to make a good faith effort to obtain the recipient's BIC information for billing and to provide that information to other providers, such as pharmacies and labs, which may not have direct contact with the recipient.

#### **Eligibility Verification**

Providers are required to use the recipient's BIC ID number, date of birth and the BIC issue date to verify a recipient's eligibility on the Point of Service (POS) device, Medi-Cal Web site or third-party vendor software. The BIC issue date is used to deactivate cards that have been reported as lost or stolen. Effective March 1, 2007, providers will no longer be able to use the date of service to override the card issue date requirement.

The override was intended to be used with paper immediate need cards issued by counties. Beginning in January 2007, all paper immediate need cards will be issued with a BIC ID and card issue date.

In an emergency (or if a recipient did not bring a BIC to an appointment), providers may use the SSN for eligibility verification using the telephone Automated Eligibility Verification System (AEVS). Telephone AEVS does not require a BIC issue date. Non-exempt providers will still be required to bill with the recipient's BIC ID number.

#### **Treatment Authorization Requests (TARs)**

- TARs submitted with a recipient's SSN will continue to be accepted.
- The SSN will be redacted before being returned to the provider.

#### **New Denial Message**

A new denial message has been developed for the paper *Remittance Advice Details* (RAD): RAD code **0046: Social Security Number (SSN) not permitted for billing Medi-Cal.**

#### **Billing Exception Criteria – Claim Type**

The following claim types are excluded from the billing requirements:

- Inpatient
- LTC
- Crossovers

#### **Billing Exception Criteria – Category of Service**

The following categories of service are excluded from the billing requirements:

- Ambulance – land (emergency transport only)
- Ambulance – air or water (emergency transport only)

*Please see New Billing Requirements, page 5*

**New Billing Requirements** (*continued*)**Billing Exception Criteria – Place of Service Codes**

Physician services rendered in a hospital or long term care facility and hospital outpatient services are exempt when billed on Outpatient or Medical claim types and with a place of service code representing one of the following:

- **Hospital** – A hospital licensed pursuant to *Health and Safety Code*, Chapter 2 (commencing with Section 1250), Division 2
- **Long Term Care** – A long term health care facility, as defined in *Health and Safety Code*, Section 1418
- **Licensed Primary Care Clinic** – A primary care clinic that is licensed pursuant to *Health and Safety Code*, Section 1204, subdivision (a)

Non-exempt claim types, providers and services include, but are not limited to, the following:

- Pharmacy
- Optometry
- Physician Offices
- Medical Groups
- Durable Medical Equipment (DME)
- Child Health and Disability Prevention (CHDP)
- California Children’s Services (CCS)/Genetically Handicapped Persons Program (GHPP)

**Excluded Entities**

The excluded providers are required to make a good faith effort to obtain the recipient’s BIC information for billing and to provide that information to other providers, such as pharmacies and labs, which may not have direct contact with the recipient.

The excluded providers may contact the county to obtain the recipient’s BIC ID number. The provider must be able to furnish the recipient’s date of birth and SSN and/or sufficient information to identify the Medi-Cal recipient (for example, recipient’s name and home address) and sufficient information to assure the county that there is no question as to the identity of the Medi-Cal provider and/or the Medi-Cal recipient.

All other providers, in an emergency or if they can make a reasonable business case, may also contact the county to obtain the BIC information on behalf of the recipient.

CDHS recognizes the importance of protecting the identity and the health information of recipients and strongly encourages all providers to avoid using a recipient’s SSN whenever possible, including for the purposes of eligibility verification, submission of TARs and administrative billing.

Please see future *Medi-Cal Updates* for more information.

**RAD Code and Correlation Table Addition**

The following Remittance Advice Details (RAD) message has been added to help reconcile provider accounts.

**Addition**

Code    Message

9877    Policy review pending for code; re-bill using prior year’s code.

Also, Adjustment Reason Codes (ARC), Adjustment Group Codes (AGC) and description updates have been added to the *Remittance Advice Details (RAD) Electronic Correlation Table to National Codes* section in the Part 1 manual.

*This information is reflected on manual replacement pages remit cd9000 43 (Part 1) and remit elect corr9800 3 (Part 1).*

[www.medi-cal.ca.gov](http://www.medi-cal.ca.gov)

**AEVS: Carrier Codes for Other Health Coverage: January Update**

The *AEVS: Carrier Codes for Other Health Coverage* list has been updated. These codes are updated monthly. For a complete *AEVS: Carrier Codes for Other Health Coverage* list, visit the Medi-Cal Web site at [www.medi-cal.ca.gov](http://www.medi-cal.ca.gov). Click the “User Guides” link under “Provider Resources,” then click the “AEVS User Guide” link. Additions and changes are shown in bold and underlined type.

Providers may order a hard copy update of the section by calling the Telephone Service Center (TSC) at 1-800-541-5555. Updates are listed below.

**Additions**

<u>Code</u>	<u>Carrier</u>	<u>Code</u>	<u>Carrier</u>
A799	ARTA MEDICARE HEALTH PLAN	G229	GENERAL ELECTRIC LONG TERM
C776	CARE1ST HEALTH PLAN	I010	IEHP HEALTH ACCESS
G003	GREAT WEST	P342	PREMIER HEALTH PLUS
G004	GEMCARE HEALTH PLAN	P716	PARTNERSHIP HEALTHPLAN OF CALIFORNIA

**Changes**

<u>Code</u>	<u>Carrier</u>	<u>Code</u>	<u>Carrier</u>
A344	NEXCALIBER	H386	PARTNERSHIP HEALTH PLAN
C366	COMMUNITY ADMINISTRATORS	S008	SANTA CLARA FAMILY HEALTH PLAN

[www.medi-cal.ca.gov](http://www.medi-cal.ca.gov)

**Medi-Cal Suspended and Ineligible Provider List: January Update**

**Medi-Cal Suspended and Ineligible Provider List and Office of Inspector General List of Excluded Individuals**

The *Medi-Cal Suspended and Ineligible Provider List* (S&I List) is updated monthly. For a complete S&I List, visit the Medi-Cal Web site at [www.medi-cal.ca.gov](http://www.medi-cal.ca.gov) and click the “S & I Provider List” link under “Provider Reference.” Providers may also order a hard copy update by calling the Telephone Service Center (TSC) at 1-800-541-5555.

Additions and changes are shown in bold type and reinstated providers are removed from the S&I List. Always refer to the S&I List when verifying provider ineligibility.

Eligibility or ineligibility must also be verified through the Health and Human Services (HHS) Office of Inspector General (OIG) *List of Excluded Individuals/Entities*, which can be accessed on the HHS Office of Inspector General Web site ([www.oig.hhs.gov](http://www.oig.hhs.gov)) by clicking “Exclusions Database.”

**Suspension of Entities Submitting Claims for Suspended Providers**

Entities submitting claims for services rendered by a health care provider suspended from Medi-Cal or excluded from Medicare or Medicaid by the Federal Office of Inspector General are subject to Medi-Cal suspension.

*Welfare and Institutions Code* (W&I Code), Section 14043.61(a), states, in relevant part, that “a provider shall be subject to suspension if claims for payment are submitted under any provider number used by the provider to obtain reimbursement from Medi-Cal for the services, goods, supplies or merchandise provided, directly or indirectly, to a Medi-Cal recipient by an individual or entity that is suspended, excluded, or otherwise ineligible because of a sanction to receive, directly or indirectly, reimbursement from Medi-Cal and the individual or entity is listed on either the *Medi-Cal Suspended and Ineligible Provider List* or any list published by the Federal Office of Inspector General regarding the suspension or exclusion of individuals or entities from the Federal Medicare and Medicaid programs, to identify suspended, excluded, or otherwise ineligible providers.”

**Physician (susp A)**

Gee, Steven H. 595 Estudillo Avenue San Leandro, California	C20869	Suspended indefinitely effective 5/16/2002.
Gill, Muzaffar Lateef Shifa International Hospital, Sector H-8/4 Islamabad, Pakistan	A63446	Suspended indefinitely effective 8/10/2005.
Lee, Anthony Tun 1110 West La Palma Avenue, #8 Anaheim, California and 501 South Brookhurst Road Fullerton, California	A26677	Suspended indefinitely effective 4/25/2006.
May, Lance A. 926 North Pearl Street, D43 Tacoma, Washington and 1081 North China Lake Boulevard Ridgecrest, California	G84676	Suspended indefinitely effective 6/3/2005.
Mladineo, John 971 Lakeland Drive, #656 Jackson, Mississippi and 1020 River Oaks Drive, Suite #300 Jackson, Mississippi	G21244	Suspended indefinitely effective 4/4/2005.
Ordog, Gary Joseph 23861 McBean Parkway, Suite #D16 Valencia, California	G43038	Suspended indefinitely effective 5/26/2006.

**Physician (susp A)**

Perry, Allan W., Sr. 1808 Verdugo Boulevard, Suite #118 Glendale, California	G4336	Suspended indefinitely effective 12/10/2006.
Reisbord, David A. 2080 Century Park East, #203 Los Angeles, California	G8913	Suspended indefinitely effective 10/19/2006.
Smith, Sidney Dion 347 Noe Street San Francisco, California and 660 Sanitarium Road, #302 Deer Park, California	C32250	Suspended indefinitely effective 10/13/2005.
Van Doren, John Derrick 17101 Armstrong Avenue, Suite #201 Irvine, California and 1205 East North Street Manteca, California	G60750	Suspended indefinitely effective 7/25/2005.
Wafa, Michael Fahmy 9985 Sierra Avenue Fontana, California	A26448	Suspended indefinitely effective 5/15/2006.

**Psychiatric Technician (susp C)**

Gluck, Abigail Shoshana 220 16th Street Paso Robles, California	30924	Suspended indefinitely effective 12/26/2006.
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Please see **S&I**, page 8

**S&I (continued)**

**Psychiatric Technician (susp C)**

Tewelde, Michael H. PT 31347 Suspended indefinitely effective 10/2/2005.  
 aka: Tewewlde, Michael H.  
 2551 Santa Barbara Lane,  
 Apartment #101  
 Costa Mesa, California

**Psychologist (susp C)**

McGarity, Andrew B. PSY 7509 Suspended indefinitely effective 12/7/2005.  
 1269 Hopewell Church Road  
 Blackstock, South Carolina  
 and  
 16048 Tuscola Road,  
 Suite #6  
 Apple Valley, California

**Pharmacy (susp E)**

R&W Pharmacy Services Inc. 43143 Suspended indefinitely effective 10/11/2006.  
 165 Poindexter Avenue,  
 Suite #B  
 Moorpark, California

South Gate Rose Pharmacy and Rosebud Pharmacy and Ramos, Americus Eleuterio aka: Ramos, Ami Americas N. Ramos, Americus Elleutesrio Ramos-Navoa, Americus 1711 West Temple Street, Suite #100 Los Angeles, California and 8523 Long Beach Boulevard South Gate, California

**Dental Assistant (susp G)**

Siegfried, Kori Ann 47062 Suspended indefinitely effective 9/30/2005.  
 446 26th Street, 4th Floor  
 San Diego, California

**Dentist (susp G)**

Hashemi, Keyvan 39645 Suspended indefinitely effective 11/20/2006.  
 c/o 1087 Meredian Avenue,  
 Suite #30  
 San Jose, California

Pinto, Luis Alexandrino 49189 Suspended indefinitely effective 11/20/2006.  
 17 Weepingwood  
 Irvine, California

Sharaf, Nissan R. 42497 Suspended indefinitely effective 11/20/2006.  
 7471 Melrose Avenue,  
 Apartment #15  
 Los Angeles, California

Tarifard, Seyed Mohammad 50380 Suspended indefinitely effective 11/20/2006.  
 3841 Vancouver Circle  
 Stockton, California

Vu, Tri Duy 47011 Suspended indefinitely effective 12/6/2006.  
 4865 Rue Tours Court  
 San Jose, California

**Chiropractor (susp J)**

Herring, Charles M. 18818 Suspended indefinitely effective 10/19/2006.  
 4180 Ridge Road  
 Hayward, California

Lien, Jonathan Tri Vi DC24478 Suspended indefinitely effective 10/19/2006.  
 aka: Lien, Tri Vi  
 5199 Running Bear Drive  
 San Jose, California

**Podiatrist (susp K)**

Duff, Jonna Carolyn E2297 Suspended indefinitely effective 10/19/2006.  
 723 West Robert Avenue  
 Oxnard, California  
 and  
 711 North A Street  
 Oxnard, California  
 and  
 707 South Broadway,  
 Suite #915  
 Los Angeles, California

**Home Health Aide (susp P)**

Henley, Michelle HHA 108178 Suspended indefinitely effective 7/17/2006.  
 aka: McCombs, Michelle  
 510 Wellesley Drive, #102  
 Corona, California

Rodriguez, Carmen HHA 101261 Suspended indefinitely effective 5/18/2005.  
 504 Hayes Street  
 Richmond, California

Swearingen, Diane HHA 168199 Suspended indefinitely effective 9/26/2006.  
 922 Florence Street  
 Redding, California

**Certified Nurse Assistant (susp R)**

Henley, Michelle CNA 300480 Suspended indefinitely effective 7/17/2006.  
 aka: McCombs, Michelle  
 510 Wellesley Drive, #102  
 Corona, California

James, Robena CNA 407940 Suspended indefinitely effective 9/15/2006.  
 2619 Bendal Avenue  
 Fresno, California

Kahle, Tina CNA 556783 Suspended indefinitely effective 8/10/2006.  
 P.O. Box 928  
 Valley Springs, California

Rodriguez, Carmen CNA 308891 Suspended indefinitely effective 5/18/2005.  
 504 Hayes Street  
 Richmond, California

Roque, Alfred CNA 538463 Suspended indefinitely effective 9/13/2006.  
 3731 Ruskin Place  
 Fremont, California

Sagura, Maria Carmen CNA 597996 Suspended indefinitely effective 5/1/2006.  
 aka: Carmen  
 13785 East Manning Avenue,  
 Apartment #262  
 Parlier, California

Silva, Arturo CNA 302409 Suspended indefinitely effective 8/3/2006.  
 13172 Yockey, Apartment #17  
 Garden Grove, California

Please see S&I, page 9

**S&I (continued)**

**Certified Nurse Assistant (susp R)**

Swearingen, Diane 922 Florence Street Redding, California	CNA 205603	Suspended indefinitely effective 9/26/2006.
Syess, Darlene 1515 Lakeside Drive, #907 Oakland, California	CNA 78857	Suspended indefinitely effective 9/14/2006.

**Licensed Vocational Nurse (susp R)**

Benasfre, Sanderson Geda 1231 West Denni Street Wilmington, California	168227	Suspended indefinitely effective 11/20/2005.
Ezechukwu, Boniface Ositadinma 831 Austin Avenue, #2 Inglewood, California	171452	Suspended indefinitely effective 10/9/2005.
Gillbride, Annette Mary aka: Sorubakhsh, Annette Mary 1308 NE Parvin Road, #302 Kansas City, Missouri and 129 North Ankeny Boulevard, #134 Ankeny, Iowa	140229	Suspended indefinitely effective 11/27/2005.
Grimes, Betty Lee 1220 South Vecino Drive Glendora, California	112866	Suspended indefinitely effective 10/19/2006.
Guerra, Mariela Izabel 1762 Tamarind Avenue, #103 Hollywood, California	VN 200335	Suspended indefinitely effective 12/10/2006.
O'Donnell, James Edward 61 Bobblestone Drive, Apartment #B Chico, California	162959	Suspended indefinitely effective 12/31/2005.
Trottier, Robert Richard 14158 Elmira Circle Magalia, California	147596	Suspended indefinitely effective 10/14/2005.
Woods, Clotiel Patrice 262 Chant Street Perris, California		Suspended indefinitely effective 12/11/2006.
Yelton, Debra Jean aka: Henderickson, Debra Jean 155 King Hiram Lane, Apartment #202 Nevada City, California	VN 75421	Suspended indefinitely effective 10/19/2006.

**Registered Nurse (susp R)**

Blackford, Stephanie Lynn aka: Ellis, Stephanie Lynn 152 Deerwood Lake Drive Happersville, Alabama	554513	Suspended indefinitely effective 12/4/2005.
Brennan, Teresa aka: Krieger, Teresa 2462 Dodge Avenue Pinole, California	364989	Suspended indefinitely effective 10/29/2005.

**Registered Nurse (susp R)**

Bristol, Kenneth Howard P.O. Box 931 Flagstaff, Arizona		Suspended indefinitely effective 10/19/2006
Duffey, Dannel Sharon aka: Kassner, Dannel Duffey Kassner, Dannel Sharon Tibbedeaux, Dannel Sharon Chappell, Dannel Sharon 251 15th Street Eureka, California	360701	Suspended indefinitely effective 10/19/2006.
Eggenberger, Lisa Rose 530 Country Club Drive Senatobia, Mississippi	576196	Suspended indefinitely effective 11/24/2004.
Keen, Kimberly Kaye 112 Wildflower Lane Whitney, Texas	594317	Suspended indefinitely effective 10/19/2006.
Vincent, Ernie Hans 4440 Morgan Territory Road Clayton, California	611149	Suspended indefinitely effective 10/13/2005.

**Respiratory Care Practitioner (susp S)**

Sanchez, Edward James 28 South American Street, #210 Stockton, California		Suspended indefinitely effective 12/21/2006.
Zuniga, Luis Aroldo 6244 Wittenham Way Orangevale, California	14214	Suspended indefinitely effective 6/19/2006.

**Billing Clerk (susp T)**

Boughton, Darla Jean 690 North McDonald Court Post Falls, Idaho		Suspended indefinitely effective 10/19/2006.
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**Business Owner (susp T)**

Cacal, Roque Galiza aka: Cacal, Roy G. 1237 North Alexandria Avenue Los Angeles, California and 1101 East Broadway, Suite #109 Glendale, California		Suspended indefinitely effective 10/19/2006.
Cacal, Rosa Y. aka: Cacal, Rose Y. 1237 North Alexandria Avenue Los Angeles, California		Suspended indefinitely effective 10/19/2006.
Coulson, Andrea Gabriela aka: Arguello-Coulson, Andrea G. Arguello, Andrea Argelodecoulso, Andrea Gab 3123 East Marywood Drive Orange, California		Suspended indefinitely effective 10/19/2006.

Please see **S&I**, page 10

**S&I (continued)**

**Employee (susp T)**

Allison, Keith aka: Allison, Lynn 3010 South Normandie Avenue, Apartment #1 Los Angeles, California	Suspended indefinitely effective 10/19/2006.
Boughton, Lloyd Cornelius aka: Broughton, Lloyd 26080 Baseline Street, Apartment #V180 San Bernardino, California	Suspended indefinitely effective 10/19/2006.
Packard, Christy Michelle aka: Packard, Christy Nichelle 2717 South Bardell Avenue Fresno, California	Suspended indefinitely effective 12/6/2006.

**REINSTATEMENTS:**

**Physician (susp A)**

Fredrick, Nomi Judith 2922 Castle Heights Avenue Los Angeles, California and 1990 South Bundy Drive, Suite #790 Los Angeles, California	G69855	3/17/2006
Honzel, Mark R. 9808 Venice Boulevard, Suite #503 Culver City, California	A43785	11/16/2006
Shippel, Allan, M.D. P.O. Box 1070 Roswell, Georgia	C42088	12/1/2006

**Psychiatrist (susp A)**

Rufino, Tan Co 9310 Sierra Avenue Fontana, California and 9961 Sierra Avenue Fontana, California	A39750	12/6/2006
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January 2007

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Remove and replace:   cmc 1/2 \*  
                              prov guide 7 thru 10  
                              prov rel 9  
                              remit cd9000 43  
                              remit elect corr9800 3

The following updated sections are available at [www.medi-cal.ca.gov](http://www.medi-cal.ca.gov):

- *AEVS: Carrier Codes for Other Health Coverage*
- *Medi-Cal Suspended and Ineligible Provider List*

\* Pages updated due to ongoing provider manual revisions.