

The following responses to FAQs provide additional guidance and clarification to Medi-Cal managed care health plans (MCPs) regarding All Plan Letter (APL) 17-019: Provider Credentialing, Re-credentialing, Screening and Enrollment. APL 17-019 establishes requirements for screening and enrollment of providers who participate in MCP networks. APLs and their attachments are available at:

<http://www.dhcs.ca.gov/formsandpubs/Pages/MgdCarePlanPolicyLtrs.aspx>.

GENERAL ENROLLMENT INFORMATION

1. Does the Department of Health Care Services (DHCS) expect MCPs to terminate provider contracts for all providers who have not completed the screening and enrollment process through either the MCP or the Medi-Cal Fee-For-Service (FFS) Program by January 1, 2018?

No. DHCS expects each MCP to have established an active and compliant screening and enrollment process by January 1, 2018, after which each provider who is new to an MCP's network must complete the screening and enrollment process through either an MCP or the Medi-Cal FFS program. Providers who had been in an MCP network prior to January 1, 2018, are required to complete the screening and enrollment process, through either the MCP or the Medi-Cal FFS program, as soon as possible but not later than December 31, 2018.

MCPs should be aware that network providers enrolling through the Medi-Cal FFS program are subject to the rules, processing requirements, and enrollment timeframes defined in Welfare and Institutions Code (WIC) §14043.26, which in most cases allows DHCS up to 180 days to act on an enrollment application. In addition, if a case is referred or has been returned to the provider for correction, a determination may not occur within 180 days. MCPs are ultimately responsible for ensuring their network providers are screened and enrolled by December 31, 2018. MCP network providers will not receive expedited processing if they enroll through the Medi-Cal FFS program.

2. Is there a timeline for when providers not already enrolled in Medi-Cal FFS must be enrolled by either DHCS or an MCP?

MCPs electing to establish their own enrollment process are expected to have their infrastructure in place by January 1, 2018. All contracted providers in the MCP network prior to January 1, 2018, are required to enroll promptly but no later than December 31, 2018, through either the MCP or the Medi-Cal FFS program.

Within 120 days of receipt of a provider application, the MCP must complete the screening and enrollment process and provide the applicant with an official determination on MCP letterhead. An MCP may allow a provider to participate in its network for up to 120 days, pending the outcome of the screening process, in accordance with APL 17-019 and Title 42 of the Code of Federal Regulations (42 CFR), Section (§) 438.602(b)(2).

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3. What happens if the screening and enrollment process is not complete within the 120 days?

When the screening and enrollment process is not completed by either DHCS, within the timeframes that apply to the state¹ as described in questions 1 and 2 above, or by an MCP within 120 days, an MCP may enter into a letter of agreement or single contract arrangement with a provider as medically necessary to provide for continuity of care for individual members, in Health & Safety Code (HSC) §1373.96.

4. If DHCS denies enrollment, may the provider continue to participate until the end of the 120-day period?

No. A provider whose enrollment is denied may no longer participate in the MCP's network. MCPs must work to prevent member harm when terminating providers, and ensure the safety of Medi-Cal beneficiaries, by complying with the continuity of care requirements specified in HSC §1373.96, the DHCS contract and all applicable APLs, Policy Letters (PLs), and Duals Plan Letters (DPLs).

5. When a provider enrolls through an MCP, how does the timeline for a provider to remediate deficiencies on their enrollment application impact the 120-day enrollment timeframe?

DHCS expects all screening and enrollment activities conducted by MCPs to be completed within the 120-day timeframe.

MCPs should be aware that network providers enrolling through the Medi-Cal FFS program are subject to the rules, processing requirements, and enrollment timeframes defined in Welfare and Institutions Code (WIC) §14043.26, which in most cases allows DHCS up to 180 days to act on an enrollment application. In addition, if a case is referred or has been returned to the provider for correction, a determination may not occur within 180 days. MCPs are ultimately responsible for ensuring their network providers are screened and enrolled by December 31, 2018. MCP network providers will not receive expedited processing if they enroll through the Medi-Cal FFS program.

¹ See WIC §14043.26

6. How might MCPs be made aware if DHCS deactivates or suspends an MCP network provider's enrollment? How might MCPs confirm that a network provider is actively enrolled in Medi-Cal FFS?

Under certain circumstances, DHCS may make MCPs aware of provider suspensions or temporary suspensions. Otherwise, MCPs must conduct monthly checks of the Open Data Portal, which is updated monthly, and all exclusionary data sources, as specified in APL 17-019. For information on how to access the Open Data Portal, see question #25.

7. May a MCP appeal a Medi-Cal FFS enrollment decision?

No. The MCP may not appeal a Medi-Cal FFS enrollment decision. If MCPs direct providers to enroll through DHCS, the Medi-Cal FFS screening and enrollment process occurs between the provider and DHCS. However, the provider applying through DHCS has appeal rights pursuant to WIC §14043.65 when an application is denied. Applicants receive appeal information when they are notified of the denial of their application.

8. Are MCPs required to conduct screening and enrollment activities for providers who are currently enrolled in the Medi-Cal FFS program?

No. Providers who successfully enroll through the Medi-Cal FFS enrollment process are eligible to contract with MCPs. MCPs and providers must confirm Medi-Cal FFS enrollment by accessing the Open Data Portal, which is updated monthly. For information on how to access the Open Data Portal, see question #25.

Reliance upon the Medi-Cal FFS program for screening and enrollment does not relieve MCPs of their obligation to conduct the monthly monitoring activities described in APL 17-019.

9. Are MCPs permitted to collaborate with another MCP on the provider enrollment process?

Yes. MCPs are permitted to collaborate on enrollment activities for a given provider. In addition, MCPs may rely on other MCPs' provider enrollment determinations. Providers who enroll through one MCP are eligible to contract with all MCPs.

Reliance upon other MCPs for screening and enrollment does not relieve MCPs of their obligation to conduct the monthly monitoring activities described in APL 17-019.

10. Are MCPs required to screen and enroll provider types not currently enrolled through the Medi-Cal FFS program? What are those provider types?

Yes. Under 42 CFR §438.602(b)(1), all network providers must be screened and enrolled. Not all Medi-Cal FFS provider types are screened and enrolled by DHCS. In the case of these provider types, MCPs are responsible for screening and enrollment. Examples of provider types that require enrollment through the MCP are those types excluded from Medi-Cal FFS due to a DHCS moratorium or those for which there is no Medi-Cal FFS enrollment pathway. (See: <http://www.dhcs.ca.gov/provgovpart/Pages/CurrentEnrollmentMoratoriums.aspx>.) Under

those circumstances, MCPs must refer to the State Department that regulates that provider type (e.g., Consumer Affairs).

11. Is there a particular application that MCPs must use for provider types that may only enroll through an MCP because Medi-Cal FFS does not enroll that provider type?

DHCS recommends that MCP's create their own provider enrollment application with data elements comparable to those found in the Medi-Cal Ordering/Referring/Prescribing Provider Application/Agreement/Disclosure Statement for Physician and Non-Physician Practitioners (DHCS 6219, Rev. 5/17). This application is available at:

http://files.medi-cal.ca.gov/pubsdoco/Publications/masters-other/provappsenroll/23enrollment_DHCS6219.pdf

The DHCS 6219 pertains to individual providers, therefore MCPs may need to modify the application as needed in order to collect additional information with data elements appropriate for provider groups or incorporated business entities that should include information collected in a Medi-Cal Provider Application (DHCS 6204), Medi-Cal Disclosure Statement (DHCS 6207) and Medi-Cal Provider Agreement (DHCS 6208).

Medi-Cal Provider Application: http://files.medi-cal.ca.gov/pubsdoco/Publications/masters-other/provappsenroll/07enrollment_DHCS6204.pdf

Medi-Cal Provider Disclosure Statement: http://files.medi-cal.ca.gov/pubsdoco/Publications/masters-other/provappsenroll/03enrollment_DHCS6207.pdf

Medi-Cal Provider Agreement: http://files.medi-cal.ca.gov/pubsdoco/Publications/masters-other/provappsenroll/02enrollment_DHCS6208.pdf

12. Are MCPs required to notarize the applications for provider types that enroll through the MCP? Do the applications require a wet signature?

DHCS does not require provider type applications processed through an MCP to be notarized; an electronic signature is acceptable on such applications.

13. If a provider's enrollment is approved through Medi-Cal FFS, is the MCP responsible to gather and maintain enrollment documentation materials for 10 years?

No. DHCS will maintain documents for all providers who have enrolled through the Medi-Cal FFS program. However, MCPs must maintain providers' verification of Medi-Cal enrollment when using it to satisfy the requirements of APL 17-019.

14. Is there a tool for site visits to be conducted by MCPs?

No. As stated in the APL, MCPs must conduct pre- and post-enrollment site visits of medium- and high-risk providers to verify that the information submitted to the MCP is accurate and to determine the applicant's compliance with State and federal enrollment requirements, including, but not limited to, Title 22 of the California Code of Regulations (22 CCR), §§ 51000.30, 51000.31, 51000.32, 51000.35, 51000.45, and 51000.60.

15. Are MCP providers enrolled in Medi-Cal FFS required to render services to Medi-Cal FFS beneficiaries?

Per federal regulation (42 438.602(b)), providers enrolled solely for the purpose of participation in an MCP's network are not required to render services to Medi-Cal FFS beneficiaries.

16. Do all providers enrolled in Medi-Cal FFS also need to be credentialed by MCPs?

Yes. The MCPs' screening and enrollment requirements are separate and distinct from the credentialing and recredentialing process. The credentialing and recredentialing process is one component of the comprehensive quality improvement system required in all MCP contracts. The requirement for MCP providers to be credentialed has not changed since the publishing of APL 16-012 and is also established in the MCP contract.

17. Is each provider enrollment established only at the provider level or by each location in which the provider practices?

Medi-Cal FFS enrollment is location-specific, and each location must be included in the provider's enrollment application. There are two exceptions to this requirement:

- (1) Physicians and allied providers who are already enrolled and who disclosed in their initial application for enrollment that they provide services to Medi-Cal beneficiaries at a health facility/facilities, a clinic, a medical therapy unit, a physician/surgeon's office, or patients' residences do not need to enroll each such location, pursuant to WIC §14043.15(b). Providers using this provision must still be enrolled and meet established place-of-business requirements, as defined in 22 CCR §51000.60, at the location where they initially enrolled.
- (2) Physicians and allied providers that provide services to Medi-Cal beneficiaries *exclusively* in one or more licensed health facilities or health-related facilities do not need to enroll at all facility locations. Providers are required to submit one application to report all of the facility locations where services are rendered. Please refer to this provider bulletin regarding the enrollment of facility-based providers:

[http://files.medi-cal.ca.gov/pubsdoco/Publications/masters-other/provappsenroll/PED Enrollment for Facility-Based Providers 26377.pdf](http://files.medi-cal.ca.gov/pubsdoco/Publications/masters-other/provappsenroll/PED%20Enrollment%20for%20Facility-Based%20Providers%2026377.pdf)

18. Are MCP providers required to meet Medi-Cal FFS place-of-business requirements?

Yes. If applying for enrollment as a Medi-Cal FFS provider, MCP providers will be subject to Medi-Cal FFS rules and processing requirements regardless of the MCP provider's interest to solely render MCP services. MCP providers must meet all established place-of-business requirements, as applicable. See 22 CCR §51000.60.

19. If a health care practitioner works under a provider group or clinic that is enrolled in the Medi-Cal program, but later leaves the organization to pursue a practice on their own, would they need to apply as an individual Medi-Cal provider?

Yes.

20. Please address the moratoria on enrollment of certain provider types and what that means for MCPs.

DHCS currently has two moratoria in place that limit the enrollment of providers. (See: <http://www.dhcs.ca.gov/provgovpart/Pages/CurrentEnrollmentMoratoriums.aspx>.) There is a moratorium on the enrollment of pharmacies located in Los Angeles County and a moratorium on the enrollment of durable medical equipment providers in the counties of Los Angeles, San Bernardino, Orange, and Riverside.

For provider types affected by the DHCS moratoria, MCPs may choose to enroll them under the MCP's established process. These providers are not eligible to enroll in the Medi-Cal FFS program as long as the moratoria remain in effect. DHCS will reject applications from providers that are subject to the moratoria. Please note that when the moratoria are lifted, those providers subject to the moratoria and seeking enrollment through DHCS are designated at the high categorical risk level for six months, are required to submit to fingerprinting and a criminal background check, and are subject to an on-site visit during the application process. For more information on moratoria, including exemptions, please see the information provided under the following link: http://files.medi-cal.ca.gov/pubsdoco/Publications/masters-other/provappsenroll/PED_Pharmacy_Moratorium_Declaration.pdf.

An MCP may enroll a provider subject to a Medi-Cal FFS program moratorium under a MCP-established process. DHCS will not lift or waive a moratorium even if an MCP requires all providers to enroll through the Medi-Cal FFS program.

21. Do the screening and enrollment requirements of APL 17-019 apply to pharmacies?

Yes, the requirement to enroll managed care network providers includes pharmacies. MCPs have the option to enroll pharmacies under an MCP-established process or require that pharmacies enroll through DHCS, with the exception of pharmacies in Los Angeles County that are subject to the current moratorium. In Los Angeles County, pharmacies not already enrolled in the Medi-Cal FFS program must enroll through the MCPs' screening and enrollment processes.

An MCP may enroll a provider subject to a Medi-Cal FFS program moratorium under a MCP-established process. DHCS will not lift or waive a moratorium even if an MCP requires all providers to enroll through the Medi-Cal FFS program. MCP providers enrolling through the DHCS Medi-Cal FFS enrollment process will be subject to Medi-Cal FFS rules and processing requirements regardless of the MCP provider's interest to solely render MCP services.

22. Do individual pharmacists need to enroll in Medi-Cal?

DHCS enrolls pharmacies, under provider type 24, but does not typically enroll individual pharmacists. DHCS will screen the pharmacist-in-charge listed on the pharmacy's application to ensure they meet program requirements, but the enrollment occurs at the pharmacy level and not at the individual pharmacist level. The one exception to this is if an individual pharmacist is an Advanced Practice Pharmacist who orders, refers, or prescribes treatment or medication to a beneficiary. In this case, the individual pharmacist would have to enroll as an Ordering/Referring/Prescribing Provider using form DHCS 6219.

23. Does the list of currently enrolled Medi-Cal providers on the Open Data Portal have an expiration date (i.e. 3 years, 5 years)? Should MCPs assume DHCS is revalidating these providers?

DHCS conducts revalidation activities for providers enrolled through the Medi-Cal FFS program and updates the Medi-Cal enrolled provider list monthly. MCPs are required to access the Open Data Portal monthly to reconcile their provider networks to this list. The Open Data Portal is a valid and reliable source for MCPs to ensure that their network providers are enrolled in Medi-Cal FFS and can be used by MCP to validate enrollment. For questions related to validating enrollment through the Open Portal see question # 28.

MCP and providers can access the Open Data Portal at <http://www.dhcs.ca.gov/provgovpart/Pages/PED.aspx> and click on the “Open Data Portal” link below the “Provider Resources” heading.

24. May MCP providers who have been excluded or suspended from the Medi-Cal FFS program enroll through and into an MCP?

No. Providers excluded or suspended from participation in the Medi-Cal FFS program are not eligible to enroll through an MCP. MCPs must identify these providers by reviewing the exclusionary databases and DHCS Suspended and Ineligible Provider List, as described in APL 17-019.

APPLYING FOR MEDI-CAL FEE-FOR-SERVICE ENROLLMENT

25. Where should MCPs direct providers who need forms for Medi-Cal FFS Enrollment?

MCP providers may apply for enrollment through the electronic Provider Application for Validation and Enrollment (PAVE) portal, which is available today for certain provider types, with remaining provider types to have access by Summer 2018. For instructions and training on how to apply using the PAVE Portal, as well as links to the PAVE portal itself, you may direct providers to <http://www.dhcs.ca.gov/provgovpart/Pages/PAVE.aspx>.

MCP providers may find FFS enrollment forms on the Medi-Cal website at http://files.medi-cal.ca.gov/pubsdoco/prov_enroll.asp#Forms. This site also contains instructions as to which provider types should submit which forms as part of their application package, and where to submit said forms.

MCPs and their network providers may receive news and updates regarding Medi-Cal FFS enrollment requirements by signing up to the following provider enrollment ListServ: <http://apps.dhcs.ca.gov/listssubscribe/default.aspx?list=DHCSFFS>

26. How much time does DHCS have to process Medi-Cal FFS provider applications?

Providers enrolling through the Medi-Cal FFS program are subject to the rules, processing requirements, and enrollment timeframes defined in Welfare and Institutions Code (WIC)

§14043.26, which in most cases allows DHCS up to 180 days to act on an enrollment application. In addition, if a case is referred or has been returned to the provider for correction, a determination may not occur within 180 days. MCPs are ultimately responsible for ensuring their network providers are screened and enrolled by December 31, 2018. MCP network providers will not receive expedited processing if they enroll through the Medi-Cal FFS program.

27. May out-of-state providers enroll in the Medi-Cal FFS Program?

Yes. Out-of-state providers may enroll in the Medi-Cal FFS program through DHCS. For out-of-state providers to enroll in the Medi-Cal FFS program, they must meet the requirements of WIC §14122 and 22 CCR §51006, or criteria as stated in the DHCS informational bulletin on out-of-state provider enrollment.

28. How might I tell whether one of our providers is currently enrolled in FFS?

MCPs and providers may view the list of providers enrolled in the Medi-Cal FFS program by accessing the Open Data Portal at <http://www.dhcs.ca.gov/provgovpart/Pages/PED.aspx> and clicking on the “Open Data Portal” link below the “Provider Resources” heading. The Open Data Portal is updated monthly.

In addition, MCPs and providers may validate enrollment of Ordering, Referring and Prescribing (ORP) providers at <http://www.dhcs.ca.gov/provgovpart/Pages/PED.aspx> and click on the “Ordering, Referring and Prescribing” link below the “Provider Resources” heading and be directed to an external site for ORP Enrollment Validation Look Up. Additionally, the external site for ORP can be accessed at the following: <http://www.medi-cal.ca.gov/ORPEnroll/ORPEnroll.aspx>.

29. If a provider is barred from reapplying for Medi-Cal FFS enrollment for up to 3 years, may the provider nonetheless enroll through an MCP?

No. If a provider is barred from reapplying for enrollment in the Medi-Cal FFS program as the result of a denied application, they may not re-apply until such a time as their bar has ended, pursuant to WIC §14043.28.

30. May an MCP provider be enrolled through an MCP if they are on the DHCS Suspended and Ineligible List?

No. An MCP may not enroll a provider listed on the DHCS Suspended and Ineligible (S&I) list. If a provider meets the requirements to be removed from the list, the provider must petition the DHCS Office of Legal Services for reinstatement in the Medi-Cal program and be reinstated prior to submitting an enrollment application. Once removed from the S&I list, they may apply for enrollment through either the MCP’s process or the DHCS process.

31. Are MCP providers required to comply with Medi-Cal FFS regulatory provider bulletin requirements?

Yes. Medi-Cal Managed Care providers applying through Medi-Cal's FFS program must meet all screening and enrollment requirements pertaining to Medi-Cal FFS providers and must adhere to all criteria outlined in regulatory provider bulletins and provider agreement. Providers may find these bulletins under the "Statutes, Regulations, Moratoria, and Bulletins" heading at:
http://files.medi-cal.ca.gov/pubsdoco/prov_enroll.asp#Statutes.

32. Do MCP rendering providers need to affiliate to a provider group when applying through the Medi-Cal FFS program?

Yes. To enroll as a provider group, at least two enrolled rendering providers must be affiliated with the group, as defined in 22 CCR §51000.16. If there are additional providers rendering services for the group, they must complete and submit an affiliation form or affiliate using the PAVE portal. The requirement for affiliation is specified in the Provider Bulletin, "Requirements and Procedures to Report Affiliations Between Rendering Providers and Provider Groups."

33. Do individual providers/practitioners working under a Federally Qualified Health Center (FQHC), Rural Health Clinic (RHC), or Indian Health Facility (IHF) need to enroll in Medi-Cal? May these providers simply enroll as a rendering provider under the clinic?

To provide services to FQHC, RHC, or IHF members at the FQHC, RHC, or IHF site, providers must either enroll in Medi-Cal as an Ordering/Referring/Prescribing provider or be actively enrolled as a Medicare provider. To provide services to a member outside of the FQHC, RHC, or IHF site, FQHC, RHC, or IHF providers must enroll as an individual Medi-Cal provider.

35. Which MCP providers are required to submit fingerprints and criminal background checks?

High-risk providers must submit fingerprints and submit to a criminal background check as part of the provider enrollment process. High-risk providers include providers that have a 5% or more direct or indirect ownership in the high-risk applicant. In addition, executive directors and officers of a nonprofit Drug Medi-Cal provider are required to submit fingerprint verification as specified in WIC §14043.38(c)(2) and the provider bulletin titled "Medi-Cal Requirement to Submit Fingerprints for a Criminal Background Check."