

THIS CA UPDATE HAS BEEN SENT TO THE FOLLOWING:**COUNTIES:**

- ☒ Imperial
- ☒ Riverside/San Bernardino
- ☒ Los Angeles
- ☐ Orange
- ☐ Sacramento
- ☒ San Diego

LINES OF BUSINESS:

- ☐ Molina Medi-Cal Managed Care
- ☒ Molina Medicare Options Plus
- ☒ Molina Dual Options Cal MediConnect Plan (Medicare-Medicaid Plan)
- ☐ Molina Marketplace (Covered CA)

PROVIDER TYPES:

- ☒ **Medical Group/ IPA/MSO**
 - Primary Care**
 - ☐ IPA/MSO
 - ☐ Directs
- ☐ **Specialists**
 - ☐ Directs
 - ☐ IPA
- ☒ **Hospitals**
 - Ancillary**
 - ☐ CBAS
 - ☐ SNF/LTC
 - ☐ DME
 - ☐ Home Health
 - ☐ Other

FOR QUESTIONS CALL PROVIDER SERVICES:
(855) 322-4075, Extension:**Los Angeles/Orange Counties**

X111113 X123071
X127657 X123007

Riverside/San Bernardino Counties

X127684 X128010
X120618

Sacramento County

X126232 X121360

San Diego County

X121805 X121401
X127709 X121413
X123006 X121599

Imperial County

X125682 X125666

Centers for Medicare & Medi-Cal Services Preclusion List

This is an advisory notification to Molina Healthcare of California (MHC) network providers.

The Centers for Medicare & Medi-Cal Services (CMS) has released a new Preclusion List that will be shared by MHC and must be reviewed on a monthly basis. The Preclusion List is intended to ensure patient protections and safety and is a list of prescribers and individuals or entities who fall within any of the following categories:

1. Currently revoked from Medicare, are under an active reenrollment bar, and CMS has determined that the underlying conduct that led to the revocation is detrimental to the best interests of the Medicare program; or
2. Engaged in behavior for which CMS could have revoked the prescriber, individual or entity to the extent applicable if they had been enrolled in Medicare, and CMS determines that the underlying conduct that would have led to the revocation is detrimental to the best interests of the Medicare program. Such conduct includes, but are not limited to, felony convictions and Office of Inspector General (OIG) exclusions

Molina Healthcare and its Contracted Network are prohibited from paying claims for health care services, equipment, and prescriptions furnished by any individual or entity on this list. MHC and its Contracted Network are also prohibited from paying for urgent or emergent services to a precluded provider.

This new list applies only to the Medicare and MMP lines of business. At this time, practitioners on this list are still eligible to participate in Medicaid and Marketplace networks.

This list will not replace any state or federal Sanction and Exclusion lists and will need to be reviewed in addition to those lists.

The initial list of providers are considered precluded effective January 1, 2019, however Molina Healthcare will not begin Claims payment stoppage for these providers until April 1, 2019, for dates of service on

or after April 1, 2019. Any provider appearing on the list will be notified of their pending termination from the Medicare and/or MMP networks. Members will also be notified of any precluded provider(s) they have received health care services, equipment, and/or prescriptions from during the previous 12 months, and of that individual's upcoming termination from Medicare and/or MMP networks.

All Contracted Providers and Supplemental Benefit vendors must review this list. Delegated responsibilities will include referrals to out of network providers, employee verification, claims payment, screening prior to Credentialing and Recredentialing decisions, and monthly as a part of ongoing monitoring activities.

Additional information can be found on the Centers for Medicare and Medi-Cal Services (CMS) website: <https://www.cms.gov/Medicare/Provider-Enrollment-and-Certification/MedicareProviderSupEnroll/PreclusionList.html>

QUESTIONS

If you have any questions regarding this notification, please contact your Molina Provider Services Representative at (855) 322-4075. Please refer to the extensions on page one.