

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 |
|---------|---------|

CALL TO ACTION:**DEPARTMENT OF HEALTHCARE SERVICES (DHCS)
PROVIDER SCREENING/ENROLLMENT
(APL 17-019) and MEDI-CAL MANAGED CARE
HEALTH PLAN GUIDANCE ON NETWORK PROVIDER
STATUS (APL 19-001)**

This is a call to action for Molina Healthcare of California (MHC) network providers regarding screening and enrollment of all network providers.

This notification is based on an All Plan Letter (APL) 17-019 and All Plan Letter (APL) 19-001, which can both be found in full on the DHCS website at

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

BACKGROUND

CMS has issued rulemaking to extend provider screening and enrollment requirements for Medi-Cal managed care. These requirements assist in reducing the number of providers who do not meet CMS provider enrollment requirements from participating in MHC's network. MHC is now required to implement a set of enrollment standards for Medi-Cal managed care. It is Critical that if the provider is not already approved as a DHCS fee-for-service (FFS) provider, that an application is submitted to DHCS immediately.

REQUIREMENTS***Screening and Enrollment APL 17-019:***

As of January 1, 2018, MHC requires new and existing providers to complete the Medi-Cal FFS provider screening and enrollment process through the DHCS Medi-Cal FFS enrollment portal in order to participate in MHC's Medi-Cal managed care program. DHCS will complete the enrollment process and provide the applicant with a written determination.

MHC requires providers to submit their application to DHCS as soon as possible to begin the screening and enrollment process, providers not enrolled through DHCS will not be able to participate in MHC's Medi-Cal network.

Providers may check the status of their enrollment on the California Health and Human Services Open Data Portal by visiting:

<https://data.chhs.ca.gov/dataset/profile-of-enrolled-medi-cal-fee-for-service-ffs-providers-as-of-june-1-2017>.

DHCS standardized application form(s) when applying for participation in the Medi-Cal program can be found on the DHCS website:

<http://www.dhcs.ca.gov/provgovpart/Pages/ApplicationPackagesAlphabeticalbyProviderType.aspx>. Please note that effective March 5, 2019, DHCS will no longer accept paper applications. All applications need to be submitted electronically.

A limited number of provider specialties are not enrolled through DHCS. Please reference the application from the link above to verify the requirements for your provider type. MHC will communicate accordingly regarding requirements for these excluded specialty types in a separate notification.

Network Provider Status APL 19-001

Required Characteristics of Network Providers

Effective on or after July 1, 2019, a Network Provider, as defined in 42 CFR Section 438.2 and the Medi-Cal managed care contract in Exhibit E, Attachment 1, to mean any provider, group of providers, or entity that has a Network Provider agreement with a Managed Care Organization (MCO), Prepaid Inpatient Health Plan (PIHP), or Prepaid Ambulatory Health Plan (PAHP), or a subcontractor, and receives Medicaid funding directly or indirectly to order, refer or render covered services as a result of a state's contract with an MCO, PIHP, or PAHP. A Network Provider is not a subcontractor by virtue of the network provider agreement.

Definitions, must:

1. Have an executed written Network Provider Agreement with the MCP or a Subcontractor of the MCP that meets all the requirements as part of APL 19-001.
- 2. Be enrolled in accordance with APL 17-019, the Medi-Cal Managed Care Provider Enrollment Frequently Asked Questions (FAQ) document, or any subsequent APL or FAQ update on the topic, unless enrollment is not required as specified by DHCS;**
3. Be reported on the MCP's 274 file submitted to DHCS, for all applicable filings, in accordance with APL 16-019 or any subsequent APL on the topic and the most recent DHCS 274 Companion Guide; and
4. Be included on all network adequacy filings that occur within the effective dates of the written Network Provider Agreement, in accordance with APL 18-005, or any subsequent APL on the topic, following the execution of the agreement. This does not automatically require the provider to be listed on a provider directory, nor does it require the inclusion of a Network Provider on network adequacy filings if such inclusion would be inappropriate due to timing or other circumstances, as discussed in APL 18-005

A provider that does not meet the criteria for a Network Provider shall not be reported on the 274 file or as part of the MCP's network adequacy filings.

Please note that MHC is subject to State regulatory audits and is responsible for ensuring downstream compliance with State program initiatives and

To opt out of Just the Fax: Call (855) 322-4075, ext. 127413.

Please leave provider name and fax number and you will be removed within 30 days.

requirements. As such, PCPs and Independent Physician Associations (IPAs) must ensure that internal operations are consistent and compliant with these requirements. MHC may conduct periodic audits and request copies of applicable policies and procedures and/or documentation that demonstrates compliance within your organization. Failure to submit any requested documents may result in a Corrective Action Plan.

A list of provider application FAQs can be found on the DHCS website:

<http://www.dhcs.ca.gov/provgovpart/Pages/ApplicationProcessingQuestions.aspx>

QUESTIONS

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