

Successful Medi-Cal Provider Enrollment for Physicians Practice

Presented by:
Department of Health Care Services
Provider Enrollment Division (PED)

Wednesday, January 16, 2013



Purpose

- This training will give applicants basic instructions and guidelines on the proper way to complete a Provider Enrollment Application Package.
- We will discuss the importance of reviewing and understanding program requirements and how to avoid mistakes when completing the forms.

2



Objectives

- Review the role of PED and of the Fiscal Intermediary (FI)
- Identify important aspects of completing the application correctly
- Review the most common reasons a provider enrollment application package is returned

3



Disclaimer

Information provided in this training is not intended as legal advice on how to prepare or submit your application package, and nothing in this training supersedes program requirements. Program requirements are fully stated in the program statutes, regulations and provider bulletins.

PED Website

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

4



Role of PED

- Responsible for enrollment and re-enrollment of fee-for-service health care service providers into Medi-Cal program
- Answer general questions and provide guidance on what forms to complete
- Specifically prohibited by law from telling providers how to complete items on enrollment forms
- Can only receive applications by mail
- Cannot pre-review applications

5



Application Processing Timeframes

Applicants receive an acknowledgement letter when an application is received by PED.

Physicians are notified in writing within 90 days of one of four actions below. All other provider types are notified within 180 days.

1. Approved
2. Referred
3. Denied
4. Incomplete

6



Application Processing Timeframes (cont.)

If the application and/or required documents are incomplete:

- Lack of complete information will cause the application to be returned and will increase the total time needed to complete the application process.
- Application is returned with a cover letter detailing missing/omitted information.
- The application must be returned by mail to PED within 60 days for processing to continue.

7



Application Processing Timeframes (cont.)

- Applications received by PED after 60 days will be reviewed as new applications.
- A new acknowledgement letter is mailed to applicant regardless of when PED receives the re-submitted application.
- Applications cannot be accepted by email or fax.
- Providers must verify all information is complete and accurate before submitting the application.

8



National Provider Identifier (NPI) Type 1 Versus Type 2

The Type of NPI used depends upon the business structure of the provider.

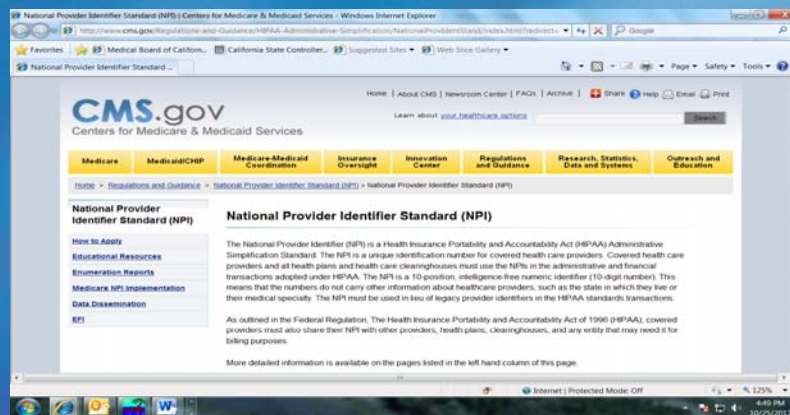
Type 1: Sole proprietor individuals and sole proprietor groups including, rendering and ordering/referring/prescribing (ORP) providers must use a Type 1 NPI.

Type 2 - Corporations, partnerships, organizations and incorporated individuals must use a Type 2 NPI. Type 2 is an "organizational" NPI and not a "group NPI".

For more information visit: <http://www.cms.gov/Regulations-and-Guidance/HIPAA-Administrative-Simplification/NationalProviderStand/index.html?redirect=NationalProviderStand>



Centers for Medicare & Medicaid Services Website



Website address:

<http://www.cms.gov/Regulations-and-Guidance/HIPAA-Administrative-Simplification/NationalProviderStand/index.html?redirect=NationalProviderStand>



Common Issues with Disclosure Statement (DHCS 6207)

- Providers are responsible for all information submitted to DHCS regardless of who assists in completion of application package.
- The disclosure statement must be completed for the correct person or entity.
- Complete each item and do not leave any items or spaces empty. Enter "N/A" if the item does not apply or check the "N/A" box.

Do not leave any questions, boxes, lines, etc., blank. Check or enter N/A if not applicable to you.

I. APPLICANT/PROVIDER INFORMATION

- A. Legal name of applicant/provider as reported to the IRS
- B. Legal name of applicant/provider as it appears on professional license (if applicable) N/A



11

Disclosure (cont.)

- Do not write "N/A" when a "yes" or "no" response is required.

5. Have you, the applicant/provider, ever been suspended from a Medicare, Medicaid, or Medi-Cal program? Yes No

If yes, attach verification of reinstatement and provide the following information:

CHECK APPLICABLE PROGRAM	NPI AND/OR PROVIDER NUMBER(S)	EFFECTIVE DATE(S) OF SUSPENSION	DATE(S) OF REINSTATEMENT(S) AS APPLICABLE
Medi-Cal			
Medicaid			
Medicare			

- You must submit all pages even if no information is completed on a page or if the instructions say to move to another section.

- If you, the applicant/provider, are an unincorporated sole-proprietor or an individual rendering provider adding to a group, proceed to Section II.

OR

- If you, the applicant/provider, are a partnership, corporation, governmental entity, or nonprofit organization, proceed to Section III.



12

Disclosure (cont.)

- In Sections III and IV, complete pages 5-9 if applying as a corporation, partnership, or any entity type other than a sole proprietor. These pages require the provider to detail who owns and/or controls the corporation, partnership, governmental entity, or nonprofit organization.
- Section III (Page 5) is for any entities that have ownership— Include a separate page 6 for each entity disclosed on page 5.
- Disclose any entities (page 5) and/or individuals (page 7) that have 5% or greater ownership or control interest, or any partnership interest in the applicant.

III. OWNERSHIP INTEREST AND/OR MANAGING CONTROL INFORMATION (ENTITIES)

A. In the table below, list all corporations, unincorporated associations, partnerships, or similar entities having 5% or more (direct or indirect) ownership or control interest, or any partnership interest, in the applicant/provider identified in Section I. Attach a separate Section III, Part B and C for each entity listed below. Number of pages attached: _____

Check here if this section does not apply and proceed to Section IV.

ENTITY LEGAL BUSINESS NAME	PERCENT (%) OF OWNERSHIP OR CONTROL
----------------------------	-------------------------------------



Disclosure (cont.)

- Section IV (Page 7) is for any individuals that must be disclosed, including every officer(s), director(s) and/or managing employee(s) and all partners in a partnership. Include a separate page 8 and 9 for each individual disclosed on page 7.
- Disclosure of all persons who are officers, directors and/or managing employees is required.
- You must submit a legible copy of the current driver's license or state issued ID for all persons with ownership.

IV. OWNERSHIP INTEREST AND/OR MANAGING CONTROL INFORMATION (INDIVIDUALS)

A. In the table below, list any individual that has 5% or greater (direct or indirect) ownership or control interest or any partnership interest, in the applicant/provider identified in Section I. In addition, all officers, directors, and managing employees of the applicant/provider must be reported in this section. Attach a separate Section IV, Part B and C, for each individual listed below. Number of pages attached: _____

INDIVIDUAL NAME	PERCENT (%) OF OWNERSHIP OR CONTROL
-----------------	-------------------------------------



Disclosure (cont.)

- If the individual(s) listed on page 7 has ownership in any other healthcare provider, participating or not participating in Medi-Cal, disclose this information on Page 9, item 9.

9. List the name and address of all health care providers, participating or not participating in Medi-Cal, in which the above individual also has an ownership or control interest. If none, check here.

If additional space is needed, attach additional page (label "Additional Section IV, Part C, Item 9"). Number of pages attached:

a. Full legal name of health care provider (include any fictitious business names)

b. Address (number, street) (City) (State) (Nine-digit ZIP code)



Disclosure (cont.)

- Complete item (C)(4) on Page 8 to the best of your ability. This question is directed at the individual to determine if they have been a Medi-Cal provider.

4. Does the above individual currently participate, or has he or she ever participated, as a provider in the Medi-Cal program or in another state's Medicaid program? Yes No

If yes, provide the following information:

STATE	NAME(S) (LEGAL AND DBA)	NPI AND/OR PROVIDER NUMBER(S)
-------	----------------------------	----------------------------------

- Ensure that all required information has been accurately disclosed.
- The provider is responsible for all information submitted to the Department.
- For the above reasons, applicants are strongly discouraged from delegating the completion of the disclosure statement.



Disclosure (cont.)

Failure to disclose accurate information or the disclosure of false information, may result in denial of the application and may make provider subject to temporary suspension from the Medi-Cal program and deactivation of all provider numbers used to bill Medi-Cal. The provider may be barred from reapplying to the Medi-Cal Program for three years.

17



Program Requirements

Established Place of Business –

- Provider must be open and conducting business with all program requirements in place before submitting the application.
- A business address is the physical address where services are provided.
- Post office boxes or commercial boxes are not acceptable as business addresses.

18



Program Requirements (cont.)

Established Place of Business –

- One of the established place of business requirements states a provider must lease or own the space at which they are providing services. If leasing, information regarding the lease and the lessor must be reported on the Medi-Cal Disclosure Statement (DHCS 6207).
- Providers stating they are informally “sharing space” or “using space” belonging to another provider do not fulfill this requirement.

19



Common Reasons Applications are Returned

Wrong Application/Form –

- Providers are required to use the correct form for their provider type.

Legal Name Must Match –

- Legal name of applicant as reported on enrollment forms must match all supporting documentation.
- If the applicant is a corporation, the legal name reported to IRS must match the name reported to the California Secretary of State.

20



Common Reasons Applications are Returned (cont.)

Incomplete Form –

- Answer all questions, boxes, lines, etc. Do not leave blank spaces. Enter “N/A” or check the “N/A” box if not applicable.
- Submit all pages of the form, even if no information is completed on a page(s).
- Complete all items as they pertain to applicant.

21



Common Reasons Applications are Returned (cont.)

Incomplete Form –

- Complete all address fields (Business, Pay-to and Mailing) and do not write “same as”
- Provide 9-digit zip code for each address

1. Legal name of applicant or provider (as listed with the IRS) Other: _____

2. Business name, if different _____

3. Business telephone number _____

Is this a fictitious business name? Yes No If yes, list the Fictitious Business Name Permit number _____ Effective date ____/____/____

(Attach a legible copy of the Fictitious Business Name Permit issued by the Medical Board.)

A. Business address (number, street) _____ City _____ State _____ Nine-digit ZIP code _____

B. Pay-to address (number, street, P.O. Box number) _____ City _____ State _____ Nine-digit ZIP code _____

C. Mailing address (number, street, P.O. Box number) _____ City _____ State _____ Nine-digit ZIP code _____

For a change of business address, enter location moving from: _____

22



Common Reasons Applications are Returned (cont.)

Signatures -

- Include signature of the applicant on each form – Blue ink is preferred
- Signature must be original, No photocopies, stamps, scanned, or faxed copies
- Include notary stamp, signature, or both as required on application or form

reasonable copy costs as determined by DHCS, AG and/or Secretary.

False agree that DHCS, AG and/or Secretary may make unannounced visits to Physician, at any of Physician's business locations, before, during or after enrollment, for the purpose of determining whether enrollment, continued enrollment, or certification is warranted, to investigate and prosecute fraud against the Medi-Cal program, to investigate complaints of abuse and neglect of patients in health care facilities receiving payment under the Medi-Cal program, and/or as necessary for the administration of the Medi-Cal program and/or the fulfillment of the AG's powers and duties under Government Code Section 12528. Premises subject to inspection include billing agents, as defined in Welfare and Institutions Code Section 14040.1. Failure to permit inspection by DHCS, AG and/or Secretary or any agent, investigator or auditor thereof, shall be grounds for immediate suspension of physician from participation in the Medi-Cal program.

Printed name of physician: (first) (last) (middle)

Signature of the physician:

Executed at: (City) (State) (Zip)

Date: (Month) (Day) (Year)

23



Common Reasons Applications are Returned (cont.)

Missing Required Attachments –

- Copy of IRS document when using a Tax Identification Number (TIN)
- Copy of current professional license for provider type. Print outs from licensing board website are not acceptable
- Current legible copy of Fictitious Business Name Statement or Fictitious Name Permit
- Current Driver's license or state-issued ID for the person signing the application

24



Helpful Tip

Regardless of who prepares the application package, the provider is fully responsible for the accuracy of information.

Errors or omissions are the provider's responsibility. Inaccurate information may cause the application to be denied, provider numbers to be deactivated, and the provider to be barred from reapplying to the Medi-Cal program for a period of three years.

Providers can avoid having applications returned for additional action if they remember the three (3) C s below.

1. Complete
2. Consistent
3. Correct

25



Application Approval and Effective Date of Enrollment

•Effective date of enrollment is the date that a complete application package is received by PED.

•If all program requirements were not in place at the time of application submission, effective date of enrollment will be later.

•If approved, billing providers receive a "Welcome to Medi-Cal" letter and packet with the effective date of enrollment.

•Two to three weeks after receiving the Welcome letter, the provider receives separate notification from the FI with their Provider Identification Number (PIN).

26



Effective Date of Enrollment Exception

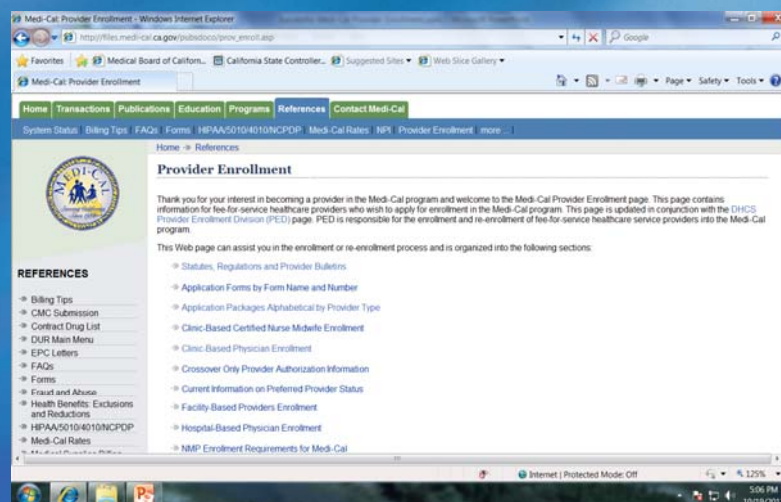
Applicants under contract with a hospital who provide emergency room services or other services to Medi-Cal recipients may request a retroactive effective date up to 90 days.

For more information refer to:

Medi-Cal Provider Enrollment Effective Date Determination "http://files.medi-cal.ca.gov/pubsdoco/prov_enroll.asp#Statutes"



Medi-Cal Website



Website address:
http://files.medi-cal.ca.gov/pubsdoco/prov_enroll.asp



Medi-Cal Website

Contains a great deal of helpful information such as:

- Program Laws / Rules
- Applications Alphabetically by Provider Type
- Application Tips
- Frequently Asked Questions
- Top Provider Denial Reasons

29



PED Website

A screenshot of a web browser displaying the DHCS website. The browser's address bar shows the URL: <http://www.dhcs.ca.gov/provgovpart/Pages/ApplicationPackagesAlphabeticalbyProviderType.aspx>. The website header includes the DHCS logo and navigation tabs: HOME, SERVICES, INDIVIDUALS, PROVIDERS & PARTNERS, FORMS, LAWS & PUBLICATIONS, and DATA & STATISTICS. The main content area is titled "Links to Application Packages Alphabetical by Provider Type" and contains a list of provider types with links to their respective application packages. A "QUICK LINKS" sidebar is visible on the right side of the page.

Application Packages Alphabetical by Provider Type - Windows Internet Explorer

http://www.dhcs.ca.gov/provgovpart/Pages/ApplicationPackagesAlphabeticalbyProviderType.aspx

Application Packages Alphabetical by...

CALIFORNIA DEPARTMENT OF Health Care Services

HOME SERVICES INDIVIDUALS PROVIDERS & PARTNERS FORMS, LAWS & PUBLICATIONS DATA & STATISTICS

Home > Providers & Partners > Application Packages Alphabetical by Provider Type

Links to Application Packages Alphabetical by Provider Type

Find your Provider Type in the list of packages that follow, then click on your provider type 'package' to get specific instructions and the forms you will need to apply for enrollment. Unlisted provider types can follow the link at the bottom of the list.

- Acupuncturist Package
- Audiologist Package
- Chiropractor Package
- Clinical Laboratory Provider Package
- Clinical Social Worker Package
- Dispensing Optician Package
- Doctor of Medicine Package
- Doctor of Osteopathic Medicine Package
- Durable Medical Equipment Provider Package
- Exempt from Licensure Clinics Package
- Facilities
- Group Providers Package
- Hearing Aid Dispenser Package
- Independent Diagnostic Testing Facility (IDTF) Package

QUICK LINKS

- About DHCS
- DHCS A-Z Index
- Fraud & Abuse
- HPAA
- Laws and Regulations
- Legislative and Governmental Affairs
- Low Income Health Program
- Medi-Cal Procurements
- Newsroom
- Privacy
- Subscribe: DHCS Stakeholder Announcements
- Waiver Implementation

RELATED LINKS

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

30



Physician Group

- A Medi-Cal Provider Group Application (DHCS 6203), Medi-Cal Disclosure Statement (DHCS 6207) and Medi-Cal Provider Agreement (DHCS 6208) completed on behalf of the group with the application package.
- List all rendering providers on application and include a Medi-Cal Rendering Provider Application/Disclosure Statement/Agreement for Physician/Allied/Dental Providers (DHCS 6216) for any rendering providers not already enrolled in Medi-Cal.
- There must be at least two providers rendering services at the same location in order to qualify for enrollment as a group.

31



Rendering Providers (DHCS 6216)

- Rendering providers work for an enrolled Medi-Cal group and the group entity bills Medi-Cal for the services rendered by providers in the group.
- Rendering providers cannot bill Medi-Cal directly.
- Provider groups are not required to report when rendering providers join their group unless the rendering provider is new to Medi-Cal.

NOTE: Current program requirements do not require that rendering providers notify Medi-Cal when they begin working for a different or additional provider group. An approved rendering provider may render to any established group of the same provider type.

32



Rendering Providers (DHCS 6216) (cont.)

- List the NPI of the group being joined. The NPI must be actively enrolled as a provider group (not an individual) and must be enrolled at the location at which the rendering will be providing services.
- Copies of documentation for the group, for example, the group's Tax ID verification, Articles of Incorporation, FNP, etc. are not required.
- A Medi-Cal Disclosure Statement (DHCS 6207) for the rendering provider is not required.

33



Non-Physician Medical Practitioners (NMPs)

NMPs can enroll in multiple ways depending upon how they are practicing and how they will bill for their services.

- A Nurse Practitioner or Certified Nurse Midwife requesting to enroll as an individual stand-alone provider should complete the Medi-Cal Provider Application (DHCS 6204), Medi-Cal Disclosure Statement (DHCS 6207), and Medi-Cal Provider Agreement (DHCS 6208).
- Nurse Practitioners or Certified Nurse Midwives requesting to enroll a nursing group should complete the Medi-Cal Provider Group Application (DHCS 6203), Medi-Cal Disclosure Statement (DHCS 6207), and Medi-Cal Provider Agreement (DHCS 6208). A Nurse Practitioner or Certified Nurse Midwife rendering to a group of the same provider type should submit a DHCS 6216 rendering provider application.

34



Non-Physician Medical Practitioners (NMPs) (cont.)

Physician Assistants, Nurse Practitioners and Certified Nurse Midwives enrolling as rendering providers to a physician or physician group enroll using the [Medi-Cal Nonphysician Medical Practitioner and Licensed Midwife Application Form \(DHCS 6248\)](#), Medi-Cal Disclosure Statement (DHCS 6207), and Medi-Cal Provider Agreement (DHCS 6208).

The DHCS 6248 requires information about the NMP, the employing provider, and the supervising physician.

- Be sure that each signer completes the appropriate section.
- Provide a copy of the Driver's License or State Issued ID for each person signing.
- Provide a copy of the professional license for the NMP and for the supervising physician.
- If the employing provider is not a licensed health care professional, their signature must be notarized.

35



Specialized Physician Enrollment

36



Facility-Based Enrollment (FBP)

- FBP enrollment is for individual providers or provider groups who provide medical services exclusively in one or more Licensed Health Facilities that are also actively-enrolled in Medi-Cal.
- FBP must meet the requirements detailed in the Provider Bulletin, Requirements and Procedures for Enrollment as a 'Facility-Based Provider.'
- These requirements include the submission of a Provider Cover Letter and a Facility Cover Letter from each facility where services are provided.

37



Hospital Based Enrollment

- Physicians who practice at general acute care hospitals, a rural general acute care hospital or an acute psychiatric hospital may qualify to enroll as a Hospital Based Provider.
- The applicant's license as a physician and surgeon issued by the Medical Board of California or the Osteopathic Medical Board of California must be current, unrevoked and unsuspended and the same license may not have had a revocation stayed, been placed on probation or had any other limitation placed on it.
- The applicant may not have an adverse entry in the Healthcare Integrity and Protection Databank (HIPDB).

38



Clinic Based Enrollment

- Clinic-Based Enrollment is only for individual physicians and individual certified nurse midwives (CNMs) who provide medical services primarily at Medi-Cal enrolled, licensed primary care clinic(s) and who need to bill for inpatient services provided to beneficiaries in a general acute care hospital or acute psychiatric hospital setting only.
- Primary care clinic(s) are clinics licensed by the California Department of Public Health and are different than medical office(s).

39



Clinical Laboratory Improvement Amendments (CLIA)

- Physicians may request to add Certificate of Waiver or Certificate of Provider Performed Microscopy Procedures to their Provider Enrollment record
- Only Pathologists and Pulmonologists may request to add Certificate of Accreditation
- A legible copy of the CLIA certificate and State Clinical Laboratory License must be submitted.
- Ensure that all the supporting documentation is for the service address listed on the application.

40



Crossover Only Providers (MC 0804)

Some Medi-Cal recipients are also eligible for services under the federal Medicare program. For most services rendered, Medicare requires a deductible and/or coinsurance that, in some instances, is paid by Medi-Cal.

For claims to transmit automatically, the number used to bill Medicare must be registered with Medi-Cal.

Providers who are enrolled in Medi-Cal or who wish to become enrolled as Medi-Cal Providers should not use the *MC 0804* form. This form is for providers who are *only* requesting payment for services to dual eligible beneficiaries.

41



Updating Information (DHCS 6209)

Providers are required to report changes in information, including, but not limited to, changes in service location, pay-to address, legal or business name, or changes in ownership, to PED within 35 days of the change.

Changes must be reported by submitting either a complete application package or a Supplemental Changes Form (DHCS 6209), depending upon the change being reported.

42



Updating Information (DHCS 6209) (cont.)

The Supplemental Changes Form (DHCS 6209) is used to report:

- Pay-to or mailing address changes
- Request new PIN
- Request to deactivate enrollment
- Correct an NPI

Refer to the items listed on the DHCS 6209 and to the items listed in CCR Section 51000.40. If the change is not listed in Section 51000.40, it may not be reported on a DHCS 6209 and a complete application package is required.

43



When Not to Use the Supplemental Changes Form (DHCS 6209)

1. A change in entity type
(i.e. changing from a sole proprietor to a corporation)
2. A change in service location

NOTE: An individual physician practice relocating within the same county may submit a DHCS 9096 Change of Location application if all other information, other than the address change, remains correct.

44



Affordable Care Act

The Centers for Medicare and Medicaid Services (CMS) published a Final Rule on February 2, 2011, in the Federal Register (42 CFR Parts 405, 424, 447 et al.) with provisions to be implemented as they relate to Medicare, Medicaid and Children's Health Insurance Programs (CHIP) for provider screening and prevention of provider fraud and abuse. This Rule implemented provisions of the Patient Protection and Affordable Care Act (ACA).

45



Revalidation Process

- Implementation of the Affordable Care Act and Final Rule 42 CFR § 455.414 requires the revalidation of enrollment for all provider types at least every five years. The Department will rely on Medicare's revalidation screening of providers completed within the previous 12 months to complete the Medi-Cal revalidation process.
- The Department is unable to use a provider's Medicare revalidation screening if the provider:
 - Completed their Medicare revalidation greater than 12 months ago;
 - Is enrolled in the Medi-Cal program only; or
 - Has changes to their enrollment information not already reported.
 - These providers will be notified by the Department when they are required to complete the Medi-Cal revalidation process.
- The Department will release a provider bulletin when the revalidation process begins.

46



Ordering, Referring and Prescribing Providers (ORP)

- With implementation of Section 6405 of the Affordable Care Act, some providers will need to enroll in the Medi-Cal program for the sole purpose of ordering, referring and prescribing for Medi-Cal beneficiaries. These providers do not send claims to a Medicare or Medi-Cal contractor for the services they furnish.
- Beginning January 1, 2013, physician and non-physician providers must meet the following requirements to order, refer and prescribe for Medi-Cal beneficiaries:
 - The physician/non-physician practitioner must be actively enrolled or enrolled as an ORP in the Medi-Cal or Medicare program.

47



ORP (cont.)

- The ordering/referring/prescribing National Provider Identifier (NPI) must be for an individual practitioner Type 1 (not an organizational NPI).
- The physician/non-physician practitioner must be of the specialty type that is eligible to order/refer/prescribe.

If an individual provider is not enrolled in the Medicare or Medi-Cal program and would like to order, refer and prescribe for Medi-Cal beneficiaries, they would need to fill out and submit the "Ordering, Referring and Prescribing Provider Application/Agreement/ Disclosure Statement for Physician and Non-physician Practitioners" (DHCS 6219). The form is now available on Medi-Cal's website.

<http://www.cms.gov/Outreach-and-Education/Medicare-Learning-Network-MLN/MLNProducts/MLN-Multimedia-Items/2012-12-17Phase-2-of-Ordering-Referring-Requirement-Podcast.html>

48



Application Fee Requirements

- Effective January 1, 2013, certain applicants/providers are required to submit an application fee with their application – to offset the cost of conducting the screening process and to comply with the ACA requirements.
- The fee applies to all applicants/providers except:
 - Individual physicians or nonphysician practitioners
 - Applicants/providers that are enrolled in Medicare or another state's Medicaid or Children's Health Insurance Program (CHIP) – **verification required**
 - Applicants/providers that have paid the applicable fee to a Medicare contractor or to another state's Medicaid or CHIP – **verification required**
 - Applicants/providers that are exempt by waiver pursuant to federal law

Information on the current application fee is available on the DHCS website, under the Providers & Partners tab, Provider Enrollment Division link.

49



Application Fee Requirements (cont.)

- Applicants may submit a waiver request if paying the fee would cause a financial hardship – see the provider bulletin for details.
- The Department will forward application fee waiver requests submitted by applicants/providers to CMS for approval.
- Application fees must be submitted with the application package – if a provider is not required to submit a fee, the fee will be refunded.
- The Department will only accept a cashier's check for application fee.
- Applications received without a fee or fee waiver request will be denied.

For additional information, please read the following bulletin found on Provider Enrollment's website:

"Medi-Cal Application Fee Requirements for Compliance with 42 Code of Federal Regulations Section 455.460"

50



Medi-Cal Screening level Requirements

- Effective January 1, 2013, all applications will be screened based on a categorical risk level of “limited, moderate, or high” as required under federal and state regulations.
- The Department, will at a minimum, utilize the federal regulations in determining an applicant/providers categorical risk.
- The Department may rely on the results of screening performed by Medicare contractors and/or the Medicaid or CHIP programs of other states within the previous 12 months – verification of completed screening is required.
- See the Provider Bulletin: **“Medi-Cal Screening Level Requirements for Compliance with 42 Code of Federal Regulations Section 455.450”** on the Medi-Cal website.



51

Provider Enrollment Termination Reporting

- Effective January 1, 2013, Federal law requires states to report adverse provider actions to the Centers for Medicare and Medicaid Services (CMS) on the Medicaid and Children’s Health Insurance Program State Information Sharing System (MCSIS) database.
- Actions that may result in reporting:
 - Suspension of participation of a provider in the Medi-Cal program
 - Deactivation of a provider based on a failure to disclose or the disclosure of false information on an application, with a three-year reapplication bar period.
 - Termination of provisional status or preferred provisional status pursuant to Welfare & Institutions Code Section 14043.27(c).
- Written notification will be sent to providers when their enrollment termination is reported
- See the Provider Bulletin: **“Medi-Cal Requirement to Report Provider Enrollment Terminations”** on the Medi-Cal website.



52

PED Website

Provider Enrollment Division (PED) is responsible for the enrollment and re-enrollment of fee-for-service health care service providers into the Medi-Cal program. There are approximately 130,000 Medi-Cal providers who serve the medically necessary needs of the Medi-Cal population. PED is also responsible for developing enrollment policy, and updating and maintaining provider information in the Provider Master File database that is used in the claims payment process.

News, Hot Topics & Updates

- ACA Implementation Information - Provider Screening Requirements
- Enrolling Effectively in Medi-Cal to B11 Successfully Webinar, Thursday, November 29, 2012, 2 p.m.
- 1099 Tax Forms Update for Medi-Cal Providers
- DOR Request for Provider Participation
Department of Rehabilitation requests Medi-Cal provider participation in health care panel
- NPI Information
- Provider Reminders
- Suspended & Ineligible Provider List (Medi-Cal)

For Providers

- Application Packages Alphabetical by Provider Type
- Clinic-Based Certified Nurse Midwife Enrollment
For individual certified nurse midwives who provide medical services only at licensed primary care clinics except when...
- Clinic-Based Physician Enrollment
For individual physicians who provide medical services only at licensed primary care clinics...
- Crossover Only Provider Authorization
- Current Information on Preferred Provider Status
- Facility-Based Providers Enrollment
For healthcare providers who provide medical services exclusively in one or more licensed health facilities.

QUICK LINKS

- About DHCS
- DHCS A-Z Index
- Fraud & Abuse
- HPAA
- Laws and Regulations
- Legislative and Governmental Affairs
- Low Income Health Program
- Medi-Cal Procurements
- Newsroom
- Privacy
- Subscribe:DHCS Stakeholder Announcements
- Waiver Implementation

RELATED LINKS

53

Resources

- Medi-Cal Provider Enrollment web page:
http://files.medi-cal.ca.gov/pubsdoco/prov_enroll.asp
- Provider Enrollment web page:
<http://www.dhcs.ca.gov/provgovpart/Pages/PED.aspx>
- Application Packages by Provider Type:
<http://www.dhcs.ca.gov/provgovpart/Pages/ApplicationPackagesAlphabeticalbyProviderType.aspx>

54



Provider Enrollment Issues

Contact PED at (916) 323 - 1945 or
at PEDCorr@dhcs.ca.gov

55



Billing Issues

- The Fiscal Intermediary (FI) is responsible for the processing of Medi-Cal claims and related services.
- Billing and claims processing questions should be directed to the FI Telephone Service Center (TSC) at 1-800-541-5555.

56



Questions?

57

