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PROVIDER CREDENTIALING / RE-CREDENTIALING AND SCREENING / ENROLLMENT ALL PLAN LETTER - Frequently Asked Questions

The following responses to Frequently Asked Questions (FAQs) provide additional guidance and clarification to Medi-Cal managed care health plans (MCPs) regarding the Provider Credentialing/Re-credentialing and Screening/Enrollment All Plan Letter (APL), which establishes requirements for screening and enrollment of providers who participate in MCP networks.¹

GENERAL ENROLLMENT INFORMATION

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

Pursuant to the Department of Health Care Services' (DHCS) policy, if an MCP elects to screen and enroll its providers, the MCP must complete the process and provide the applicant with a written determination on MCP letterhead within 120 calendar days of its receipt of a provider application. An MCP may allow a provider to participate in its network for up to 120 calendar days, pending the outcome of the screening process, in accordance with this APL and Title 42 of the Code of Federal Regulations (CFR), Section 438.602(b)(2).² While Welfare and Institutions Code (WIC) Section 14043.26 allows DHCS up to 180 calendar days to act on an enrollment application if the provider applies directly to DHCS, the provider still may only participate in the network for 120 days, even if DHCS has yet to act upon the application by that time.³

If the screening and enrollment process is not completed by DHCS or by the MCP within 120 calendar days, the provider must not continue to participate in the MCP, unless the MCP enters 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 compliance with Health and Safety Code (HSC), Section 1373.96.^{4, 5}

¹ APLs and their attachments are available at:

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

² CFR is searchable at: <https://www.ecfr.gov/>.

³ State law is searchable at: <https://leginfo.legislature.ca.gov/>.

⁴ 42 CFR, Section 438.602(b)(2).

⁵ HSC Section 1373.96 is available at:

https://leginfo.legislature.ca.gov/faces/codes_displaySection.xhtml?lawCode=HSC§ionNum=1373.96.

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Single case agreements to provide continuity of care only apply to providers treating the conditions listed in HSC Section 1373.96. The MCP must notify DHCS prior to terminating the provider's participation in the MCP if this will impact Member access.⁶

2. 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. When the provider's application is denied they receive a letter in the Provider Application and Validation for Enrollment (PAVE) portal messaging system and the status of the application in the PAVE portal changes to Denial; however, this message will only be made visible to those on the applicant's account profile.⁷ Denied applicants will not appear on exclusionary databases used by MCPs to verify enrollment.

When terminating providers, MCPs must adhere to the continuity of care requirements specified in HSC, Section 1373.96, the DHCS contract and all applicable APLs, Managed Care Policy Letters (PLs), and Duals Plan Letters (DPLs) to prevent Member harm and ensure the safety of Medi-Cal Members.^{8, 9} If the termination will impact Member access, the MCP must notify DHCS prior to terminating the provider.

3. Can a provider continue to participate in the MCP's network if it resubmits its enrollment application?

No. An MCP must terminate its contract with a provider no later than 15 calendar days of the provider receiving notification from DHCS that the provider has been denied enrollment in the Medi-Cal program, or upon expiration of the 120-day period in which the provider was unsuccessful in enrolling.¹⁰ MCPs cannot continue to contract with providers during the period in which the provider resubmits its enrollment application on PAVE or with the MCP, and can only re-initiate a contract upon the provider's successful enrollment as a Medi-Cal provider. If the MCP is concerned the termination may impact Member access, the MCP must notify DHCS prior to terminating the provider and submit a plan of action for continuity of services for review and approval before terminating.

4. When a provider enrolls through an MCP, how does the timeline for a provider

⁶ For more information on termination requirements, see APL 21-003, or any future iteration of this APL.

⁷ The PAVE web page is available at: <https://www.dhcs.ca.gov/provgovpart/Pages/PAVE.aspx>.

⁸ PLs and their attachments are available at:

<https://www.dhcs.ca.gov/formsandpubs/Pages/PolicyLetters.aspx>. DPLs and their attachments are available at: <https://www.dhcs.ca.gov/formsandpubs/Pages/MgdCareDualsPlanLetters.aspx>.

⁹ MCP boilerplate contracts are available at:

<https://www.dhcs.ca.gov/provgovpart/Pages/MMCDBoilerplateContracts.aspx>.

¹⁰ 42 CFR, Section 438.602(b)(2).

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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 providers enrolling through the Medi-Cal Fee For Service (FFS) program are subject to the rules, processing requirements, and enrollment timeframes defined in WIC Section 14043.26, which generally allows DHCS up to 180 calendar days to act on an enrollment application. If a case is referred or has been returned to the provider for correction, a determination may not occur within 180 calendar days. MCP Network Providers will not receive expedited processing if they enroll through the Medi-Cal FFS program.¹¹

5. 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 Federal and State database checks during the provider enrollment process and upon a provider's reenrollment to ensure that the provider continues to meet enrollment criteria. MCPs must review the following lists/databases frequently, but no less than monthly, to continue to verify the identity and determine the exclusion status of all providers.¹²

- Social Security Administration's Death Master File.
- National Plan and Provider Enumeration System (NPPES).
- List of Excluded Individuals/Entities (LEIE).
- System for Award Management (SAM).
- Centers for Medicare & Medicaid Services (CMS) Medicare Exclusion Database (MED).
- DHCS' Suspended and Ineligible Provider List.
- Restricted Provider Database (RPD).¹³
- California Health and Human Services' (CHHS) Open Data Portal.¹⁴

Additionally, MCPs that are restricted from CMS MED can utilize LEIE as means of verifying providers, as the MED uses the same data set.

¹¹ Network Providers are defined in 42 CFR, Section 438.2.

¹² For more information and links to the appropriate databases, see APL 22-013, or any future iteration of this APL.

¹³ Access to the RPD is provided to the MCPs' primary and secondary plan contact list, which is updated and maintained by the DHCS Contract Manager. For any questions related to accessing the RPD and granted permissions, please send questions to MCQMD@dhcs.ca.gov.

¹⁴ The CHHS Open Data Portal is available at: <https://data.chhs.ca.gov/dataset/enrolled-medi-cal-fee-for-service-provider>.

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Lastly, for information on how to access the Open Data Portal and information on how to export the data from the Ordering, Referring, and Prescribing (ORP) list, see question #24.

6. May an 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 Section 14043.65 when an application is denied.¹⁵ Applicants receive appeal information when they are notified of the denial of their application.

7. 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 #26. MCPs can also verify enrollment by requesting the provider's Provider Enrollment Division (PED) approval letter.

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 this APL.

8. 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 this APL.

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

¹⁵ WIC Section 14043.65 is available at:

https://leginfo.legislature.ca.gov/faces/codes_displaySection.xhtml?lawCode=WIC§ionNum=14043.65.

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No. Federal regulations require that the State screen and enroll all Network Providers.¹⁶ However, CMS recently issued guidance indicating that the State Medicaid Agency is not required to enroll Network Provider types who are not eligible to enroll in Medicaid FFS (i.e. those providers for which there is no FFS enrollment pathway). CMS has also indicated that the State may delegate its enrollment function to MCPs. Accordingly, MCPs that have undertaken provider enrollment responsibilities on behalf of DHCS in accordance with this APL do not need to enroll provider types for which there is no FFS state-level provider enrollment pathway.

If there is an existing FFS state-level enrollment pathway, and the MCP wants to contract with the provider, MCPs must enroll the provider under their delegated authority in accordance with this APL or must refer the provider to the appropriate department responsible for enrolling the provider. Regardless of the enrollment method used, the MCP must confirm that the provider is enrolled prior to contracting with the provider. A list of provider types that have a FFS state-level enrollment pathway, including the corresponding department responsible for the provider's enrollment, is outlined in this FAQ.

10. For providers that enroll through an MCP, is there a specific application that MCPs must use?

DHCS recommends that MCPs create their own provider enrollment application with the data elements and application requirements comparable to those specified by DHCS by provider type. MCPs can locate provider application information, licensing and certification requirements, applied application fees, and required documents specified by DHCS on the "Application Information by Provider Type" web page on the DHCS website.¹⁷

The information on the "Application Information by Provider Type" web page 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. The application should include information collected in the Medi-Cal Provider Application (DHCS 6204, Rev 5/21),¹⁸ the Medi-Cal Disclosure Statement (DHCS 6207, Rev. 2/17),¹⁹ and the Medi-Cal Provider Agreement (DHCS 6208, Rev. 8/21).²⁰

¹⁶ 42 CFR, Section 438.602(b)(1).

¹⁷ The "Application Information by Provider Type" web page is available at:

<https://www.dhcs.ca.gov/provgovpart/Pages/ApplicationbyProviderType.aspx>.

¹⁸ The Medi-Cal Provider Application (DHCS 6204, Rev. 5/21) is available at: http://files.medi-cal.ca.gov/pubsdoco/Publications/masters-other/provappsenroll/07enrollment_DHCS6204.pdf.

¹⁹ The Medi-Cal Disclosure Statement (DHCS 6207, Rev. 2/17) is available at: http://files.medi-cal.ca.gov/pubsdoco/Publications/masters-other/provappsenroll/03enrollment_DHCS6207.pdf.

²⁰ The Medi-Cal Provider Agreement (DHCS 6208, Rev. 8/21) is available at: http://files.medi-cal.ca.gov/pubsdoco/Publications/masters-other/provappsenroll/02enrollment_DHCS6208.pdf.

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The following are application components for MCPs to use as resources when developing their own enrollment pathway:

- Medi-Cal Provider Application
- Medi-Cal Provider Disclosure Statement
- Medi-Cal Provider Agreement

11. 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.

12. If a provider's enrollment is approved through Medi-Cal FFS, is the MCP responsible to gather and maintain enrollment documentation materials for ten 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 this APL.

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

No. As stated in the APL, MCPs must screen initial provider applications, including applications for a new practice location, and any applications received in response to a Network Provider's reenrollment or revalidation request to determine the provider's categorical risk level as limited, moderate, or high. If a provider fits within more than one risk level, the MCP must screen the provider at the highest risk level.

MCPs must conduct pre- and post-enrollment site visits of medium-risk and high-risk providers to verify that the information submitted to the MCP and DHCS 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 (CCR), Sections 51000.30, 51000.31, 51000.32, 51000.35, 51000.40, 51000.45, and 51000.60.²¹ MCPs must conduct post-enrollment site visits for medium-risk Network Providers at least every five years and their high-risk Network Providers every three years or as necessary. In addition, all providers enrolled in the Medi-Cal program, including providers enrolled through MCPs, are subject to unannounced onsite inspections at all provider locations.

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

According to federal regulation, providers enrolled solely for the purpose of

²¹ The CCR is searchable at: <https://govt.westlaw.com/calregs/Search/Index>.

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participation in an MCP's network are not required to render services to Medi-Cal FFS beneficiaries.²²

15. Do all MCP 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 re-credentialing process. The credentialing and re-credentialing 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 established in the MCP contract.

16. 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 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 Section 14043.15(b).²³ Providers using this provision must still be enrolled and meet established place of business requirements, as defined in Title 22 of the CCR, Section 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.²⁴
- (3) DHCS permits enrollment of ground transportation providers at the "entity level." "Entity level" refers to a company acting as an individual applicant and submitting the required provider enrollment application to enroll as a medical ground

²² 42 CFR, Section 438.602(b).

²³ WIC Section 14043.15 is available at:

https://leginfo.legislature.ca.gov/faces/codes_displaySection.xhtml?lawCode=WIC§ionNum=14043.15.

²⁴ For more information, see the Medi-Cal provider bulletin "Updated Requirements and Procedures for Enrollment as a 'Facility-Based Provider'", available at: https://files.medi-cal.ca.gov/pubsdoco/Publications/masters-other/provappsenroll/PED_Enrollment_for_Facility-Based_Providers_25236.pdf.

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transportation provider for Nonmedical Transportation (NMT) and/or Nonemergency Medical Transportation (NEMT) services.²⁵

Furthermore, while transportation brokers do not currently have an enrollment pathway through FFS Medi-Cal as medical ground transportation providers, Transportation Network Providers, such as Uber or Lyft, are not prohibited from enrollment in FFS Medi-Cal as NMT providers, as long as they meet all the program requirements for participation. MCPs are not required to enroll Transportation Network Providers such as Uber or Lyft at this time.

17. 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.²⁶

18. 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.

19. Does a supervising physician of a Non-Physician Medical Practitioner need to be an enrolled Medi-Cal provider?²⁷

Yes. All supervising physicians, regardless of whether they are providing direct patient care, must be enrolled as a Medi-Cal provider. In accordance with Title 22 of the CCR, Section 51240, each Primary Care Physician, organized outpatient clinic, or hospital outpatient department which utilizes a qualified Non-Physician Medical Practitioner shall complete an application for enrollment in the Medi-Cal program, pursuant to Title 22 of the CCR, Section 51000.30.

20. If an American Indian Member is receiving services through an Indian Health Care Provider (IHCP), does the IHCP need to be enrolled in the Medi-Cal program as specified in this APL?

Consistent with this APL and federal law, if the IHCP is providing Medi-Cal covered

²⁵ For more information on NMT and NEMT, see the "Transportation Services" web page on the DHCS website, available at: <https://www.dhcs.ca.gov/services/medi-cal/Pages/Transportation.aspx>.

²⁶ 22 CCR, Section 51000.60.

²⁷ Non-Physician Medical Practitioner includes Nurse Practitioners, Physician Assistants and Certified Nurse Midwives.

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services to an American Indian Member, including transportation, the IHCP must enroll in the Medi-Cal program through a State-level enrollment pathway or the MCP. However, the IHCP is not required to be contracted with the MCP in order to be reimbursed for services.

If the MCP subcontracts with an entity to provide services, such as transportation, the IHCP is also not required to contract with the Subcontractor in order to bill. Either the MCP or the Subcontractor would be required to reimburse the IHCP. The MCP, through the contract and training, would need to ensure that IHCP billing requirements are clear.

21. 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?

No, the Open Data Portal does not provide an enrollment expiration date. Providers no longer enrolled are removed from the Open Data Portal. 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.

22. 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 this APL.

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

MCP providers may apply for enrollment through the electronic PAVE portal, which is currently available to certain provider types. For instructions and training on how to apply using the PAVE portal, as well as links to the PAVE portal itself, MCPs may direct providers to the PAVE web page on the DHCS website.

MCP providers may find FFS enrollment forms on the Medi-Cal website.²⁸ This site also contains instructions as to which provider types should submit which forms as part of

²⁸ The "Forms" web page on the Medi-Cal website is available at: https://files.medi-cal.ca.gov/pubsdoco/prov_enroll.aspx#Forms.

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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 provider enrollment ListServ.²⁹

The CMS site for the ORP list allows the data to be exported, either in a downloadable excel format or it can be printed.³⁰ Please follow the instructions below:

1. Click link below.
2. Click “view data” near top right of screen.
3. Click “export” tab at top right of screen. Choose option to print data or download in Excel format

24. 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 WIC Section 14043.26, which generally allows DHCS up to 180 calendar days to act on an enrollment application. If a case is referred or has been returned to the provider for correction, a determination may not occur within 180 calendar days. MCP Network Providers will not receive expedited processing if they enroll through the Medi-Cal FFS program.

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

Yes. Out-of-state providers may enroll in the Medi-Cal program if they meet the statewide Medi-Cal FFS enrollment standards, which can be found on the DHCS “Provider Enrollment Division” webpage.³¹ Out-of-state providers meeting the required standards may enroll in the Medi-Cal program through either DHCS’ PED or another state department with a recognized enrollment pathway.

26. How can I determine if 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. A PED approval letter is also an acceptable form of enrollment verification.

²⁹ The provider enrollment ListServ is available at:

<http://apps.dhcs.ca.gov/lists/subscribe/default.aspx?list=DHCSFFS>.

³⁰ For more information, see to the CMS website and a brief instruction on how to export the data, available at: <https://data.cms.gov/Medicare-Enrollment/Order-and-Referring/qcn7-gc3g>.

³¹ The DHCS PED webpage is available at:

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

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In addition, MCPs and providers may validate enrollment of ORP providers by clicking 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.³²

A listing of provider types that have a state-level enrollment pathway has been attached.

27. If a provider is barred from reapplying for Medi-Cal FFS enrollment for up to three 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 Section 14043.28.³³

28. May an MCP provider be enrolled through an MCP if they are on DHCS’ Suspended and Ineligible (S&I) List?

No. An MCP may not enroll a provider listed on DHCS’ S&I Provider 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. The list of suspended and ineligible providers is routinely updated and available on the RPD extranet SharePoint.

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

Yes. MCP 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.³⁴

30. 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 Title 22, CCR, Section 51000.16. If there are

³² The ORP external site is available at: <http://www.medi-cal.ca.gov/ORPEnroll/ORPEnroll.aspx>.

³³ WIC, Section 14043.28 is available at: https://leginfo.legislature.ca.gov/faces/codes_displaySection.xhtml?lawCode=WIC§ionNum=14043.28.

³⁴ Regulatory provider bulletins and provider agreements are available under the “Statutes, Regulations, Moratoria, and Bulletins” heading on the “Provider Enrollment” web page at: https://files.medi-cal.ca.gov/pubsdoco/prov_enroll.aspx#Forms.

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additional providers rendering services for the group, they must complete and submit an affiliation form or affiliate using the PAVE portal.³⁵

31. Do individual providers/practitioners working under a Federally Qualified Health Center (FQHC), Rural Health Clinic (RHC), Community Clinic, 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, Community Clinic or IHF Members at the FQHC, RHC, Community Clinic or IHF site, providers must enroll in Medi-Cal as an ORP provider.

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

High-risk providers must submit fingerprints and complete a criminal background check as part of the provider enrollment process. Individuals that have a 5% or more direct or indirect ownership in a high-risk application must submit fingerprints and complete a criminal background check. In addition, executive directors and officers of a nonprofit Drug Medi-Cal clinics are required to submit fingerprints and complete a criminal background check.^{36, 37}

33. Will the California Department of Public Health (CDPH) licensure meet state-level provider enrollment requirements for FFS?

CDPH conducts facility licensure and enrollment into FFS Medi-Cal, but these functions and application processes can be conducted distinctly. Consequently, not every licensure application processed by CDPH includes an application for the provider to become enrolled into FFS Medi-Cal, unless specified by the provider. For those providers who elect to be enrolled through CDPH licensure application process, as indicated in the resource listing distributed by DHCS entitled, "Medi-Cal Provider Enrollment State-level Enrollment Resources Listing," the recommended practice is to utilize the Open Data Portal to verify a provider's enrollment, or request the provider's "proof of enrollment, such as a PED approval letter."

Furthermore, CDPH, like any other state-level processing department, such as

³⁵ The requirement for affiliation is specified in the Medi-Cal provider bulletin, "Requirements and Procedures to Report Affiliations Between Rendering Providers and Provider Groups," available at: https://files.medi-cal.ca.gov/pubsdoco/Publications/masters-other/provappsenroll/PED_Reporting_Provider_Affiliations_Bulletin_25205.pdf.

³⁶ WIC Section 14043.38 is available at:

https://leginfo.legislature.ca.gov/faces/codes_displaySection.xhtml?lawCode=WIC§ionNum=14043.38.

³⁷ The provider bulletin, "Medi-Cal Requirement to Submit Fingerprints for a Criminal Background Check," is available at: https://files.medi-cal.ca.gov/pubsdoco/Publications/masters-other/provappsenroll/PED_September2014_22946.pdf.

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Department of Social Services or Department of Aging, have their own forms and instructions regarding the enrollment process available on their website. DHCS does not process any forms related to provider enrollment that are included in the licensure process administered through CDPH. DHCS does maintain and is responsible for the Provider Master File (PMF) and receives transmittals from CDPH to properly update and maintain information in the PMF.

It is important that MCPs search the provider data sets in the Open Data Portal, as there are number of data sets for FFS Providers, in particular for providers who enroll solely as ORP provider. Moreover, the Open Data Portal, as stated on the Open Data Portal website, does not include MCP information. Therefore, providers must be searched as a FFS provider to verify enrollment in FFS.

Finally, CDPH and DHCS PED do not enroll the same provider types, as indicated in the resource listing. If DHCS offers a comparable enrollment pathway for a particular provider through PAVE, enrolling through PAVE is recommended, as the enrollment process will eventually be entirely online and much easier for providers to track and MCPs to verify. It is also important to note that any provider type can enroll through an MCP developed pathway.

34. Can a Medi-Cal provider that wants to provide services for the National Diabetes Prevention Program (DPP) enroll at the entity level as well as individually?

A Medi-Cal provider is an individual, group, or entity that has been enrolled in the Medi-Cal program and provides services to eligible Medi-Cal beneficiaries. Medi-Cal providers are enrolled based upon a particular provider type (e.g., physician, clinic, etc.) to provide a spectrum of Medi-Cal covered services; however, enrollment in Medi-Cal does not automatically mean that providers may render DPP services.

Medi-Cal providers who want to provide DPP services must submit a separate supplemental or a new Medi-Cal provider application and have that application approved by DHCS before they can provide DPP services. Effective January 1, 2019, qualified DPPs may apply for enrollment in the Medi-Cal FFS program.³⁸ Please see the attached Medi-Cal Provider Enrollment State-level Enrollment Resources Listing that includes the PED enrollment pathway for DPP providers. Additionally, DHCS posts a listing of providers that have an enrollment pathway on the DHCS provider enrollment website.

Furthermore, organizations that would like to offer Centers for Disease Control and Prevention (CDC) recognized lifestyle change programs, such as DPP, must submit an application to the CDC and meet certain standards, including having trained peer coaches and using a CDC approved curriculum.

³⁸ More information is in the provider bulletin “Medi-Cal Enrollment Requirements and Procedures for Diabetes Prevention Programs,” available at: https://files.medi-cal.ca.gov/pubsdoco/Publications/masters-other/provappsenroll/PED_DPP_EnrollmentPAVE_28183.pdf.

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An individual or organization that becomes recognized by CDC to provide a DPP program must also track class results and send data to the CDC, as required by the CDC's Diabetes Prevention Recognition Program, to show that they are having an impact on preventing or delaying type 2 diabetes.³⁹

35. When providers are part of a large group or entity, can MCPs meet DHCS' documentation requirement by requiring the entity to maintain such documentation for each individual provider?

All provider screening and enrollment materials and documents, including results of federal and state database checks, the original signed Medi-Cal Provider Agreement and Network Provider Agreement, are required to be retained for at least ten years. Additionally, MCPs must make all screening and enrollment documents and materials promptly available to DHCS, CMS, and any other authorized governmental entities upon request. In addition to all documents and research obtained for screening and enrollment purpose, MCPs must also retain, and require Subcontractors to retain as applicable, the following information: enrollee grievance and appeal records, base data, medical loss ratio reports, and the data, information, and documentation specified in Title 42, CFR, Sections 438.604, 438.606, 438.608, and 438.610, for a period of no less than ten years.

MCPs have the authority to delegate the screening and enrollment activities to a Subcontractor, such as the group or entity provider, provided the MCP complies with the requirements of APL 17-004. However, the MCP remains contractually responsible for the completeness and accuracy of the screening and enrollment activities provided by the Subcontractor.

36. Once enrolled through PAVE, are providers issued a Medi-Cal Provider ID Number?

Currently, an applicant requests a National Provider Identifier (NPI) Number through the NPES. Once an NPI has been provided, the provider submits their NPI along with their enrollment package through PAVE and/or the state-level managing agency.

37. Does FFS "back date" for billing purposes the initial date of the application submission, rather than using the date of the application being accepted and the provider enrolled?

In FFS, for billing purposes, reimbursement for services provided can be backdated to the effective date for the provider(s) who have submitted a complete application and are in the process of enrolling through DHCS' PED. The effective date will be identified on

³⁹ Additional information on CDC's National DPP is available at <https://www.cdc.gov/diabetes/prevention/lifestyle-program/requirements.html>.

Medi-Cal Provider Enrollment Frequently Asked Questions

the notice issued to a provider to acknowledge the application was received.^{40, 41}

38. How can a plan locate a provider that is enrolled through FFS (PAVE) in the open data portal?

It is important that MCPs search the provider data sets in the Open Data Portal, as there are number of data sets for FFS providers, in particular for providers who enroll solely as ORP. The Open Data Portal, as stated on the Open Data Portal website, does not include MCP information. Therefore, providers must be searched as a FFS provider to verify enrollment in FFS, which then meets the MCP requirement for enrollment. DHCS is continuing to work with PED and others to identify a guide for MCPs to use to look for providers in the Open Data Portal.

⁴⁰ For more information, please see the Medi-Cal provider bulletin entitled “Medi-Cal Provider Enrollment Effective Date Determination” available at: http://files.medi-cal.ca.gov/pubsdoco/Publications/masters-other/provappsenroll/PEB_Jun2004_Effective_Date_Determination.pdf.

⁴¹ Additional information on FFS PAVE provider enrollment requirements is available at: https://www.dhcs.ca.gov/provgovpart/Documents/PAVE_Project_for_Provider_Enrollment_Division/PAVE_FAQ.pdf.



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Medi-Cal Provider Enrollment State-Level Enrollment Resource Listing
As of September 2021

Provider Type Code	Provider Type	Processing Department	Processing Unit
1	Community-Based Adult Services (CBAS)	DOA ⁱ	DOA
2	Durable Medical Equipment	DHCS ⁱⁱ	PED ⁱⁱⁱ
3	Audiologist	DHCS	PED
4	Blood Bank	CDPH	L&C
5	Certified Nurse Midwife	DHCS	PED
6	Chiropractor	DHCS	PED
7	Certified Nurse Practitioner	DHCS	PED
8	Religious Medical Institutions	DHCS	PED
9	Clinical Lab	DHCS	PED
10	Group Certified Nurse Practitioners	DHCS	PED
11	Fabricating Optical Lab	DHCS	PED
12	Dispensing Opticians	DHCS	PED
13	Hearing Aid Dispenser	DHCS	PED
14	Home Health Agency	CDPH	L&C
15	Community Hospital-Outpatient	CDPH	L&C
16	Community Hospital Inpatient	CDPH	L&C
17	Long Term Care Facility	CDPH	L&C
18	Certified Nurse Anesthetist	DHCS	PED
19	Occupational Therapist	DHCS	PED
20	Optometrist	DHCS	PED
21	Orthotist	DHCS	PED
22	Physician Group	DHCS	PED
23	Optometric Group	DHCS	PED
24	Pharmacy/Pharmacist	DHCS	PED
25	Physical Therapist	DHCS	PED
26	Physician	DHCS	PED
27	Podiatrist	DHCS	PED
28	Portable X-ray	DHCS	PED
29	Prosthetist	DHCS	PED

Medi-Cal Provider Enrollment State-level Enrollment Resource Listing

Provider Type Code	Provider Type	Processing Department	Processing Unit
30	Ground Medical Transport Emergency/Non-Emergency	DHCS	PED
31	Psychologist	DHCS	PED
32	Certified Acupuncturist	DHCS	PED
35	RHC/FQHC (2)	DHCS	A&I ^{iv}
37	Speech Therapist	DHCS	PED
38	Air Ambulance Transport	DHCS	PED
39	Certified Hospice	CDPH	L&C
40	Free Clinic	CDPH	L&C
41	Community Clinic	CDPH	L&C
42	Chronic Dialysis Clinic	CDPH	L&C
43	Multi-Specialty Clinic	CDPH	L&C
44	Surgical Clinic	CDPH	L&C
44	Surgical Clinic (Physician Owned)	DHCS	PED
45	Exempt from Licensure Clinic	DHCS	PED
46	Rehabilitation Clinic	CDPH	L&C
48	County Clinics not associated with Hospital	CDPH	L&C
51	Outpatient Heroin Detox Center	DHCS	PED
52	Alternative Birth Centers - Specialty Clinic	CDPH	L&C
56	Respiratory Care Practitioner	DHCS	PED
60	County Hospital - Inpatient	CDPH	L&C
61	County Hospital - Outpatient	CDPH	L&C
62	Group Respiratory Care Practitioners	DHCS	PED
65	Pediatric Subacute Care LTC	CDPH	L&C
67	RVN Individual Nurse Providers	DHCS	ISCD
70	Licensed Clinical Social Worker Individual	DHCS	PED
71	Licensed Clinical Social Worker Group	DHCS	PED
72	Mental Health Inpatient Services	DHCS	MHSD ^v
73	AIDS Waiver Services	DHCS	OA ^{vi}
74	Multi-Purpose Senior Services Program	DOA	DOA
75	Indian Health Services	DHCS	PED
76	Drug Medi-Cal Clinic	DHCS	PED
77	Marriage and Family Therapist Individual	DHCS	PED
78	Marriage and Family Therapist Group	DHCS	PED
82	Licensed Midwife	DHCS	PED

Medi-Cal Provider Enrollment State-level Enrollment Resource Listing

Provider Type Code	Provider Type	Processing Department	Processing Unit
86	Substance Use Disorder Medical Director	DHCS	PED
87	Licensed Substance Use Disorder Treatment Professional ^{vii}	DHCS	PED
N/A	Physician Assistant	DHCS	PED
92	Residential Care Facilities for the Elderly (RCFE)	CDSS ^{viii}	ASCP ^{ix}
102	Diabetes Prevention Program	DHCS	PED
103	Licensed Professional Clinical Counselor	DHCS	PED

ⁱ DOA – Department of Aging

ⁱⁱ DHCS – Department of Health Care Services

ⁱⁱⁱ PED – Provider Enrollment Division

^{iv} A&I – Audits and Investigations

^v MHSD – Mental Health Services Division

^{vi} OA – Office of Aids

^{vii} Licensed Substance Use Disorder Treatment Professional may be a physician, psychologist, licensed clinical social worker, licensed marriage family therapist, registered nurse practitioner, or physician assistant.

^{viii} CDSS – California Department of Social Services

^{ix} ASCP – Adult and Senior Care Program