

QUESTIONS FROM JANUARY 13, 2020 STAKEHOLDER CALL TO DISCUSS UPCOMING CHANGES TO ENROLLMENT REQUIREMENTS FOR SPECIALTY MENTAL HEALTH SERVICES PROVIDERS

- 1. Do Mental Health Plans (MHP's) have to enroll each individual practitioner, or does each individual practitioner have to enroll themselves?**

Each practitioner will be responsible for enrolling themselves. However, the Mental Health Plan would be responsible for ensuring that the individuals providing services to Specialty Mental Health Services beneficiaries are enrolled in the Medi-Cal program. The Provider Enrollment Division will ensure that required individuals and entities are properly enrolled in the Medi-Cal program prior to updating Medi-Cal Certification information in the Provider Information Management System (PIMS). Counties and mental health plans can verify the enrollment of a provider on the California Health and Human Services [Open Data Portal](#) website.

- 2. How can mental health plans ensure the individuals are enrolled?**

Mental Health Plans can verify this information on the California Health and Human Services [Open Data Portal](#) website.

- 3. Going forward, will there be recurring weekly or monthly calls like this one?**

At this time, the Provider Enrollment Division (PED) does not see the need for a monthly or weekly call. However, as the implementation date gets closer this may be an option if there is a need. Additionally, all pertinent information will also be released in an upcoming All County Letter.

- 4. So does this mean that in order to bill, each MHP will have be subject to two reviews and on-site inspections?**

No, the MHP will not be subject to two reviews or onsite inspections. However, if a provider is designated as moderate or high categorical risk level DHCS will perform an onsite inspection and background check in accordance with Code of Federal Regulations, Title 42, Section 424.518.

- 5. What is the timeframe for getting an application reviewed?**

Application review timeframes vary depending on the provider type. Pursuant to Welfare and Institution (W&I) Code Section 14043.26(g), PED must take an action on an application from a physician or physician group within 90 days and pursuant to W&I Code Section 14043.26(f), PED must take an action on all other provider applications within 180 days. The action that must be taken includes one of the following: the application is approved, the application is returned to the

provider as deficient, the application is referred, the application is denied or the applicant can withdraw the application.

6. Can MHPs bill while they are undergoing the review process?

This has not yet been determined. More information will be provided on this subject in the future.

7. Is there any way for an MHP to confirm if an individual practitioner is already enrolled?

Yes, Mental Health Plans can verify this information on the California Health and Human Services [Open Data Portal](#) website. The Open Data Portal is available for Mental Health Plans to confirm the enrollment of providers.

8. The requirements will now be that we need to “enroll” individual staff (providers) that fall into the list of certifications/licensures described (not interns) into the fee for service program as well correct?

This is correct. A provider (individual or entity) that is eligible to enroll in Fee-For-Service Medi-Cal will be required to enroll.

9. Will the individual providers have to be enrolled and approval received prior to granting site certification?

This is still being determined.

10. Will enrollment be required one time or is there an ongoing re-enrollment/updated enrollment process required?

Pursuant to Code of Federal Regulations, Title 42, Section 455.414 the state Medicaid agency must revalidate the enrollment of providers at least every five years.

11. How do we handle all existing individual providers that fall under the FFS enrollment requirements? Will we have to suspend their Medi-cal billing until enrollment approval is received?

No enrollment will be suspended. A future All County Letter will provide implementation dates and deadlines. A reasonable time will be granted for providers to be in compliance with the new requirement.

12. Do you have this webinar recorded or do you have the slides to send to me?

The webinar was not recorded and there were no slides presented. Only the agenda was displayed during the webinar.

13. Does this mean that when we do Medi-Cal mental health site certifications we also have to enroll applicable individuals from that agency as well?

Yes. All licensed professionals providing specialty mental health services that can enroll in Fee-For-Service Medi-Cal will be required to enroll.

14. Will you be having another webinar?

We plan to have webinars in the future as more information is available.

For more information on provider types eligible to enroll in the Fee-For-Service Medi-Cal Program please visit DHCS' [Provider Enrollment Options](#) page.