

AB 1226 – Provider Enrollment Forms & Provisions Effective July 1, 2008

Effective for dates of service on or after July 1, 2008, Welfare and Institutions (W&I) Code, Section 14043.26(b) and (e) allow doctors of medicine and osteopathic physicians who meet specified criteria, and who change their business locations within the same county, to use a “change of location” form. Those who wish to enroll as new providers can use a “short form application.” The implementation of the forms is a requirement of Assembly Bill (AB) 1226 (Statutes of 2007).

Based upon the authority granted to the director of the Department of Health Care Services (DHCS) in W&I Code, Section 14043.75(b), the director has authorized the following forms and established the procedures and criteria governing their use. These procedures are regulations implementing W&I Code, Section 14043.26(b) and (e) and have the full force and effect of law. The change of location form, entitled *Medi-Cal Change of Location Form for Individual Physician Practices Relocating Within the Same County* (DHCS 9096), and the short form application, entitled *Medi-Cal Hospital-Based Physician Application/Disclosure Statement/Agreement* (DHCS 9095), as well as the procedures and criteria governing their use, are effective beginning July 1, 2008. AB 1226 includes additional provisions that are summarized later in this bulletin.

Procedures for Enrollment Using the “Change of Location” Form

Pursuant to W&I Code, Section 14043.26(b), a physician provider who is enrolled and in good standing in the Medi-Cal program may request enrollment at a new business location within the same county by submitting the *Medi-Cal Change of Location Form for Individual Physician Practices Relocating Within the Same County* (DHCS 9096) if they meet all of the following criteria:

- The physician provider must meet the definition of an “individual physician practice” as defined in W&I Code, Section 14043.1(l).

W&I Code Section 14043.1(l) “Individual physician practice” means a physician and surgeon licensed by the Medical Board of California or the Osteopathic Medical Board of California enrolled or enrolling in Medi-Cal as an individual provider who is sole proprietor of his or her practice or is a corporation owned solely by the individual physician and the only physician practitioner is the owner. An individual physician practice may include nonphysician medical practitioners employed and supervised by the physician.”

- The physician provider must be changing the location of their individual physician practice within the same county.
- The information submitted by the physician provider in his or her last approved Medi-Cal application package, including their last Medi-Cal Disclosure Statement, remains true, accurate and complete to the best of the physician provider’s knowledge and belief.

If a physician provider does not meet all of these criteria, she or he must submit a complete application package for their new business address, consisting of a current *Medi-Cal Physician Application/Agreement* (DHCS 6210) and a *Medi-Cal Disclosure Statement* (DHCS 6207).

While the “change of location form” may be submitted in lieu of a complete application package, it is subject to similar review. Pursuant to W&I Code, Section 14043.26(g), DHCS has 90 days to review the “change of location form” and notify the applicant that the department is taking one of the following actions:

- Enrolling the applicant beginning with provisional provider status for 12 months;
- Returning the application package as incomplete with a list of deficiencies that must be corrected and the application returned within 60 days;
- Exercising its authority to conduct background checks, pre-enrollment inspections or unannounced visits, or;
- Denying the application package for specified reasons.

Procedures for Enrollment Using the “Short Form Application”

Pursuant to W&I Code Section 14043.26(e), a physician applicant or provider may request enrollment by submitting the *Medi-Cal Hospital-Based Physician Application/ Disclosure Statement/ Agreement* (DHCS 9095) if the physician applicant or provider meets all three of the following criteria:

- The physician applicant or provider’s practice is based at a general acute care hospital, a rural general acute care hospital or an acute psychiatric hospital as defined in the Health and Safety Code, Section 1250, subdivisions (a) and (b).

- The physician applicant or provider's license as a physician and surgeon issued by the Medical Board of California or Osteopathic Medical Board of California is current, unrevoked and unsuspended and that license has not had a revocation stayed, has not been placed on probation or had any other limitation placed on it.
- The physician applicant or provider does not have an adverse entry in the Healthcare Integrity and Protection Databank (HIPDB).

Unless all three of the above statements apply, the physician applicant or provider is not eligible to use the DHCS 9095 and instead must submit a complete application package, as applicable.

Furthermore, if any of the following are true, the physician applicant or provider must also complete and submit a current *Medi-Cal Disclosure Statement* (DHCS 6207) in addition to and along with the DHCS 9095 application.

- Any person besides the physician applicant or provider has 5 percent or greater ownership or control interest in the physician applicant or provider's business.
- Any entity besides the physician applicant or provider has 5 percent or greater ownership or control interest in the physician applicant or provider's business.
- The physician applicant or provider has 5 percent or greater direct or indirect ownership in any subcontractor and/or any other health care business(es).

Pursuant to W&I Code Section 14043.26(e), a physician applicant or provider who meets all the above criteria and whose *Medi-Cal Hospital-Based Physician Application/ Disclosure Statement/ Agreement* (DHCS 9095) is approved, shall be enrolled with provisional provider status for 12 months.

Other Provisions Effective July 1, 2008

AB 1226 has additional provisions that apply only to physicians.

- DHCS must review applications from physicians, including groups, within 90 days.
- DHCS must enroll physicians who qualify as preferred providers within 60 days.
- DHCS must notify physician applicants within 15 days that their application was received.

The full text of AB 1226 can be viewed online at www.leginfo.ca.gov/pub/07-08/bill/asm/ab_1201-1250/ab_1226_bill_20071014_chaptered.html.