

Medi-Cal Provider Enrollment Preferred Provider Status

How physicians can request, and provide documentation and verification for, consideration for enrollment in the Medi-Cal program as a Preferred Provisional Provider.

Commencing January 1, 2004, *Welfare and Institutions* (W & I) Code, Section 14043.26(c) allows providers who meet the criteria identified in that section to be considered within 90 days for enrollment in the Medi-Cal program as preferred provisional providers. At this time, criteria to request and be considered for enrollment as preferred provisional providers have only been identified for physicians. In the future, the Department of Health Services (DHS) will consult with interested parties and appropriate stakeholders to identify similar criteria for other providers so that they may be considered for enrollment as preferred provisional providers.

Based upon the authority granted to the director of the DHS in W & I Code, Section 14043.75(b), the director has established the following procedures that must be followed for a physician to request enrollment in the Medi-Cal program as a preferred provisional provider. These procedures are regulations implementing W & I Code, Section 14043.26(c) and have the full force and effect of law. These procedures are effective for all application packages received on or after March 17, 2004.

If the applicant does not meet the criteria for a preferred provisional provider, or the application package submitted fails to meet the requirements set forth, the applicant shall be notified within 90 days, and the submitted application package shall be processed under W & I Code, Section 14043.26 within 180 days from the date of the notice to the applicant or provider that s/he does not qualify as a preferred provider.

Due to processing changes in the enrollment of providers, budget constraints, and the volume of application packages received, program staff is unable to reply to inquiries about the status of application packages in process. For more information about the application package forms, provider updates and regulatory requirements for participation in the Medi-Cal program, please visit the Medi-Cal Web site at www.medi-cal.ca.gov and click the "Provider Enrollment" link.

Procedures For Enrollment As A Preferred Provisional Provider

An applicant or provider requesting consideration for enrollment as a preferred provisional provider must do all of the following:

1. Submit an application package that includes the *Medi-Cal Physician Application/Agreement* (DHS 6210, Rev.7/04) and the *Medi-Cal Provider Disclosure Statement* (DHS 6207, Rev. 7/04). The department will accept the *Medi-Cal Physician Application/Agreement* (DHS 6210, Rev. 9/02) and the *Medi-Cal Provider Disclosure Statement* (DHS 6207, Rev. 12/00) through May 31, 2004. The words "Preferred Provisional Provider" must be clearly shown in bold print at the top of the first page of the *Medi-Cal Physician Application/Agreement*. Failure to disclose required information or the disclosure of false information in the application package requesting enrollment as a preferred provider, its attachments or in the *Cover Letter for Preferred Provisional Provider Enrollment* or its required statement, shall result in denial or termination of the provisional provider status, and may result in further legal action.
2. Meet all of the following criteria and submit the listed documentation at the time of submission of the application package to the department:
 - A. Hold a current license as a physician and surgeon issued by the Medical Board of California or the Osteopathic Medical Board of California, which has not been revoked, whether stayed or not, suspended, placed on probation, or subjected to other limitation. To meet this criterion, the applicant must include a copy of his/her medical license.
 - B. Submit a letter showing the physician meets at least one of the following:
 - (1) Is a current faculty member of a teaching hospital or a children's hospital as defined in W & I Code, Section 10727, accredited by the Joint Commission for Accreditation of Healthcare Organizations (JCAHO) or the American Osteopathic Association Healthcare Facilities Accreditation Program (AOA HFAP);
 - (2) Is credentialed by a health care service plan licensed under the Knox-Keene Health Care Service Plan Act of 1975;
 - (3) Is credentialed by a county organized health system; or,
 - (4) Is a current member in good standing of a group credentialed by a health care service plan licensed under the Knox-Keene Health Care Service Plan Act of 1975.

The letter must be on the institution's or organization's letterhead and must state facts establishing that the applicant is a current faculty member of an accredited teaching or children's hospital, or that the applicant is credentialed by one of the listed organizations, or a member of a specified credentialed group.

- C. Have full, current, unrevoked, unsuspended privileges at a general acute care hospital accredited by the JCAHO or AOA HFAP. To meet this criterion the applicant must include a letter from a JCAHO or AOA HFAP accredited general acute care hospital stating the applicant has full, current, unrevoked, unsuspended privileges at the hospital.
 - C. Have no adverse entries in the Healthcare Integrity and Protection Data Bank/National Practitioner Data Bank (HIPDB/NPDB). To meet this criterion, the applicant must submit documentation from HIPDB/NPDB verifying that the database has no adverse entries regarding the applicant.
3. Include in the application package a *Cover Letter for Preferred Provisional Provider Enrollment* in which the applicant declares under penalty of perjury under the laws of the state of California that s/he meets all the criteria of a preferred provisional provider, has no adverse entries in the Healthcare Integrity and Protection Data Bank/National Practitioner Data Bank (HIPDB/NPDB) and holds a current license as a physician and surgeon issued by the Medical Board of California or the Osteopathic Medical Board of California, which has not been revoked, whether stayed or not, suspended, placed on probation, or subjected to other limitation. The *Cover Letter for Preferred Provisional Provider Enrollment* shall identify the place in California where the statement is made and include the date and signature of the applicant.

The following format may be used for the required cover letter statement:

"I, _____, declare under penalty of perjury

(Name of applicant, printed)

under the laws of the state of California that I meet all of the criteria to be enrolled as a preferred provisional provider as set forth in *Welfare and Institutions* (W & I) Code, Section 14043.26(c). Specifically, I (check appropriate boxes):

- Hold a current license as a physician and surgeon issued by the Medical Board of California or the Osteopathic Medical Board of California, which has not been revoked, whether stayed or not, suspended, placed on probation, or subjected to other limitation; and
- Meet at least one of the following, I:
 - Am a current faculty member of a teaching hospital or a children's hospital as defined in W&I Code, Section 10727, accredited by the Joint Commission for Accreditation of Healthcare Organizations or the American Osteopathic Association Healthcare Facilities Accreditation Program;
 - Am credentialed by a health care service plan licensed under the Knox-Keene Health Care Service Plan Act of 1975;
 - Am credentialed by a county organized health system; or,
 - Am a current member in good standing of a group credentialed by a health care service plan licensed under the Knox-Keene Health Care Service Plan Act of 1975; and
- Have full, current, unrevoked, unsuspended privileges at a general acute care hospital accredited by the Joint Commission for Accreditation of Healthcare Organizations or American Osteopathic Association Healthcare Facilities Accreditation Program; and
- Have no adverse entries in the Healthcare Integrity and Protection Data Bank/National Practitioner Data Bank (HIPDB/NPDB).

Furthermore, I declare under penalty of perjury that each and every copy of a document included in my application package requesting consideration for enrollment in the Medi-Cal program as a preferred provisional provider or attached to it or its cover letter is true and correct or is a true and correct copy of what it purports to be.

Signed this _____ day of _____, 200(4)

In _____, California by: _____"

(Name of county where signed)

(Signature of applicant)