Requirements and Procedures for Emergency Medi-Cal Provider Enrollment

The Department of Health Care Services (DHCS) is establishing Medi-Cal provider enrollment requirements and procedures for providers seeking enrollment in order to assist Medi-Cal beneficiaries with the national COVID-19 public health emergency. Effective March 23, 2020 with a retroactive date of March 1, 2020, providers may apply for enrollment in the fee-for-service Medi-Cal program using the streamlined enrollment procedures outlined below.

In accordance with Welfare & Institutions (W&I) Code Section 14043.75(b) and as authorized by the Section 1135 waiver granted by the Centers for Medicare and Medicaid Services (CMS), effective March 15, 2020, the Director is establishing requirements and procedures to suspend certain provider enrollment requirements in order to facilitate greater beneficiary access to care and to enable reimbursement to providers for medical services provided to beneficiaries during the national COVID-19 public health emergency. This provider bulletin is for providers who apply for enrollment in the Medi-Cal program to be reimbursed for the covered services they provide to Medi-Cal beneficiaries during the national COVID-19 public health emergency. These requirements implement and make specific W&I Code Sections 14043.26 and 14043.15 and as such have the full force and effect of law.

During the approved Section 1135 waiver period, DHCS will streamline the enrollment of these providers and will apply the flexibilities granted by CMS statewide.

DHCS will deny enrollment if a provider is found on any exclusionary database. Providers who enroll using this method will not be subject to the following requirements: submission of an application fee, designation of screening levels, and submission of a completed Medi-Cal Provider e-Form Application, which includes a completed Medi-Cal Disclosure Information Section and Medi-Cal Provider Agreement. Additionally, providers may treat Medi-Cal beneficiaries and be reimbursed for covered services even if they are located in another state or licensed to only practice in another state as the waiver permits providers located outside of California to provide care to Medi-Cal beneficiaries and be reimbursed for those covered services. Moreover, DHCS will waive requirements such as the following for both in-state and out-of-state providers: application fees required by Title 42 of the Code of Federal Regulations (CFR) Section 455.460, screening levels pursuant to 42 CFR 424.518, provider agreements required by 42 CFR 431.107, disclosure statement required by 42 CFR 455.104, and in-state licensure requirements pursuant to 42 CFR 455.412.

Providers who successfully enroll using the procedures listed in this provider bulletin will be granted enrollment for only 60 days, retroactive to March 1, 2020.

Please note the 60 day emergency enrollment period may be extended in 60 day increments, in accordance with the Section 1135 waiver. Should the waiver period be extended, no further action will be required on behalf of the approved provider.

Providers who wish to enroll following the completion of the 60 day emergency enrollment period and conclusion of the Section 1135 waiver will be required to submit a complete application package for their provider type and meet all program requirements.

Requirements and Procedures for Emergency Enrollment
An applicant or provider that seeks to enroll under the Section 1135 waiver is required to meet the following modified enrollment requirements and procedures:

- The applicant or provider must have treated a Medi-Cal beneficiary who has been affected by the current national COVID-19 public health emergency.

- The applicant or provider is required to enroll using the following methods:

  - Submit a Crossover Only application using the Provider Application and Validation for Enrolment (PAVE). The following information is required:

    1. The applicant or provider must email the Provider Enrollment Division (PED) at PEDEmergencyEnrollments@dhcs.ca.gov with their PAVE Application ID, this will ensure streamlined enrollment. The email should include the applicant or provider's attestation (sample below) that they have provided medical services to a Medi-Cal beneficiary affected by the COVID-19 National Public Health Emergency.

    2. The applicant or provider is required to attach a copy of their Driver's License or state-issued identification card in their PAVE Crossover Only application.

- If the applicant or provider does not submit a signed attestation or email PEDEmergencyEnrollments@dhcs.ca.gov with their PAVE application ID and signed attestation included, then DHCS will treat the Crossover Only Application as a request to register for crossover-only payments.

- DHCS retains sole discretion on whether or not to approve an applicant or provider for temporary enrollment.

Please Note: Although providers using this method will be submitting a Crossover Only Application, approved providers will be able to bill for all services appropriate to their provider type, not only for services provided to Medicare and Medi-Cal dual-eligible beneficiaries. DHCS is using the Crossover application for emergency enrollment.

Applicants will be asked in PAVE to confirm that they are enrolled Medicare providers and they should answer "yes." The Crossover Only Application

requires proof of enrollment as a Medicare provider. An applicant who is not a Medicare provider can upload their attestation (below) instead.

For more information please visit: [Information Regarding Disaster Relief](#)

After you have completed your cross-over only application in PAVE please email this attestation to PEDEmergencyEnrollments@dhcs.ca.gov with your PAVE Application ID. Please note, the following attestation can be typed out in the email or sent as an attachment.

I _____, understand that approval of my application
   (Name of applicant or provider)

is dependent upon the treatment that I provided to a Medi-Cal beneficiary who has been affected by the COVID-19 national public health emergency. By submitting this application I acknowledge that this attestation is incorporated into my application by reference.

Attested to on _____ of _____, _____.
                (Day)   (Month)   (Year)

By:
_____
(Printed name and title of person authorized to legally bind the applicant or provider)