

## **Discontinuation of the Moratorium on the Enrollment of Pharmacy Providers in Los Angeles County**

The Department of Health Care Services (DHCS) will not extend the moratorium on the enrollment of pharmacy providers in Los Angeles (LA) County after the moratorium expires on October 28, 2018. This bulletin provides information for pharmacy applicants in LA County applying for enrollment in the Medi-Cal Fee-For-Service Program.

State Medicaid Agencies are required to collect fingerprints and conduct criminal background checks from applicants or providers screened at the “high” categorical risk level. (Title 42, Code of Federal Regulations [CFR] §§ 424.518, 455.434, and 455.450)

Any pharmacy applicant located in Los Angeles County who is seeking enrollment in Medi-Cal for the first time or who is submitting an application for continued enrollment, with the exception of those operated by governmental entities, chain pharmacies, non-profit corporations and those operated by a Federally Qualified Health Center (FQHC), will be screened at the “high” categorical risk level. For the purpose of this bulletin, a chain pharmacy is defined as an entity with 20 or more service locations. Please refer to the bulletin titled ["Designation of Categorical Risk Levels for Pharmacy Providers in Los Angeles County"](#) for more information on pharmacy enrollment for pharmacy providers located in Los Angeles County.

Title 42, CFR, Section 455.450(e)(2) and Welfare and Institutions Code (W&I), Section 14043.38(b)(4) specify that a provider that would have been prevented from applying for enrollment due to a moratorium that has been lifted in the past six months, be screened at the “high” categorical risk level.

A “high” risk screening requires a provider or applicant to submit proof that fingerprints for all the required individuals have been submitted to an authorized State Identification Bureau (Bureau of Criminal Information and Analysis, Department of Justice [DOJ] in California). Providers and applicants must attach a copy of a prefilled DOJ *Request for Live Scan Service* (BCIA 8016) form for each required individual with their application, date stamped and show verification that all fees have been paid by either a “PAID” stamp from the public Live Scan operator or a receipt of payment.

For more detailed information on which individuals are required to submit fingerprints, please review the [Informational Bulletin Regarding Medi-Cal Requirement to Submit Fingerprints for a Criminal Background Check](#) and [Medi-Cal](#)

[Requirement to Submit Fingerprints for Criminal Background Check](#) provider bulletins.

If you would have met one of the exemptions listed below, you do not need to be screened as “high” risk but you must submit a cover letter with your application advising which exemption you meet and include any necessary supporting documentation.

1. The enrollment of Chain Pharmacy providers. For the purposes of this moratorium, a Chain Pharmacy is defined as an entity with 20 or more service locations.
2. The enrollment of a County, State, or Federally owned and operated pharmacy.
3. Applicants who will be enrolled solely for reimbursement of Medicare cost sharing amounts.
4. Applications submitted by a provider to operate at the same business location as a Federally Qualified Health Clinic (FQHC). The pharmacy, in whole or in part, must be owned and operated by the same entity that owns the FQHC.
5. Applications submitted by an Academic Specialty Pharmacy. For purposes of this Moratorium, an Academic Specialty Pharmacy is defined as a specialty pharmacy that is owned or operated by a higher education institution that is currently a Medi-Cal pharmacy provider.

If the Department determines that you do not meet an exemption or if you do not want to go through an exemption review, you are required to be screened at the “high” categorical risk level and submit fingerprints for a criminal background check.

Failure to submit fingerprints for a criminal background check when required will result in the denial of the application package. (42 CFR § 455.416; W&I Code § 14043.26[f][4][E]).

If you have any additional questions, please contact the Provider Enrollment Message Center at (916) 323-1945 or submit your question via e-mail at [PEDCorr@dhcs.ca.gov](mailto:PEDCorr@dhcs.ca.gov).