

THIS CA UPDATE HAS BEEN SENT TO THE FOLLOWING:
COUNTIES:

- Imperial
- Riverside/San Bernardino
- Los Angeles
- Orange
- Sacramento
- San Diego

LINES OF BUSINESS:

- Molina Medi-Cal Managed Care
- Molina Medicare Options Plus
- Molina Dual Options Cal MediConnect Plan (Medicare-Medicaid Plan)
- Molina Marketplace (Covered CA)

PROVIDER TYPES:

- Medical Group/ IPA/MSO**
- Primary Care**
- IPA/MSO
- Directs
- Specialists**
- Directs
- IPA
- Hospitals**
- Ancillary**
- CBAS
- SNF/LTC
- DME
- Home Health
- Other

FOR QUESTIONS CALL PROVIDER SERVICES:

(855) 322-4075, Extension:

Los Angeles County

 122233 117079
 120104 127657

Riverside/San Bernardino Counties

 128010 127709
 127684

Sacramento County

 126232 121360
 121031

San Diego County

 120056 121588
 120630

Imperial County

125682 120153

DATA REQUEST: PROVIDER SCREENING/ENROLLMENT VERIFICATION

This is a call to action for Molina Healthcare of California (MHC) network providers regarding screening and enrollment of all network providers.

BACKGROUND

Effective January 1, 2018, MHC is now required to implement a set of enrollment standards for Medi-Cal managed care. MHC now requires new and existing providers to complete the Medi-Cal FFS provider screening and enrollment process through the DHCS Medi-Cal FFS enrollment portal in order to participate in MHC's Medi-Cal managed care program. DHCS will complete the enrollment process and provide the applicant with a written determination. It is critical that if the provider is not already approved as a DHCS fee-for-service (FFS) provider, that an application is submitted to DHCS immediately.

REQUIREMENTS

Based on the DHCS enrollment list as of January 1, 2018, provider offices in your delegated network have not yet enrolled to meet this mandated requirement.

Please submit your network roster with the enrollment status of all providers in your network. If a provider's enrollment status is pending with DHCS, please submit their pending application as proof of pending enrollment. Please submit all information to the regional email below with the subject "Medi-Cal Certification".

Imperial County	MHCImperialProviderServices@MolinaHealthcare.com
Los Angeles County	MHC_LAProviderServices@MolinaHealthcare.com
Riverside / San Bernardino County	MHCIEProviderServices@MolinaHealthcare.com
Sacramento County	MHCSacramentoProviderServices@MolinaHealthcare.com
San Diego County	MHCSanDiegoProviderServices@MolinaHealthcare.com

For all providers not yet enrolled, MHC requires IPAs to ensure their network providers submit their application to DHCS as soon as possible to begin the screening and enrollment process. Although providers may participate in MHC's network for up to 120 days upon initiation of the screening and enrollment process, providers not enrolled through DHCS will not be able to participate in MHC's Medi-Cal network.

Providers may check the status of their enrollment on the California Health and Human Services Open Data Portal by visiting:

<https://data.chhs.ca.gov/dataset/profile-of-enrolled-medi-cal-fee-for-service-ffs-providers-as-of-june-1-2017>.

For questions concerning enrollment policy or enrollment forms, or the status of an application, you may submit your questions via email to PEDCorr@dhcs.ca.gov, or mail your questions to:

Department of Health Care Services
 Provider Enrollment Division
 MS 4704

P. O. Box 997412
 Sacramento, CA 95899-7412

DHCS' standardized application form(s) when applying for participation in the Medi-Cal program can be found on the DHCS website:

<http://www.dhcs.ca.gov/provgovpart/Pages/ApplicationPackagesAlphabeticalbyProviderType.aspx>

QUESTIONS

If you have any questions regarding the notification, please contact your MHC Provider Services Representative at (855) 322-4075.