

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/Orange Counties

X111113	X123017
X127657	X120104

Riverside/San Bernardino Counties

X127684	X128010
X120618	

Sacramento County

X126232	X121360
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San Diego County

X121805	X121401
X127709	X121413
X123006	X120630

Imperial County

X125682	X125666
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Informational Bulletin Regarding Disaster Relief for Providers

This is an advisory notification to Molina Healthcare of California (MHC) network providers.

In response to the fires across three California counties (Butte, Los Angeles, and Ventura), the US Health and Human Services Secretary declared a public health emergency in California on November 13, 2018, and authorized a Section 1135 waiver, effective November 13, 2018.

The Department of Health Care Services (DHCS) has obtained the Section 1135 waiver authority to suspend certain provider enrollment requirements in order to maintain capacity to meet beneficiary access needs and to enable reimbursement to providers for medical services provided to beneficiaries.

During the approved Section 1135 waiver period, DHCS will streamline the enrollment of these providers and will apply the flexibilities granted 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, submission of a *Medi-Cal Disclosure Statement* (DHCS 6207) or a *Medi-Cal Provider Agreement* (DHCS 6208). Additionally, providers may treat beneficiaries and be reimbursed even if they are licensed to only practice in other states. DHCS will waive requirements such as the following: 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/territory licensure requirements pursuant to 42 CFR 455.412.

Providers who successfully enroll using the procedures listed in this article will be granted enrollment for only 60 days, retroactive to November 13, 2018.

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 beneficiary who has been affected by the fires in one or more of the following emergency-affected counties: Butte, Los Angeles or Ventura.
- The applicant or provider is required to enroll using one of two methods:

1. [Provider Application and Validation for Enrollment \(PAVE\)](#)

- Submit a "**Crossover Only**" application using the [Provider Application and Validation for Enrollment \(PAVE\)](#). The following information is required:
 - a) The applicant or provider must email the Provider Enrollment Division (PED) at PEDEmergencyEnrollments@dhcs.ca.gov with their 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 fires in one or more of the three counties listed above.
 - b) 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.

2. Paper Application

- Submit a completed "[Crossover Only Provider Form](#) (MC 0804). The following information is required:
 - a) The applicant or provider should write "Disaster Relief Provider" at the top of their MC 0804 form to ensure streamlined enrollment.
 - b) The applicant or provider is required to include a copy of their Driver's License or state-issued identification card.
 - c) The applicant or provider must complete an attestation to having provided medical services to a Medi-Cal beneficiary affected by the fires in one or more of the three counties listed above.

- If the applicant or provider does not submit an attestation or email PEDEmergencyEnrollments@dhcs.ca.gov with their application ID and attestation included, then DHCS will treat the Crossover Only Form 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 Form, 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.

For information regarding submission of a pharmacy Treatment Authorization Request (TAR) please visit: [Information Regarding Disaster Relief](#)

QUESTIONS

If you have any questions regarding the notification, please contact your Molina Provider Services Representative at (855) 322-4075. Please refer to the extensions on page one.

Please complete and submit the following attestation with your MC 0804 and a copy of your Driver's License or state-issued identification card. If you are enrolling through [PAVE](#) please email this attestation to PEDEmergencyEnrollments@dhcs.ca.gov with your PAVE Application ID. Please note, if you enrolling using PAVE 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)

package is dependent upon the treatment that I provided to a Medi-Cal beneficiary who has been affected by the fires in Butte, Los Angeles and/or Ventura County. 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)