

## Informational Bulletin Regarding Disaster Relief Providers

In response to the fires across nine California counties, the Health and Human Services (HHS) Acting Secretary declared a public health emergency in California on October 15, 2017, and authorized a Section 1135 waiver, retroactive to October 10, 2017.

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, or submission of a *Medi-Cal Disclosure Statement* (DHCS 6207). 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, 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 October 10, 2017.

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, Lake, Mendocino, Napa, Nevada, Orange, Solano, Sonoma or Yuba.
- The applicant or provider is required to submit a completed [Medi-Cal Provider Agreement](#) (DHCS 6208) and [Crossover Only Provider Form](#) (MC 0804).
- The applicant or provider should write "Disaster Relief Provider" at the top of their MC 0804 form to ensure streamlined enrollment.
- The applicant or provider is required to include a copy of their Driver's License or state-issued identification card.
- The applicant or provider must submit a complete and signed cover letter attesting to having provided medical services to a Medi-Cal beneficiary affected by the fires in one or more of the nine counties listed above.
- If the applicant or provider does not submit a signed cover letter attestation, then DHCS will treat the MC 0804 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 an MC 0804 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.

**Please complete and submit the following cover letter with your MC 0804, DHCS 6208 and a copy of your Driver's License or state-issued identification card.**

I \_\_\_\_\_, understand that approval of my application package is  
(Name of applicant or provider)  
dependent upon the treatment that I provided to a Medi-Cal beneficiary who has been affected by the fires in Butte, Lake, Mendocino, Napa, Nevada, Orange, Solano, Sonoma or Yuba County.

Signed the \_\_\_\_\_ of \_\_\_\_\_, \_\_\_\_\_.  
(Day) (Month) (Year)

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