

Informational Bulletin Regarding Disaster Relief for Providers

In response to the fires across three California counties (Butte, Los Angeles and Ventura), the Department of Health and Human Services (HHS) 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 recipient access needs and to enable reimbursement to providers for medical services provided to recipients.

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) form or a *Medi-Cal Provider Agreement* (DHCS 6208) form. Additionally, providers may treat recipients 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 CFR, Title 42, Section 424.518; provider agreements required by CFR, Title 42, Section 431.107; disclosure statement required by CFR, Title 42, Section 455.104 and in-state/territory licensure requirements pursuant to CFR, Title 42, Section 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 recipient 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:
 - [Provider Application and Validation for Enrollment \(PAVE\)](#)
 - ❖ Submit a “Crossover Only” application via the PAVE portal. The following information is required:
 - 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 on a following page) that they have provided medical services to a Medi-Cal recipient affected by the fires in one or more of the three counties listed above.
 - The applicant or provider is required to attach a copy of their driver’s license or other state-issued identification card in their PAVE “Crossover Only” application.

– Paper Application

- ❖ Submit a completed [Crossover Only Provider Form](#) (MC 0804). The following information is required:
 - 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 other state-issued identification card.
 - The applicant or provider must complete an attestation to having provided medical services to a Medi-Cal recipient 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 MC 0804 form as a request to register for crossover-only payments.
- DHCS retains sole discretion as to whether to approve an applicant or provider for temporary enrollment.

Note: Although providers using this method will be submitting a completed MC 0804 form, approved providers will be able to seek reimbursement for all services appropriate to their provider type, not only for services provided to Medicare and Medi-Cal dual-eligible recipients.

For information regarding the submission of a pharmacy *Treatment Authorization Request* (TAR), providers may refer to the “[Information Regarding Disaster Relief](#)” article on the Medi-Cal website.

Complete and submit the following attestation with your MC 0804 form and a copy of your driver's license or other state-issued identification card. If you are enrolling through PAVE, email this attestation to PEDEmergencyEnrollment@dhcs.ca.gov with your PAVE Application ID. Note that if you enroll using PAVE, the following attestation can be typed out in the email or sent as an attachment:

I _____, understand that approval of my application package is dependent
(Name of applicant or provider)
upon the treatment that I provided to a Medi-Cal recipient 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 the _____ of _____, _____.
(Day) (Month) (Year)

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