

## Medi-Cal Provider Enrollment

### Top Reasons Preferred Provider Enrollment Applications are Denied

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The top reasons Preferred Provider Enrollment application packages are denied:

1. Applicant fails to submit letter to verify that the physician meets the criteria for enrollment as a preferred provider:

*Welfare & Institutions* (W & I Code), Section 14043.26 (d)(2)(B) requires the applicant to meet at least one of the following:

- A. Be a current faculty member of a teaching hospital or a children's hospital as defined in W & I Code, Section 10727, accredited by the Joint Commission for Accreditation of Healthcare Organizations (JCAHO) or the American Osteopath Association Healthcare Facilities Accreditation Program (AOAHFAP);
- B. Be credentialed by a health care service plan licensed under the Knox-Keene Health Care Service Plan Act of 1975;
- C. Be credentialed by a County Organized Health System (COHS); or
- D. Be a current member in good standing of a group credentialed by a health care service plan licensed under the Knox-Keene Health Care Service Plan Act of 1975.

The Provider Enrollment Division (PED) page on the Medi-Cal Web site includes the specific requirements to request consideration as a preferred provider. Please refer to *How to Complete a Physician Application Package*, and the provider bulletin titled *Preferred Provider Status* published in the February 2004 *Medi-Cal Update*.

2. **Failure to submit letter from a JCAHO or AOAHFAP accredited general acute care hospital:**

W & I Code, Section 14043.26(d)(2)(C) requires that the applicant "...have full, current, unrevoked, and suspended privileges at a JCAHO or an AOAHFAP accredited general acute care hospital." Please refer to the provider bulletin titled *Preferred Provider Status* published in the February 2004 *Medi-Cal Update*.

3. **Failure to submit documentation from the Healthcare Integrity and Protection Data Bank/National Practitioner Data Bank (HIPDB/NPDB):**

W & I Code, Section 14043.26(d)(2)(D) requires that the physician provide verification that he or she has no adverse entries in the HIPDB/NPDB. Please refer to the provider bulletin titled *Preferred Provider Status* published in the February 2004 *Medi-Cal Update*.

4. **Failure to submit a complete application package:**

Title 22, California Code of Regulations, Sections 51000.1.1 and 51000.30(a)(2) require the submission of a completed application on forms specified for the provider type. The provider bulletin titled *Preferred Provider Status* published in the February 2004 *Medi-Cal Update* indicates the letters and documentation required for enrollment as a preferred provider.

5. **Failure to meet the criteria for the appropriate provider type.**

W & I Code Section 14043.26(d)(2)(A) requires the applicant to hold a current license as a physician and surgeon issued by the Medical Board of California or the Osteopathic Medical Board of California, which license shall not have been revoked, whether stayed or not, suspended, placed on probation, or subject to other limitation.