

Medi-Cal Enrollment Requirements and Procedures for Licensed Midwives

The Department of Health Care Services (DHCS) is establishing Medi-Cal provider enrollment requirements for Licensed Midwives. Effective March 2, 2016, Licensed Midwife providers may apply for enrollment in the Medi-Cal Fee-For-Service program as individuals, group providers or rendering providers.

In accordance with *Welfare & Institutions Code* (W&I Code) Section 14043.75(b), DHCS is establishing the specific application and enrollment requirements for Licensed Midwife providers who apply for enrollment in the Medi-Cal program to be reimbursed for the covered services they provide to Medi-Cal beneficiaries. These requirements implement and make specific W&I Code Sections 14043.26 and 14043.15 and as such have the full force and effect of law. This bulletin does not substitute for, or eliminate, all other enrollment requirements set forth in W&I Code Section 14043.26.

Licensed Midwife applicants may qualify for enrollment by submission of a complete application package to the Provider Enrollment Division of DHCS, pursuant to *California Code of Regulations* (CCR), Title 22, Section 51000.30 et seq. In accordance with CCR, Title 22, section 51000.50, DHCS must take action on the submitted application package within 180 days of receipt.

Requirements for Enrollment as an Individual Licensed Midwife Billing Provider

To enroll as an individual billing provider, a Licensed Midwife must be currently licensed with the Medical Board of California. All Licensed Midwife applicants requesting consideration for enrollment must complete and submit the *Medi-Cal Provider Application* (DHCS 6204), the *Medi-Cal Disclosure Statement* (DHCS 6207) and the *Medi-Cal Provider Agreement* (DHCS 6208), along with all supporting documentation.

Requirements for Enrollment as a Licensed Midwife Group Provider

CCR, Title 22, Section 51000.16 states: "Provider Group' means two or more rendering providers doing business together under a provider number at the same business location." In order to enroll as a group, there must be two or more individuals providing services at the same business location. Licensed Midwife applicants requesting consideration for enrollment as a "group provider" will need to complete the *Medi-Cal Provider Group Application* (DHCS 6203), the *Medi-Cal Disclosure Statement* (DHCS 6207) and the *Medi-Cal Provider Agreement* (DHCS 6208), along with all supporting documentation. When applying as a group provider, in addition to the group provider application package, a complete rendering provider application package must be submitted for each individual provider not enrolled in Medi-Cal who is rendering services for the group.

Requirements for Enrollment as a Rendering Member of a Medi-Cal Enrolled Provider Group

CCR, Title 22, Section 51000.21 states: "Rendering Provider' means an individual provider who renders healthcare services, or provides goods, supplies or merchandise as a member of a provider group and uses the provider number to bill the Medi-Cal program." To enroll as a rendering provider of a Medi-Cal enrolled provider group, the rendering Licensed Midwife must be currently licensed with the Medical Board of California. All Licensed Midwife applicants requesting consideration for enrollment as rendering providers must complete and submit the *Medi-Cal Rendering Provider Application/Disclosure Statement/Agreement for Physician/Allied/Dental Providers* (DHCS 6216), along with all supporting documentation.

Requirements for Enrollment as a Crossover Only Provider

Providers enrolled in Medicare who want to submit only crossover claims need to complete a *Crossover Only Provider Form* (MC 0804) to receive the authorization to bill Medi-Cal for cost-sharing amounts.

All of the aforementioned Medi-Cal provider application forms are available on the Provider Enrollment page of the Medi-Cal website at www.medi-cal.ca.gov.