

POLICY AND PROCEDURE	
TITLE: Pharmacy Provider Enrollment	
DEPARTMENT Medical Management - Pharmacy	POLICY #: PH26
EFFECTIVE DATE: 12/28/18	REVIEW/REVISION DATE: 12/18, 05/19
COMMITTEE APPROVAL DATE: P&T 05/14/2019 PRC 06/19 Compliance: 01/2019	RETIRE DATE: None
PRODUCT TYPE: Medi-Cal	REPLACES: None

I. PURPOSE

This policy requires all managed care plans (MCP) to ensure each of their contracted providers enter into a provider enrollment agreement with the state (DHCS Provider Enrollment Agreement) as a condition of participating in the Medi-Cal Program pursuant to Section 1902(a)(27) of the Social Security Act and Section 14043.1 of the Welfare & Institutions Code.

II. POLICY

Per APL17-019, beginning January 1st, 2018, all managed care network providers must enroll in the Medi-Cal Program if they wish to provide services to Medi-Cal managed care beneficiaries. HPSJ providers may enroll through DHCS. If a provider enrolls through DHCS by 12-31-2018, they will be eligible to provide services to Medi-Cal FFS beneficiaries and contract with HPSJ thereafter. All new providers wishing to enroll with HPSJ will have to enroll with DHCS before contracting with HPSJ.

III. PROCEDURE

A. Enrollment through DHCS.

- a. Federal and state laws and regulations that apply to FFS providers will apply to the enrollment process for managed care providers.
- b. The provider will use DHCS' standardized application form(s) when applying for participation in the Medi-Cal program.

- c. Medi-Cal Pharmacy Provider Application Form (DHCS 6205) can be found at http://files.medi-cal.ca.gov/pubsdoco/Publications/masters-other/provappsenroll/05enrollment_DHCS6205.pdf
 - d. Medi-Cal Pharmacy Provider Application Package Instructions are located at <https://www.dhcs.ca.gov/provgovpart/Pages/PharmacyProviderApplicationPackage.aspx>
 - e. Upon successful enrollment through DHCS, the provider will be eligible to contract with HPSJ and provide services to FFS beneficiaries.
- B. MCP network will be compared initially against CHHS <https://data.chhs.ca.gov/dataset/profile-of-enrolled-medi-cal-fee-for-service-ffs-providers-as-of-june-1-2017/resource/d7cd2c98-3454-46c5-810b-b5436b54de3a> network, which is the DHCS source of truth.
- C. Providers that are not reflected on the CHHS site as enrolled with DHCS but are reflected as contracted on HPSJ Pharmacy Network, will be contacted by the contracted Pharmacy Benefit Manager (PBM) to inform them of their requirement to be DHCS enrolled in order to remain in the HPSJ Pharmacy Network.
- D. For any new providers wanting to contract with HPSJ, they are informed by the contracted PBM that they must be DHCS enrolled prior to becoming contracted with the HPSJ.
- E. The pharmacy department in conjunction with the contracted PBM develops and distributes notification to providers to inform them of the requirement to be DHCS enrolled, which allows them to remain in the HPSJ Pharmacy Network.
- i. Provider Alert is mass faxed to all non-DHCS enrolled pharmacies.
- F. The contracted PBM will contact the pharmacy requesting proof of enrollment or proof of request to enroll in DHCS.
- a. Provider must provide proof of DHCS enrollment ID number, eligible or pending status, including effective date.
 - b. Providers can go to <https://www.dhcs.ca.gov/provgovpart/Pages/PAVE.aspx> to request proof of enrollment.
 - c. Failure to submit proof of application or enrollment with DHCS by 12/31/2018 will result in the pharmacy's termination from the HPSJ Pharmacy Network and subsequent rejection of claims at the point-of-sale (POS).
- G. Once the notification is received, the contracted PBM staff will update the pharmacy network and add the pharmacy to the HPSJ Pharmacy Network for eligible pharmacies. For applications with a pending status, the contracted PBM will add the pharmacy to the network temporarily until the request is

processed or HPSJ staff will enter a Prior Authorization (PA) accordingly to allow claims to process.

- H. For out-of-state pharmacy providers, the member will be allowed a one-time fill at the POS. The claims files will be monitored monthly for out-of-state pharmacy claims. The pharmacy will be contacted as detailed above and required to enroll in DHCS before they will be allowed to continue to fill outpatient pharmacy prescriptions for MCP members. Mail Order, Specialty, Limited Distribution Drug (LDD) pharmacies, etc. are required to enroll as DHCS providers to fill for MCP beneficiaries. For out-of-state provider enrollment and billing questions, call the Medi-Cal Out-of-State Unit at (916) 636-1960.
- I. With the monthly enrollment verification, any identified terminated or ineligible providers will be reflected on a report generated by the contracted PBM. The contracted PBM will make contact with the ineligible provider, informing them of their status and confirming if they are planning on reapplying for DHCS enrollment or remaining ineligible. If provider chooses to remain ineligible with DHCS, the contracted PBM will inform provider that they will be terminated.
- J. The contracted PBM will send out a certified termination letter to the DHCS ineligible provider informing them of their termination from HPSJ Pharmacy Network.
- K. After the DHCS ineligible provider receives the HPSJ termination letter from the contracted PBM and reconsiders becoming DHCS eligible, provider must become eligible with DHCS before they can reapply to become contracted with HPSJ. Provider must go through full credentialing process.

IV. ATTACHMENT(S)

- A. APL 17-019
- B. HPSJ- Pharmacy Medi-Cal Enrollment – 12-21-18

V. REFERENCES

- A. All Plan Letter 17-019, 16-012
- B. CMS-2390-F
- C. Title 42 CFR, Part 455, Subparts B and E
- D. Title 42 CFR, Section 438.602 (b)

VI. REGULATORY AGENCY APPROVALS

DHCS Approved on 06/11/2019

VII. REVISION HISTORY

STATUS	DATE REVISED	REVISION SUMMARY
Initial	12/20/18	Created initial version of policy pursuant to APL 17-019.
Reviewed	05/14/19	No content change, updated policy template, annual review.

Health Plan of San Joaquin Approval: Signatures on File in C360