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Title 22@ Social Security

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Division 3@ Health Care Services

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Subdivision 1@ California Medical Assistance Program

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Chapter 3@ Health Care Services

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Article 1@ Application and Enrollment

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Section 51000.55@ Requirements for Continued Enrollment

51000.55 Requirements for Continued Enrollment

(a)

The Department shall periodically identify a specific provider of service category or subgroup of that category that will be subject to the continued enrollment requirements of this section.

(b)

The Department shall provide individual written notice to each of the providers in the specific category or subgroup of a category that has been identified for continued enrollment, and will notify those providers that they are subject to this section. This notice for continued enrollment shall be mailed to the provider's business address and mailing address on file with the Department.

(c)

When a provider receives written notice for continued enrollment pursuant to subsection (b) above, the provider shall respond to the Department within 35 days from the date of the notice to declare its intent to either apply for continued enrollment or to withdraw from the Medi-Cal program. Providers that fail to respond to the Department within 35 days from the date of the notice shall be subject to termination from the Medi-Cal program and deactivation of the provider's number and each business address used by the provider to provide services, goods, supplies, or merchandise to Medi-Cal beneficiaries.

(d)

Within 180 days of receipt of a declaration of a provider's intent to apply for continued enrollment in the Medi-Cal program, the Department shall send a notice transmitting instructions to that provider on how to apply for continued enrollment.

(e)

Within 70 calendar days from the date of the Department's notice pursuant to subsection (d), the provider shall submit to the Department a complete application package for continued enrollment in the Medi-Cal program. The Department shall review the completed application package in accordance with Section 51000.50. Providers that fail to submit to the Department a complete application package within 70 calendar days from the date of the notice shall be subject to immediate termination from the Medi-Cal program and deactivation of the provider's number and each business address used by the provider to provide services, goods, supplies, or merchandise to Medi-Cal beneficiaries.

(f)

Upon receipt of a declaration of a provider's intent to withdraw from enrollment in the Medi-Cal program, the Department shall immediately terminate the provider's enrollment in the Medi-Cal program and shall deactivate the provider's number and each business address used by the provider to provide services, goods, supplies, or merchandise to Medi-Cal beneficiaries.

(g)

A provider may appeal the termination or the deactivation pursuant to this subsection in accordance with Welfare and Institutions Code, Section 14043.65.