



Health Net[®]
COMMUNITY SOLUTIONS



PHARMACY UPDATE

May 24, 2018

PAGE 1 of 2

Medi-Cal Provider Enrollment Changes Health Net and CalViva Health

This update applies to:

State:

California

Line of business:

Medi-Cal

**PHARMACY
INQUIRIES ONLY:**

**Caremark
Claims Processing**

Medi-Cal

1-800-600-0180

*For optimal service, this telephone number is for pharmacy use only.

MEMBER INQUIRIES:

Refer all member inquiries to the appropriate Customer Service phone number listed on their ID card.

Effective January 1, 2018, in accordance with the Department of Health Care Services (DHCS) All Plan Letter (APL) 17-019 and Title 42 CFR, Part 455, Subparts B and E, Health Net Community Solutions Inc. (Health Net) and CalViva Health (CalViva) are directing their network pharmacy providers to complete the DHCS screening and enrollment process as a requirement for participation.¹

BACKGROUND

In accordance with Title 42 CFR, Part 455, Subparts B and E, DHCS has issued provider screening and enrollment requirements for Medi-Cal managed care plans (MCPs) that limit participation in Health Net and CalViva's pharmacy provider network to those who meet the DHCS screening and enrollment requirements.

REQUIREMENTS

Health Net and CalViva are requiring that all participating pharmacy providers who are not enrolled in Medi-Cal submit a Medi-Cal enrollment application to DHCS as soon as possible but no later than 45 calendar days of this notice and have their Medi-Cal enrollment application approved by DHCS within the DHCS required time frame following submission.

Refer to DHCS website for dates and exceptions: [http://files.medi-cal.ca.gov/pubsdoco/Publications/masters-other/provappsenroll/PED Pharmacy Moratorium Declaration.pdf](http://files.medi-cal.ca.gov/pubsdoco/Publications/masters-other/provappsenroll/PED_Pharmacy_Moratorium_Declaration.pdf)

Since this is a state regulation, failure to apply within the time frame and be approved by DHCS within its enrollment guidelines and time frame will result in the pharmacy provider's termination from the Health Net and CalViva pharmacy provider network. These requirements apply to all health plans participating in Medi-Cal. As a result, registering with DHCS will ensure providers are able to participate in Medi-Cal managed care for all health plans. The requirement does not obligate providers to participate in Medi-Cal fee-for-service (FFS).

¹The APL 17-019 can be found in full on the DHCS website at www.dhcs.ca.gov/formsandpubs/Pages/AllPlanLetters.aspx

CalViva Health is a licensed health plan in California that provides services to Medi-Cal enrollees in Fresno, Kings and Madera counties. CalViva Health contracts with Health Net Community Solutions, Inc. to provide and arrange for network services. Health Net Community Solutions, Inc. is a subsidiary of Health Net, Inc. and Centene Corporation. Health Net is a registered service mark of Health Net, Inc. All other identified trademarks/service marks remain the property of their respective companies. All rights reserved. The recipient of this fax may make a request to opt out of receiving telemarketing fax transmissions from CVS Caremark in numerous ways: call the toll-free number at 877-265-2711; and/or fax the opt-out request to 401-652-0893, at any time, 24 hours a day, 7 days a week. You also may email an opt-out request to do_not_call@cvscaremark.com. An opt-out request is valid (1) if it identifies the number to which the request relates, and (2) if the person/entity making the request does not, subsequent to the request, provide express invitation or permission to CVS Caremark to send fax advertisements to such person/entity at that particular number. CVS Caremark is required by law to honor an opt-out request within 30 days of receipt. An opt-out request will not opt you out of purely informational, non-advertisement, Caremark pharmacy communications such as new implementation notices, formulary changes, point-of sale issues, network enrollment forms, and amendments to the Provider Manual. **Confidentiality Note for Fax Transmission:** This fax may contain confidential information. The information is intended only for the use of the individual or entity named above. If you are not the intended recipient, or the person responsible for delivering it to the intended recipient, you are hereby notified that any disclosure, copying, distribution or use of the information contained in this fax is strictly PROHIBITED. If you have received this fax in error, please notify the sender immediately by telephone or fax and destroy this fax and any attachments.



PHARMACY UPDATE

May 24, 2018

PAGE 2 of 2

Enrollment in the DHCS Medi-Cal program does not affect the reimbursement terms of the Participating Provider Agreement (PPA) and, once enrolled, providers will continue to receive the same reimbursement specified in the PPA.

DHCS application packages can be located by provider type on the DHCS website at <http://www.dhcs.ca.gov/provgovpart/Pages/ApplicationPackagesAlphabeticalbyProviderType.aspx>.

QUESTIONS

A list of frequently asked questions (FAQs) regarding provider application can be found on the DHCS website at

www.dhcs.ca.gov/provgovpart/Pages/ApplicationProcessingQuestions.aspx.

MONITORING MEDI-CAL ENROLLMENT STATUS

Providers can contact the DHCS Provider Enrollment Division (PED) to check the status of their application at www.dhcs.ca.gov/provgovpart/Pages/ContactPED.aspx. A profile of providers enrolled in Medi-Cal FFS is available on the California Health and Human Services (CHHS) open data portal at

<https://data.chhs.ca.gov/dataset/profile-of-enrolled-medi-cal-fee-for-service-ffs-providers-as-of-june-1-2017>.

For additional information about enrollment requirements, visit the DHCS Provider Enrollment website at http://files.medi-cal.ca.gov/pubsdoco/prov_enroll.asp.

RESOURCES

Resource	Website
DHCS Application Packages	www.dhcs.ca.gov/provgovpart/Pages/ApplicationPackagesAlphabeticalbyProviderType.aspx
FAQs Regarding Application	www.dhcs.ca.gov/provgovpart/Pages/ApplicationProcessingQuestions.aspx
Status of Application	www.dhcs.ca.gov/provgovpart/Pages/ContactPED.aspx
Profile of Enrolled FFS Providers	https://data.chhs.ca.gov/dataset/profile-of-enrolled-medi-cal-fee-for-service-ffs-providers-as-of-june-1-2017

ADDITIONAL INFORMATION

If you have questions regarding the information contained in this update, contact CVS Caremark.

CalViva Health is a licensed health plan in California that provides services to Medi-Cal enrollees in Fresno, Kings and Madera counties. CalViva Health contracts with Health Net Community Solutions, Inc. to provide and arrange for network services. Health Net Community Solutions, Inc. is a subsidiary of Health Net, Inc. and Centene Corporation. Health Net is a registered service mark of Health Net, Inc. All other identified trademarks/service marks remain the property of their respective companies. All rights reserved.

The recipient of this fax may make a request to opt out of receiving telemarketing fax transmissions from CVS Caremark in numerous ways: call the toll-free number at 877-265-2711; and/or fax the opt-out request to 401-652-0893, at any time, 24 hours a day, 7 days a week. You also may email an opt-out request to do_not_call@cvscaremark.com. An opt-out request is valid (1) if it identifies the number to which the request relates, and (2) if the person/entity making the request does not, subsequent to the request, provide express invitation or permission to CVS Caremark to send fax advertisements to such person/entity at that particular number. CVS Caremark is required by law to honor an opt-out request within 30 days of receipt. An opt-out request will not opt you out of purely informational, non-advertisement, Caremark pharmacy communications such as new implementation notices, formulary changes, point-of sale issues, network enrollment forms, and amendments to the Provider Manual.

Confidentiality Note for Fax Transmission: This fax may contain confidential information. The information is intended only for the use of the individual or entity named above. If you are not the intended recipient, or the person responsible for delivering it to the intended recipient, you are hereby notified that any disclosure, copying, distribution or use of the information contained in this fax is strictly PROHIBITED. If you have received this fax in error, please notify the sender immediately by telephone or fax and destroy this fax and any attachments.