


Network Provider Update

To: Medi-Cal and Cal MediConnect* network participants

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Subject: **APL 22-13, PROVIDER CREDENTIALING/RE-CREDENTIALING AND SCREENING/
ENROLLMENT**

The Department of Health Care Services (DHCS) recently issued [All Plan Letter \(APL\) 22-013](#), "Provider Credentialing / Re-credentialing and Screening / Enrollment." We are sharing a summary of this APL with you to ensure you are aware of the information, and you can apply the information to your practice or facility operations, where appropriate.

APL 22-013 addresses the responsibilities of managed care plans (MCPs) such as Blue Shield of California Promise Health Plan for screening and enrolling providers in the Medi-Cal Program, along with obligations for credentialing and re-credentialing providers.

Medi-Cal screening and enrollment details:

- MCPs may use their own process or a state enrollment pathway.
- Providers who enroll through a state-level process may participate in the Medi-Cal Fee for Service program as well as contract with an MCP.
- MCPs are not required to enroll providers who are providing services following temporary Letters of Agreement, continuity of care arrangements, or on an urgent or emergent basis.
- MCPs who choose to use their own process must follow the DHCS 120-day timeframe and submit a list of newly enrolled providers every six months.
- MCPs may use their own enrollment forms, as long as they collect all appropriate information. They may also charge an application fee, as long as it isn't higher than the state's fee.
- All Medi-Cal providers must sign the Medi-Cal Provider Agreement, in addition to the Network Provider Agreement.
- MCPs must screen provider applications to determine their risk level, according to federal requirements.
- All providers will be subject to pre- and post-enrollment site visits, as well as unannounced visits.
- The APL lists databases MCPs must use to verify the identity and enrollment status of prospective Medi-Cal providers.
- MCPs must revalidate their providers at least every 5 years and retain documentation for 10 years.

Credentialing and re-credentialing details:

- APL 22-013 also describes the information that MCPs must verify to prove that providers have the required credentials, training, and background to serve Medi-Cal members.
- MCPs must verify network provider credentials every three years. This may be delegated to a professional credentialing verification organization.

For more information, see [Medi-Cal Managed Care Provider Enrollment Frequently Asked Questions](#).

This summary is only meant as a brief description of the APL. Please see the APL itself for additional background and the complete requirements. The full text of APL 22-013 may be found at this URL: <https://www.dhcs.ca.gov/formsandpubs/Documents/MMCDAPLsandPolicyLetters/APL2022/APL22-013.pdf> (Links to the DHCS.ca.gov website will take you off of the Blue Shield Promise website.)

Please direct questions about serving Blue Shield Promise members to our Provider Services Department at (800) 468-9935 from 6 a.m. to 6:30 p.m., Monday through Friday.

*Cal MediConnect network participants are responsible for identifying and applying the guidance and requirements that pertain to their patients.