

California Code of Regulations

Title 10. Investment

Chapter 12. California Health Benefit Exchange

Article 12. Medi-Cal Managed Care Plan Enrollment Assistance

§ 6902. Application.

[(a)(1)-(5): No change]

(b) A Certified Medi-Cal Managed Care Plan application shall contain the following information:

- (1) Full name;
- (2) Legal name;
- (3) Primary e-mail address;
- (4) Primary phone number;
- (5) Secondary phone number;
- ~~(6) Fax number;~~
- ~~(7) An indication of whether the entity prefers to communicate via e-mail, phone, fax, or mail;~~
- ~~(8) Website address;~~
- ~~(6)(9) Federal Employment Identification Number;~~
- ~~(7)(10) State Identification Number;~~
- ~~(8)(11) Identification of applicant's status as a Medi-Cal Managed Care Plan and a copy of supporting documentation;~~
- ~~(9)(12) Identification of the type of organization and, if applicable, a copy of the license or other certification;~~
- ~~(13) Identification of the counties served;~~
- ~~(10)(14) A certification that the applicant and all of its employees who will be acting pursuant to this Article comply with 6907;~~
- ~~(11) (15) An attestation that the entity will serve families of mixed immigration status An indication whether the entity serves families of mixed immigration status;~~

~~(12)~~ ~~(16)~~ An attestation that the entity will serve individuals with disabilities ~~An indication of whether the entity serves individuals with disabilities and, if so, the disability(ies) served:~~

~~(13)~~ ~~(17)~~ For the primary site and each sub-site, the following information

- (A) Site Location Address;
- (B) Mailing Address;
- (C) County;
- (D) Primary Contact name;
- (E) Primary e-mail address;
- (F) Primary phone number;
- (G) Secondary phone number; and
- (H) Hours of operation;
- ~~(I) Estimated number of individuals served annually;~~
- ~~(J) Spoken languages;~~
- ~~(K) Written languages;~~
- ~~(L) An indication of whether the entity or individual offers services in sign language;~~
- ~~(M) Ethnicities served; and~~
- ~~(N) Estimated number of individuals served by age.~~

~~(14)~~ ~~(18)~~ A certification by the Authorized Contact that the information presented is true and correct to the best of the signer's knowledge;

~~(15)~~ ~~(19)~~ For each Enroller to be affiliated with the applicant,

- (A) All information required by section 6903 that is not already included elsewhere in the application required by this section; and
- (B) An indication of whether he or she is certified by the Exchange and, if applicable, the certification number.

§ 6903. Certified Medi-Cal Managed Care Plan Enroller Application

[(a)(1)-(2): No change]

(b) An individual's application to become a Certified Medi-Cal Managed Care Plan Enroller shall contain the following information:

~~(1) Name, e-mail address, primary and secondary phone number, and preferred method of communication;~~

[(b)(2): No change]

~~(3) Identification of the Certified Medi-Cal Managed Care Plan that the individual will affiliate with;~~

~~(4) Affiliated Certified Medi-Cal Managed Care Plan's primary site location address;~~

~~(5) Site(s) to be served by the individual;~~

~~(6) Mailing Address of the primary site for the Certified Medi-Cal Managed Care Plan;~~

~~(3) (7) An indication of the Languages that the Certified Medi-Cal Managed Care Plan Enroller can speak;~~

~~(4) (8) An indication of the Languages that the Certified Medi-Cal Managed Care Plan Enroller can write;~~

~~(5) (9) Disclosure of all criminal convictions and administrative actions taken against the individual;~~

~~(6) (10) A certification by the individual that:~~

~~A) The individual complies with the Certified Medi-Cal Managed Care Plan Enroller Agreement as well as all requirements as set forth in this Article, including but not limited to Section 6907;~~

~~(B) The individual is a natural person of not less than 18 years of age; and~~

~~(C) The statements made in the application are true, correct, and complete to the best of his or her knowledge and belief.;~~

~~(D) The individual will abide by all applicable privacy and security standards, including but not limited to those set forth in the agreement between the Medi-Cal Managed Care Plan and the Exchange; and~~

~~(E) The individual will adhere to all applicable State and Federal laws and regulations.~~

~~(7) (11) For the individual applying to become a Certified Medi-Cal Managed Care Plan Enroller, signature and date signed; and~~

~~(8) (12) For the Authorized Contact from the Certified Medi-Cal Managed Care Plan that the individual will be affiliated with, name, signature, and date signed.~~

§ 6904. Fingerprinting and Criminal Record Checks

[(a)-(b): No change]

(c) Following the receipt of a final determination pursuant to this section that an individual is disqualified from certification, the individual shall not reapply for certification for two years.

Note: Authority cited: Sections 100502 and 100504, Government Code. Reference: Sections 100502 and 100503, Government Code.