

ADDENDUM N

CENCAL HEALTH PROVIDER ENROLLMENT DISCLOSURES, ATTESTATIONS, AND COMPLIANCE AGREEMENT

CenCal Health
Provider Services Department
4050 Calle Real
Santa Barbara, CA 93110

Provider Information

Provider Name	
National Provider Identifier (NPI)	
Group Association (if applicable)	
Tax Identification Number (TIN)	

Purpose

This Addendum N supplements the CenCal Health Provider Onboarding Packet, Council for Affordable Quality Healthcare (“CAQH”) Application and California Participating Practitioner Application (“CPPA”). This Addendum is required for providers seeking participation in the CenCal Health Medi-Cal Managed Care Provider Network pursuant to applicable federal and state laws and regulations governing Medi-Cal Managed Care Plan (“MCP”) provider enrollment and screening requirements.

Execution of this Addendum does not guarantee participation in the CenCal Health network and does not supersede any provider agreement, credentialing determination, or Department of Health Care Services (DHCS) enrollment determination.

SECTION I – MEDI-CAL MANAGED CARE PROVIDER ENROLLMENT ACKNOWLEDGEMENT

Provider acknowledges and understands:

1. Participation in the CenCal Health network requires compliance with all applicable:
 - DHCS requirements;
 - CMS requirements;
 - Medi-Cal laws and regulations;
 - MCP provider screening and enrollment requirements;
 - program integrity requirements;
 - fraud, waste, and abuse prevention requirements.



2. Providers enrolled through the CenCal Health enrollment pathway may only render services to CenCal Health beneficiaries unless separately enrolled through DHCS Fee-for-Service Provider Enrollment Division (“PED”) by submission of a Provider Application and Validation for Enrollment (PAVE) enrollment application.
3. DHCS retains sole authority to:
 - approve or deny Medi-Cal enrollment;
 - terminate Medi-Cal enrollment;
 - impose sanctions or exclusions;
 - conduct provider screening and program integrity investigations.
4. CenCal Health may suspend or terminate processing of an application if information is identified that may impact Medi-Cal eligibility, provider screening status, or program integrity compliance.
5. Provider agrees to cooperate with:
 - credentialing reviews;
 - recredentialing activities;
 - site reviews;
 - medical record audits;
 - FWA investigations;
 - DHCS/CMS oversight activities;
 - encounter data validation;
 - provider directory validation activities.

Provider Initials: _____

SECTION II – OWNERSHIP, CONTROL, AND MANAGING EMPLOYEE DISCLOSURE

Pursuant to 42 CFR §455 and applicable DHCS requirements, Provider shall disclose all persons and entities with ownership, control interest, or managing employee status associated with the practice/entity. Provider shall disclose any parent entity, affiliated entity, or organization with ownership, operational, or controlling interest associated with the provider or practice.

A. Ownership and Control Interest

List all individuals or entities with:

- direct or indirect ownership interest of 5% or more;
- partnership interest;
- managing control;

- operational control.

Name	Title/Relationship	Ownership %	Address

B. Managing Employees

List all managing employees including:

- administrators;
- office managers;
- directors;
- managing partners;
- operational managers.

Name	Title	Address

Provider Initials: _____

SECTION III – SUBCONTRACTOR AND DOWNSTREAM ENTITY DISCLOSURE

Provider shall disclose any subcontractor, downstream entity, leased provider arrangement, management services organization (MSO), or delegated entity involved in furnishing services to CenCal Health members.

Provider is responsible for ensuring downstream, delegated, affiliated, and subcontracted entities comply with all applicable Medi-Cal Managed Care, CMS, DHCS, and CenCal Health requirements.

Entity Name	Relationship	Services Provided

Provider agrees to ensure subcontractors comply with:

- Medi-Cal requirements;
- HIPAA requirements;



- DHCS and CMS audit rights;
- fraud, waste, and abuse requirements.

Provider Initials: _____

SECTION IV – EXCLUSION, DEBARMENT, AND SANCTIONS CERTIFICATION

Provider agrees to disclose any adverse action, including payment suspension, corrective action plan, overpayment determination, enrollment denial, or termination by any federal healthcare program, state Medicaid agency, or managed care organization.

Provider certifies that neither Provider nor any owner, managing employee, employee, contractor, subcontractor, or affiliated individual/entity is:

- excluded from participation in Medicare, Medicaid, or any federal healthcare program;
- listed on the OIG Exclusion List;
- listed on the SAM Excluded Parties List;
- suspended, debarred, or otherwise ineligible for participation in federally funded healthcare programs.

Provider agrees to immediately notify CenCal Health within five (5) business days of:

- any exclusion;
- sanction;
- investigation;
- disciplinary action;
- suspension;
- debarment;
- felony conviction;
- licensure restriction;
- Medicare/Medi-Cal action.

Provider Initials: _____

SECTION V – CRIMINAL CONVICTION DISCLOSURE

Provider shall disclose any criminal conviction, plea, deferred adjudication, or investigation involving:

- healthcare fraud;
- abuse;
- neglect;
- controlled substances;
- financial crimes;



- Medicaid/Medicare program violations.

Has Provider or any owner/managing employee had such conviction or action?

☐ Yes

☐ No

If yes, attach detailed explanation including:

- dates;
- jurisdiction;
- disposition;
- corrective actions.

Provider Initials: _____

SECTION VI – DECLARATION OF CONFIDENTIALITY

- Provider agrees to comply with HIPAA, HITECH, DHCS privacy requirements, and all applicable state and federal confidentiality laws.
- Provider shall maintain safeguards to protect PHI and immediately report breaches or unauthorized disclosures.
- Provider agrees to maintain records related to services rendered to CenCal Health members in accordance with applicable federal and state retention requirements and shall provide records upon request to CenCal Health, DHCS, CMS, or their designees.

Provider Initials: _____

SECTION VII – REQUIRED SUPPORTING DOCUMENTATION

Provider acknowledges that participation in the CenCal Health Medi-Cal Managed Care network is contingent upon submission and maintenance of all required enrollment, credentialing, and regulatory documentation as required by CenCal Health, DHCS, CMS, and applicable law.

Documents submitted with this application must include:

- W-9
- Government ID

Provider Initials: _____



SECTION VIII – DISCLOSURE UPDATE OBLIGATION

Provider agrees to notify CenCal Health in writing within thirty-five (35) calendar days of any change involving:

- ownership or control interest;
- managing employees;
- licensure status;
- sanctions or exclusions;
- criminal investigations or convictions;
- practice location;
- tax identification number;
- Medicare/Medi-Cal enrollment status;
- malpractice coverage;
- subcontracting arrangements;
- provider directory information.

Provider Initials: _____

SECTION IX – PROVIDER ATTESTATION AND SIGNATURE

I certify under penalty of perjury that:

- The information provided in this application and Addendum N is true, correct, and complete.
- I understand that falsification, omission, or misrepresentation may result in denial or termination of participation.
- I agree to comply with all applicable federal and state laws, regulations, MCP requirements, and CenCal Health policies.
- I authorize CenCal Health, DHCS, CMS, and their designees to verify all information provided.
- I understand that knowingly submitting false or misleading information may subject the provider to administrative, civil, or criminal penalties under applicable federal and state laws.

I further acknowledge that ongoing participation is contingent upon continued compliance with all Medi-Cal Managed Care provider requirements.

Provider Name: _____

Provider Signature: _____

Date: _____



Non-Credentialed Providers Required Documentation

The following items are required for providers who are not currently credentialed through CenCal Health credentialing records.

- ☐ Completed Addendum N
- ☐ Proof of NPI
- ☐ Government-issued photo ID / Driver's license
- ☐ Copy of Current California Professional License
- ☐ Copy of DEA Registration (if applicable)
- ☐ Completed and Signed W-9
- ☐ Any additional documents requested by CenCal Health, DHCS, CMS, or applicable regulatory agencies