

Provider Information Form

Return by fax, email, or mail to: 805.681.3019 providerservices@cencalhealth.org 4050 Calle Real, Santa Barbara, CA 93110

<input type="checkbox"/> New Provider	<input type="checkbox"/> Existing Provider – Making changes
Provider Type _____	Specialty _____
Requested Effective Date with CenCal Health _____	
New PCPs complete pages 1-4. New Specialist/Allied/Pharmacy providers complete pages 1-3. New DME Providers complete 1-3 and 5. Page 6 is only for additional information.	

Section 1 Provider Name and Contact Information

Legal Business Name	DBA
Provider Name/Title	
Provider Name/Title	(See page 2 for additional Providers.)
Main Practice Location	
(Ex: 123 Street, Suite 4, City, CA 98765)	(See page 6 for multiple practice locations.)
Mailing Address	
Send Payments To	

Section 2 Billing Information

How will you be billing CenCal Health?	
<input type="checkbox"/> I have a biller on Staff/In-House	<input type="checkbox"/> I use an outside Billing Service
Biller/Billing Contact	Direct Phone
Biller Email	
Billing Address	
Billing Service Phone	Billing Fax
<input type="checkbox"/> I am interested in electronic claims submission.	Please contact

Section 3 Staff Information

Office Manager	Direct Phone
Office Manager Email	
RAF Contact	Direct Phone
<i>PCP Office: The person that submits Referral Authorization Forms (RAF). Specialists: The person that calls the PCP to request a RAF</i>	
RAF Email*	
TAR Contact	Direct Phone
<i>The person who submits medical justification and Treatment Authorization Request (TAR) for services that require pre-authorization.</i>	
TAR Email*	
*We recommend an unchanging account that does not include office staff names. For example, medicalgroup@yahoo.com	

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Section 4

Provider Credentials & Identification Numbers

NPI	Pharmacy Only - NCPDP (NABP)
Tax Identification (Or SSN)	
Name affiliated with Tax ID	
Medi-Cal Identification	Medi-Cal PIN
Medical/Registered License or Certificate	
DEA (Physicians Only)	DEA Issue Date
<input type="checkbox"/> I certify that I have current professional liability/malpractice insurance coverage.	

Section 5

Group Contracting/Group Changes (If applicable)

Group NPI		
Group Tax ID		
Name affiliated with Tax ID		
Group Medi-Cal Identification	Group Medi-Cal PIN	
Rendering Provider Name 1		
NPI	Specialty	
License or Certificate	DEA	Issue Date
Rendering Provider Name 2		
NPI	Specialty	
License or Certificate	DEA	Issue Date
Rendering Provider Name 3		
NPI	Specialty	
License or Certificate	DEA	Issue Date
Rendering Provider Name 4		
NPI	Specialty	
License or Certificate	DEA	Issue Date
Rendering Provider Name 5		
NPI	Specialty	
License or Certificate	DEA	Issue Date

Section 6

Hospital Affiliations

Name of Hospital	Name of Hospital
Name of Hospital	Name of Hospital

Section 7

Office Hours

Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
How are after hour calls to provider's office handled?						
<input type="checkbox"/> Answering Service						(Name/Number)
<input type="checkbox"/> Phone	<input type="checkbox"/> Pager	<input type="checkbox"/> Answering Machine	<input type="checkbox"/> Other			

Provider Information Form

Section 8

Additional Languages

Language	Spoken by:	<input type="checkbox"/> Provider	<input type="checkbox"/> Staff
Language	Spoken by:	<input type="checkbox"/> Provider	<input type="checkbox"/> Staff
Language	Spoken by:	<input type="checkbox"/> Provider	<input type="checkbox"/> Staff

Section 9

Accessibility

To ensure that your site is accessible and useable by individuals with disabilities, please answer the following:

Clearly marked curb or sign to designate accessible parking space near primary entrance.	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
Building signs to identify all primary entrances that are accessible by individuals with disabilities.	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
Pedestrian ramps have a top and bottom landing at least the same width as the ramp.	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
Handrails present on both sides of all stairways and ramps (threshold rises excluded).	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
Primary entrance and passageway doors have minimum 48" clearance, open from the inside without special effort, open to minimum of 90 degrees, and have level clear floor on each side of the doorway.	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A

Section 10

Questionnaire

Are you certified as a provider for Child Health & Disability Prevention (CHDP)?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Are you certified as a Comprehensive Perinatal Services Provider (CPSP)?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Are you California Children's Services (CCS) paneled?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Would you like to set up a CenCal Health website login?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
What is the age range of members you're willing to accept?	Min	Max

Additional comments, providers, and/or locations can be listed on page 6.

Provider Information Form

Primary Care Physicians Only

Physician/Group Name			NPI			Effective Date	
Plan	Capacity	Access Level				Age Range	
SBHI	Members	<input type="checkbox"/> Auto Assign	<input type="checkbox"/> Open Access	<input type="checkbox"/> EPO	<input type="checkbox"/> Closed	Min	Max
HFSB	Members	<input type="checkbox"/> Auto Assign	<input type="checkbox"/> Open Access	<input type="checkbox"/> EPO	<input type="checkbox"/> Closed	Min	Max
HKSB	Members	<input type="checkbox"/> Auto Assign	<input type="checkbox"/> Open Access	<input type="checkbox"/> EPO	<input type="checkbox"/> Closed	Min	Max
AIM (SB)	Members	<input type="checkbox"/> Auto Assign	<input type="checkbox"/> Open Access	<input type="checkbox"/> EPO	<input type="checkbox"/> Closed	Min	Max
IHSS (SB)	Members	<input type="checkbox"/> Auto Assign	<input type="checkbox"/> Open Access	<input type="checkbox"/> EPO	<input type="checkbox"/> Closed	Min	Max
SLOHI	Members	<input type="checkbox"/> Auto Assign	<input type="checkbox"/> Open Access	<input type="checkbox"/> EPO	<input type="checkbox"/> Closed	Min	Max
HFSLO	Members	<input type="checkbox"/> Auto Assign	<input type="checkbox"/> Open Access	<input type="checkbox"/> EPO	<input type="checkbox"/> Closed	Min	Max
HKSLO	Members	<input type="checkbox"/> Auto Assign	<input type="checkbox"/> Open Access	<input type="checkbox"/> EPO	<input type="checkbox"/> Closed	Min	Max

Call Group Arrangements

List providers you have call group arrangements with outside of normal office hours.

Provider Name	Provider Name
Provider Name	Provider Name

CenCal Health rewards Primary Care Providers (PCP) for after hours visits (visits that take place after 5pm weekdays or weekend hours). CenCal Health’s goal is to keep members out of the emergency department and urgent care centers for services that can be appropriately managed by PCPs. Do you offer extended office hours? Yes No

Definitions to complete the above section:

“Age Range” shall mean the age range of members that the PCP is willing and qualified to case manage. In order to be assigned members under age nineteen, the PCP must be certified as a CHDP program provider.

“Auto Assignment” shall mean a computer process that is implemented when there is no selection on file of an eligible member choosing a PCP. The computer will assign the member to a PCP who is on the auto assignment list, whose office is within a reasonable distance from the member’s residence, whose age and/or sex restrictions as inserted on the PCP Agreement permit assignment, and who has not yet exceeded the maximum number of members that the PCP is willing to serve, as inserted on the PCP Agreement.

“Call Group Arrangements” shall mean those physicians who have been designated by the PCP to provide backup coverage to ensure there is access to physician care for PCPs case managed members 24 hours a day, 7 days a week. In order for the backup physician or group of physicians to be reimbursed by CenCal Health, they must be certified by the Medi-Cal program, and have executed an agreement with CenCal Health. PCPs may change their call group arrangements upon written notification to CenCal Health, as changes in on-call coverage may affect the RAF process for the PCP.

“Closed” shall mean that the PCP will not accept any additional members into his/her practice, including those they have previously case managed.

“Established Patients Only” or “EPO” shall mean that the PCP will not accept new patients but will only accept established patients (members who assert that they are under the medical care of a PCP and the PCP agrees) into his/her practice.

“Open” shall mean that the PCP will accept additional members until they meet the Physician Patient Load Limitation inserted in this agreement, or in subsequent amendments.

“Capacity” shall mean that specific maximum number of members for whom the PCP has indicated a willingness and capability to case manage, and the limit accepted by CenCal Health beyond which CenCal Health agrees that additional persons will not be permitted to select that PCP until such limit is changed through written notification.

Program Abbreviations are as follows: SBHI (Santa Barbara Health Initiative), SLOHI (San Luis Obispo Health Initiative), HFSB (Healthy Families Santa Barbara), HFSLO (Healthy Families San Luis Obispo), HKSB (Healthy Kids Santa Barbara), HKSLO (Healthy Kids San Luis Obispo), AIM (Access for Infants and Mothers), IHSS (In-Home Supportive Services).

Provider Information Form

Durable Medical Equipment and/or Medical Supply Providers Only

Provider Name	NPI	Date
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Please indicate the Durable Medical Equipment and/or Medical Supplies that you provide to members of CenCal Health. Please also indicate if these items can be picked up, delivered, or mail ordered.

<u>Yes</u>	<u>DME/Medical Supplies</u>	<u>Pick up</u>	<u>Delivery</u>	<u>Mail Order</u>	
<input type="checkbox"/>	Apnea Monitor (Adult)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<input type="checkbox"/>	Apnea Monitor (Child)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<input type="checkbox"/>	Bandages	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<input type="checkbox"/>	Bathroom Equipment	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<input type="checkbox"/>	Breast Pumps	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<input type="checkbox"/>	Canes/Crutches	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<input type="checkbox"/>	CPAP/BiPAP Units	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<input type="checkbox"/>	CPM Units	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<input type="checkbox"/>	Creams/Washes	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<input type="checkbox"/>	Decubitus Care	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<input type="checkbox"/>	Diabetic Supplies	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<input type="checkbox"/>	Enteral Supplies	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<input type="checkbox"/>	Hospital Beds	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<input type="checkbox"/>	Incontinence Supplies	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<input type="checkbox"/>	Needles/Syringes	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<input type="checkbox"/>	Nutritional Supplements	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<input type="checkbox"/>	Ostomy Supplies	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<input type="checkbox"/>	Oxygen/Respiratory	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<input type="checkbox"/>	Spinal Stim	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<input type="checkbox"/>	TENS	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<input type="checkbox"/>	Traction/Trapeze	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<input type="checkbox"/>	Urology Supplies	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<input type="checkbox"/>	Uterine Monitors	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<input type="checkbox"/>	Walkers	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<input type="checkbox"/>	Wheelchairs - Manual	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<input type="checkbox"/>	Wheelchairs - Power	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<input type="checkbox"/>	Wheelchairs - Rental	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<input type="checkbox"/>	Wheelchair Repairs	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<input type="checkbox"/>	Wheelchair Seating	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<input type="checkbox"/>	Other	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<input type="checkbox"/>	Other	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

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Additional Information

Use this page to list any additional information you would like to share regarding your practice.

Comments

Additional Renderings

Rendering Provider Name 1		
NPI	Specialty	
License or Certificate	DEA	Issue Date
Rendering Provider Name 2		
NPI	Specialty	
License or Certificate	DEA	Issue Date
Rendering Provider Name 3		
NPI	Specialty	
License or Certificate	DEA	Issue Date
Rendering Provider Name 4		
NPI	Specialty	
License or Certificate	DEA	Issue Date
Rendering Provider Name 5		
NPI	Specialty	
License or Certificate	DEA	Issue Date

Additional Locations

Additional Practice Location 1		
Contact	NPI	(If different)
Phone	Fax	
Additional Practice Location 2		
Contact	NPI	(If different)
Phone	Fax	
Additional Practice Location 3		
Contact	NPI	(If different)
Phone	Fax	