

## Medi-Cal Provider Enrollment Division

### Tips for Success

### How to Complete a Physician Application Package

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#### General tips for all applicants

- Submit a complete application package. A complete application package consists of the *Medi-Cal Physician Application/Agreement*, a *Medi-Cal Disclosure Statement*, and all the required attachments. Current forms are available on the Medi-Cal Web site at [www.medi-cal.ca.gov](http://www.medi-cal.ca.gov). Click the “Provider Enrollment” link.
  - Use current forms. Outdated forms are not acceptable.
  - Before completing the application forms, carefully read all form instructions.
  - Answer all questions, check boxes, lines, etc. Do not leave blank spaces. Enter “N/A” if not applicable.
  - Although stated as optional, including your Social Security Number (SSN) may hasten the application review process.
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#### Preferred Provider Status

See the February 2004 *Medi-Cal Update* for specific application requirements to request consideration as a preferred provider.

The applicant or provider must meet all of the following criteria at the time s/he submits an application package to the Department of Health Care Services (DHCS):

- A. Hold a current license as a physician and surgeon issued by the Medical Board of California or the Osteopathic Medical Board of California, which has not been revoked, whether stayed or not, suspended, placed on probation, or subjected to other limitation; and
  - B. Meet at least one of the following:
    - Be a current faculty member of a teaching hospital or a children’s hospital as defined in W & I Code, Section 10727, accredited by the Joint Commission for Accreditation of Healthcare Organizations (JCAHO) or the American Osteopathic Association Healthcare Facilities Accreditation Program (AOA HFAP);
    - Be credentialed by a health care service plan licensed under the Knox-Keene Health Care Service Plan Act of 1975;
    - Be credentialed by a county organized health system; or,
    - Be a current member in good standing of a group credentialed by a health care service plan licensed under the Knox-Keene Health Care Service Plan Act of 1975; and
  - C. Have full, current, unrevoked, unsuspended privileges at a general acute care hospital accredited by the Joint Commission for Accreditation of Healthcare Organizations (JCAHO) or American Osteopathic Association Healthcare Facilities Accreditation Program (AOA HFAP); and
  - D. Have no adverse entries in the Healthcare Integrity and Protection Data Bank/National Practitioner Data Bank (HIPDB/NPDB).
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#### Change of business address

- A change in service or business address requires submission of a complete application package (*Medi-Cal Physician Application/Agreement*, *Medi-Cal Disclosure Statement*, and required attachments). A *Medi-Cal Supplemental Changes* form is not acceptable.
  - Check the “additional business address” box and write “ADDRESS CHANGE” on the top of the form.
  - Effective July 1, 2008, a change of location form may be submitted by a currently enrolled individual physician or osteopath to request a change of service location within the same county. Providers may use the *Medi-Cal Change of Location Form for Individual Physician Practices Relocating Within the Same County* (DHCS 9096) form.
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**Physician****Application: “Type of enrollment action requested”**

When filling out the *Medi-Cal Physician Application/Agreement* (DHCS 6210), please be sure to check the appropriate “Enrollment action requested” box.

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**Rendering Physicians**

If you are a rendering physician in a group, the *Medi-Cal Rendering Provider Application/Disclosure Statement/Agreement For Physician/Allied/Dental Providers* (DHCS 6216) form is required for the initial enrollment as a rendering provider. .

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**Physician Application: “Type of entity”**

- If you are a stand-alone, individual provider (i.e., not in a group), check the applicable type of entity that describes your business structure. Example: sole proprietor, corporation, etc.
  - Verify that you have checked the same “Type of Entity” on both the *Medi-Cal Physician Application/Agreement* (DHCS 6210) and the *Medi-Cal Disclosure Statement* (DHCS 6207).
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**Legal name**

The legal name on the *Medi-Cal Physician Application/Agreement* (DHCS 6210) must match the legal name on the *Medi-Cal Disclosure Statement* (DHCS 6207) and as shown on the medical license. **NOTE:** Only the physician may sign the application on Line 24.

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**If your business name is different from your legal name**

If your business name is different from your legal name, include a copy of the Fictitious Name Permit and answer all questions under Line 2 as indicated.

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**Business telephone number and business address**

- Line 3 (“Business telephone number”) refers to the telephone number of the *service* location.
  - Line 4 (“Business address”) refers to the address *where services are rendered*.
  - If the service location is a hospital, make sure to include an “**ATTN:** \_\_\_\_\_” line to the right of the service address on Line 4, as the notification letters with the provider numbers are mailed to this address. Without the “ATTN” to a specific person or location known to the hospital, these letters are often not received by the provider.
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**Proof of Liability insurance**

- Line 20 (“Proof of Liability Insurance”) refers to liability insurance for the location where services are provided. Liability insurance is also known as general or business insurance.
  - Line 21 (“Proof of Professional Liability Insurance”) refers to malpractice insurance.
  - You must provide information and proof for both types of insurance coverage. (Those providers who deliver all services in the licensed facility identified on the application are exempt from submitting proof of liability insurance.)
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**Advisory opinions**

DHCS is unable to provide advisory opinions. If you are unclear about how to interpret Medi-Cal instructions or regulations, please contact your legal counsel for assistance.

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**Notification of receipt**

You will receive a letter acknowledging receipt of your application package in approximately 15 days. Please retain it in your file. The letter includes a six-digit document number. Please reference this number in any follow up correspondence or telephone inquiry.

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**The status of your application**

Please do not call the Provider Enrollment Division (PED) for the status of your application. Within 90 days of receiving an application from an individual physician or physician group, or within 180 days for applicants other than physicians or physician groups, you will receive written notification of one of the following:

- The application is approved for enrollment as a provisional provider.
- The application is incomplete and additional information is needed.
- The application is referred for a comprehensive review and background check.
- The application is denied with the reasons(s) for denial.

Within 90 days of receiving a *Medi-Cal Hospital-Based Physician Application/Disclosure Statement/Agreement* (DHCS 9095), PED shall notify the applicant of approval or that the applicant does not meet the required criteria.

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