



DIANA M. BONTÁ, R.N., Dr. P.H.  
Director

State of California—Health and Human Services Agency  
**Department of Health Services**



GRAY DAVIS  
Governor

September 30, 2003

CCS Information Notice No.: 03-18

TO: ALL COUNTY CALIFORNIA CHILDREN'S SERVICES (CCS)  
PROGRAM ADMINISTRATORS, MEDICAL CONSULTANTS, STATE  
CHILDREN'S MEDICAL SERVICES (CMS) BRANCH STAFF AND  
REGIONAL OFFICE STAFF

SUBJECT: ELIMINATION OF ALL CGP PROVIDER NUMBERS

The purpose of this notice is to inform counties of the future elimination of all CGP provider numbers effective June 1, 2004, the anticipated date of the CMS Net Enhancement 47 (E-47) implementation. With the E-47 implementation providers will have the ability to bill electronically for services in place of our present labor-intensive paper claim process. Electronic billing will result in a very short turnaround time from claim submission to provider payment. Consequently, the CCS and Genetically Handicapped Persons Programs (GHPP) have a much better chance to recruit and retain providers since all other major healthcare payers have already converted to electronic claiming. Provider numbers are one of the current CCS/GHPP business processes that will be changing with the implementation of the E-47. Providers will bill using a Medi-Cal provider number for services provided for both CCS-only (including CCS/Healthy Families) and CCS/Medi-Cal eligible children.

Those CGP providers who do not have an "active" status Medi-Cal provider number are encouraged to apply immediately for a Medi-Cal provider number as the Medi-Cal enrollment process may take up to six months for completion. All CGP providers have been notified regarding this future provider billing number change, as per the letter enclosed with this information notice.



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[www.consumerenergycenter.org/flex/index.html](http://www.consumerenergycenter.org/flex/index.html)

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1515 K Street, Suite 400, MS 8100, P.O. Box 942732, Sacramento, CA 94234-7320  
(916) 327-1400

Internet Address: [http:// www.dhs.ca.gov/pcf/cms](http://www.dhs.ca.gov/pcf/cms)

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If you should have questions regarding this change, please contact Amanda Ridgeway, at [Aridgewa@dhs.ca.gov](mailto:Aridgewa@dhs.ca.gov).

**Original Signed by Maridee Gregory, M.D.**

Maridee A. Gregory, M.D., Chief  
Children's Medical Services Branch

Enclosures



DIANA M. BONTÁ, R.N., Dr. P.H.  
Director

State of California—Health and Human Services Agency  
Department of Health Services



GRAY DAVIS  
Governor

September 24, 2003

Dear Provider:

Subject: Elimination Of All CGP Provider Numbers

Effective June 1, 2004, the Department of Health Services (DHS) will eliminate all CGP provider numbers as part of a major project to enhance the service authorization and claims adjudication processes used by the California Children's Services (CCS) Program and Genetically Handicapped Persons Program (GHPP). Should this date change, all providers will be notified by mail. To ensure continued participation in the CCS Program and/or GHPP after the CGP provider numbers are discontinued, all CGP providers must be enrolled in the Medi-Cal Program and have an active Medi-Cal provider billing number.

Medi-Cal providers with an "active" status are not required to take any action. Medi-Cal providers who have not submitted claims within the last 12 months, providers with an "inactive" Medi-Cal status and providers not currently enrolled in Medi-Cal must complete a new Medi-Cal application package. Providers are encouraged to enroll immediately and should allow approximately 180 days for application processing. To verify Medi-Cal provider status, please call the Provider Support Center, (PSC) at 1-800-541-5555.

Dental providers will receive a separate letter with specific enrollment instructions.

#### Medi-Cal Enrollment Instructions

All providers (except dental) enrolling in Medi-Cal must either:

- Download the appropriate Medi-Cal application from the Medi-Cal Web site ([www.medi-cal.ca.gov](http://www.medi-cal.ca.gov)). See enclosures A and B-1 through B-3 for useful tips on successfully completing an application.
- Contact the PSC, at 1-800-541-5555 and request an appropriate Medi-Cal application to be sent via mail. Please note the PSC cannot answer any questions about application completion.

Submit the completed application to the DHS Provider Enrollment Branch address shown on the application. Attach a copy of this letter to the application so DHS can easily identify CCS or GHPP providers enrolling in Medi-Cal.

Thank you for your participation in the CCS Program and/or GHPP.

Sincerely,

**Original Signed by Maridee Gregory, M.D.**

Maridee A. Gregory, M.D., Chief  
Children's Medical Services Branch

Enclosures



Do your part to help California save energy. To learn more about saving energy, visit the following web site:  
[www.consumerenergycenter.org/flex/index.html](http://www.consumerenergycenter.org/flex/index.html)

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(916) 327-1400

Internet Address: <http://www.dhs.ca.gov/pcf/cms>

## **How to Access the Medi-Cal Website To obtain a Medi-Cal Provider Application Form**

You will need Acrobat Reader 5.0 to use this function.

To access the Medi-Cal Website go to your Internet search engine.

1. Type [www.medi-cal.ca.gov](http://www.medi-cal.ca.gov), press enter. This will bring you to the Medi-Cal home page on the web site.
2. On the left side of the screen you will see a listing of the topics included in this web site.
3. Scroll down to Provider Enrollment.
4. Select by double clicking with the left mouse button on Provider Enrollment.
5. This will take you to the Provider Enrollment screen page. This screen page lists the Medi-Cal application forms for different provider types which are available on the web site.
6. Select the appropriate Medi-Cal application by double clicking with the left mouse button on the form.
7. After the Medi-Cal application comes up, print the application.
8. To print your application, in the tool bar click on file, then click on print.
9. In the print menu click OK.

**NOTE:** The Provider Enrollment screen page also includes a link to the current enrollment regulations. These regulations are an important tool in understanding the definitions, process, and requirements for enrollment into the Medi-Cal fee-for-service program. You are strongly encouraged to read them.

## Medi-Cal Provider Enrollment Branch

### General Tips on How to Submit a Complete Medi-Cal Provider Application Package

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#### General tips for all provider types and applicants...

Failure to submit a complete application package will result in the application being returned. Before completing the application forms, please carefully read and adhere to all instructions in the forms as well as below.

- If you are a new Medi-Cal provider, staple a copy of the first page of the CCS/GHPP deactivation letter to the top page of the application form.
  - Answer all fields and questions, and check applicable boxes, lines, etc.
  - Do not leave blank fields. Enter "N/A" on lines where a "yes/no" check box is not an option.
  - Although stated as optional, please include your Social Security Number (SSN). Failure to do so hinders the application review process and deters identity theft.
  - Due to the many variables, it is not possible to provide specific tips for "new to" Medi-Cal groups submitting the "Medi-Cal Provider Group Application" (DHS 6203, rev. date 12/2000). Please carefully follow all instructions on the form including the tips below. New groups must also submit a "Medi-Cal Disclosure Statement" (DHS 6207, rev. date 12/2000) and the "California Medical Assistance Program (Medi-Cal) Provider Agreement" (DHS 6208, rev. date 09/2002).
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#### All documentation requested must be included in the application package...

Be sure to include legible and current copies of the required documentation listed below:

- Driver's License or the State Issued Identification Card. Enlarged copies are preferable.
  - Applicable medical license (pocket size).
  - Federal Employer Identification Number (FEIN) verification, if applicable.
  - Internal Revenue Service (IRS) document as requested in the form instructions. This is an IRS preprinted document showing the tax identification number (TIN) and legal name.
  - Professional (malpractice) liability insurance.
  - Comprehensive (commercial/general) liability insurance for the location where services are rendered.
  - Local permits and business licenses for the type of business activity indicated.
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#### If your business entity is a sole proprietor...

If your type of entity is a sole proprietorship and you are not using a TIN, then you must provide your SSN.

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**If your business entity is a corporation...**

If your business entity is a corporation, include the “*corporate number*,” state “*incorporated*” as required on the form, and attach a copy of the most recently filed Articles of Incorporation with the list of directors and officers, their titles and percent of ownership and control interest.

If your corporation is also a non-profit entity, indicate as such by checking the box “ **Other:** \_\_\_\_\_” and writing in “**Non-profit**” as well as including the corporation information. Also indicate if your non-profit organization is “government” or “non-government.”

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**If your business entity is a partnership...**

If your business entity is a partnership, indicate if it is a General Partnership or Limited Partnership.

If a General Partnership only, include a copy of the most current Partnership Agreement and a list of all partners and their percent of ownership and control interest.

If a Limited Partnership, include information identifying the General Partner, and include of a copy of the most current Partnership Agreement(s) and a list of all partners and their percent of ownership or control interest.

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**Original signature is required on forms...**

All application(s) and applicable attachments, including the Disclosure Statement, must have an original signature in ink – preferably BLUE ink. Please verify that all applicable pages of the application form are signed.

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**Notary stamp and signature is required...**

Be sure the appropriate page of the application is notarized with stamp and signature, if applicable. Example: Durable Medical Equipment providers must notarize but physicians are exempt.

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**Notification of receipt within four weeks...**

You will receive a letter acknowledging receipt of your application package in approximately four weeks. Please retain it in your file.

The letter includes a six-digit document tracking number. Please reference this number in any follow up correspondence or telephone inquiry.

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**If you do not receive notification...**

If you fail to receive a notification of receipt letter as stated above, please do the following:

- After a maximum 45 days has elapsed, please re-submit your application package with a note that you are re-submitting because you did not receive the notification of receipt letter within four weeks.
  - Please staple a copy of the first page of the CCS/GHPP Deactivation Letter to the front of the application package.
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**Telephone calls  
requesting  
status...**

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The Medi-Cal Provider Enrollment Branch Call Center telephone number is (916) 323-1945. However, do not call for application review status until after 120 days has elapsed. Phone calls will not be returned unless the application has been in-house for over 120 days. NOTE: This presumes that you have received the initial notification letter of receipt that we received your package.

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## Medi-Cal Provider Enrollment Branch

### General Tips on How to Complete a Physician Application Package

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<b>Required forms</b>	<p>To enroll as a Medi-Cal physician provider, you must submit the following:</p> <ul style="list-style-type: none"> <li>• “Medi-Cal Physician Application/Agreement” (DHS 6210, rev. date 09/2002)</li> <li>• “Medi-Cal Disclosure Statement” (DHS 6207, rev. date 12/2000)</li> </ul>
<b>Physician Application: “Type of enrollment action requested”</b>	<p>When you begin filling out the Physician Application/Agreement form (DHS 6210), please be sure to:</p> <ul style="list-style-type: none"> <li>• Check the appropriate “Enrollment action requested” box. For example: <ul style="list-style-type: none"> <li>• If you are a new provider (but not a rendering provider of a group), check the box “<input type="checkbox"/> <b>New Provider.</b>”</li> <li>• If you are a new rendering provider of an existing Medi-Cal group, check the boxes “<input type="checkbox"/> <b>New Provider</b>” and “<input type="checkbox"/> <b>Existing provider group – specify group number(s): _____.</b>” Include the group number(s) of the applicable existing physician group(s).</li> <li>• If you are a new rendering provider of a physician group also enrolling into Medi-Cal, check the boxes “<input type="checkbox"/> <b>New Provider</b>” and “<input type="checkbox"/> <b>Provider group applicant – group name: _____.</b>” Include the name of the new physician group enrolling into Medi-Cal.</li> </ul> </li> </ul>
<b>Physician Application: “Type of entity”</b>	<ul style="list-style-type: none"> <li>• If you are a standalone, individual provider (i.e., not in a group), check the applicable type of entity that describes your business structure. Example: Sole proprietor or Corporation, etc.</li> <li>• If you are a rendering provider in a group (new or existing), check the box “<input type="checkbox"/> <b>Other: _____</b>” and write in “<b>rendering provider/employee of group.</b>”</li> <li>• Verify that you have checked the same “Type of entity” on both the Physician Application/Agreement (DHS 6210) and the Disclosure Statement (DHS 6207).</li> </ul>
<b>If you are a rendering provider, Line 21 does not apply</b>	<ul style="list-style-type: none"> <li>• If you are a rendering provider in a group, do not answer Line 21; write “N/A.”</li> <li>• This information is only required if the physician is an individual provider providing services at a licensed health facility, such as a hospital or clinic.</li> </ul>
<b>Legal name</b>	<p>Legal name on the Physician Application/Agreement form (DHS 6210) must match the legal name on the Disclosure Statement (DHS 6207) and as shown on the medical license. NOTE: Only the physician may sign the application on Line 22.</p>



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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 18 (“Proof of Liability Insurance”) refers to comprehensive liability insurance for the location where services are provided. Comprehensive insurance is also known as general or business insurance.
  - Line 19 (“Proof of Professional Liability Insurance”) refers to malpractice insurance.
  - You must provide information and proof for both types of insurance coverage.
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**Notification of receipt within four weeks...**

You will receive a letter acknowledging receipt of your application package in approximately four weeks. Please retain it in your file.

The letter includes a six-digit document tracking number. Please reference this number in any follow up correspondence or telephone inquiry.

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**If you do not receive notification...**

If you fail to receive a notification of receipt letter as stated above, please do the following:

- After a maximum 45 days has elapsed, please re-submit your application package with a note that you are re-submitting because you did not receive the notification of receipt letter within four weeks.
  - Please staple a copy of the first page of the CCS/GHPP Deactivation Letter to the front of the application package.
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**Telephone calls requesting status...**

The Medi-Cal Provider Enrollment Branch Call Center telephone number is (916) 323-1945. However, do not call for application review status until after 120 days has elapsed. Phone calls will not be returned unless the application has been in-house for over 120 days. NOTE: This presumes that you have received the initial notification letter of receipt that we received your package.

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# Medi-Cal Provider Enrollment Branch

## General Tips on How to Complete a Durable Medical Equipment Provider Application (DHS 6201)

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**Required forms...** To enroll as a Medi-Cal Durable Medical Equipment (DME) provider, you must submit the following forms:

- “Medi-Cal Durable Medical Equipment Provider Application” (DHS 6201, rev. date 12/2000)
- “Medi-Cal Disclosure Statement” (DHS 6207, rev. date 12/2000)
- “California Medical Assistance Program (Medi-Cal) Provider Agreement” (DHS 6208, rev. date 09/2002)

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**All documentation requested must be included in the application package...** Please be sure to include current copies of applicable permits, licenses, certificates of insurance, etc.

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**Notarization is required...** Notarize all applicable forms as required.

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**Complete the Disclosure Statement (DHS 6207)...** The DME application cannot be accepted for processing without the required Disclosure Statement. Be sure to complete each item on the form.

Do not leave blanks on the Disclosure Statement (DHS 6207).

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**Legal name...** Legal name on the Disclosure Statement (DHS 6207) must match the legal name on the DME form (DHS 6201).

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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 Business Name Statement and answer all questions under Line 2 as indicated.

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

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**If you do not  
receive  
notification...**

If you do not receive a notification of receipt letter after a maximum 45 days has elapsed, please re-submit your application package with a note that you are re-submitting because you did not receive the notification of receipt letter within four weeks.

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**Telephone calls  
requesting  
status...**

The Medi-Cal Provider Enrollment Branch Call Center telephone number is (916) 323-1945. However, do not call for application review status until after 120 days has elapsed. Phone calls will not be returned unless the application has been in-house for over 120 days. NOTE: This presumes that you have received the initial notification letter of receipt that we received your package.

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State of California—Health and Human Services Agency  
Department of Health Services



GRAY DAVIS  
Governor



California  
Department of  
Health Services

DIANA M. BONTÁ, R.N., Dr. P.H.  
Director

October 1, 2003

Dear Dental Provider:

**SUBJECT: ELIMINATION OF CGP PROVIDER IDENTIFICATION NUMBERS FOR CALIFORNIA CHILDRENS SERVICES (CCS) AND GENETICALLY HANDICAPPED PERSONS PROGRAM (GHPP) PROVIDERS**

Effective June 1, 2004, the Department of Health Services will eliminate most CGP provider numbers as part of a major system enhancement for processing CCS and GHPP claims. Dentists providing services to CCS patients who reside in 55 counties, excluding Los Angeles, Orange, and Sacramento counties, must be enrolled in the Medi-Cal Dental Program and have an active Medi-Cal Dental Program provider identification number in order to bill for services provided to CCS patients on or after June 1, 2004.

This change will not affect dental providers when they provide services to CCS patients residing in Los Angeles, Orange, or Sacramento counties and to GHPP patients. Until further notice, services for these patients provided on or after June 1, 2004, will continue to be billed with a CGP provider number using existing claiming procedures.

All CCS and GHPP dental providers are encouraged to apply for a Medi-Cal Dental Program provider identification number if they are not currently an active Medi-Cal Dental Program provider. Please call the Medi-Cal Dental Program's Provider Services toll-free number, at (800) 423-0507 and identify yourself as a CCS/GHPP provider to the customer service representative for:

Verification of your current status (i.e., active or inactive) in the Medi-Cal Dental Program, and/or

Requesting an application to apply for a Medi-Cal Dental Program provider identification number

If you are not currently an active Medi-Cal Dental Program provider, you should allow approximately 120 days for processing of your application. If you submit CCS dental claims for dates of service on or after June 1, 2004, and you are not enrolled in the Medi-Cal Dental Program, your claims may be denied.

Thank you for your participation in the CCS and GHPP programs.

Sincerely,

A handwritten signature in black ink that reads "Maridee Gregory".

Maridee A. Gregory, M.D., Chief  
Children's Medical Services Branch



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