

NOTE: All Providers contracted with KHS must notify KHS Provider Network Management of all changes according to contractual agreement & policy requirements. *NOTE: Tax ID & Group NPI Changes require new contract and/or amendment – Provider must notify KHS Contracting Dept.

Medi-Cal Enrollment REQUIRED:

KHS is required by federal law to ensure all new & currently contracted providers are enrolled in the Department of Health Care Services (DHCS) Medi-Cal Fee-For-Service Program, even if you will never submit claims for FFS members. Enrollment is location specific and each place of business must be included pursuant to W&I Section 14043.15(b). Please ensure that you maintain current & accurate information about your group as this data is submitted through PAVE and verified from the DHCS database portal.

Group Name:			Group TIN:	
Group NPI:			Group Type:	PCP Specialist Multi/Dual
	PRO	OVIDER CHANGE/MA	INTENANCE	REQUEST:
Provider Cha	nge (addin	g or terming a provide	r)	
Address Chai	nge (addin	g or terming an address	location)	
☐ Phone/Fax Cl	hange		ŕ	
Providers to b	e ADDE	D – Effective:		
				iffer depending on timely submission go through initial application process.
NAME:	ermeation &	•	NPI:	go through initial application process.
NAME:			NPI:	
	e TERM	ED – Effective:		
	-		Representative in co	ompliance with State Regulations.
NAME:			NPI:	
NAME:			NPI:	
Address Chan	ges – Eff	ective:		
			on requirements, F	FS Status & entry into KHS databases
*NOTE Site Review Add	required for	new PCP Sites		
New Location:				
TVOVI ZOUMONO	Phone		Fax	
Term				
Location:				
		E HOURS – Effectiv		
	e may differ o	lepending on timely submissi		FS verification & entry into KHS databases
New Phone:			New Fax:	
New Office				
Hours: Additional Docu	ments RFC	UIRFD:		
		(Newly revised form attach	ed)	
		y Coverage (Provider/Group	*	res MUST be listed)
_		Enrollment is location speci		
By Signing belov Request Form:	w, KHS is	authorized to make t	hese changes	as noted on this Provider Change
Signature:		Printed Na	me:	Date:
PLEASE EMAIL:	: Credentia	nling@khs-net.com OR	Fax To: FAX:	(661) 473-7614 V1.05.2023



KHS Credentialing Office Use Only: OIG: [] SAM [] S/I [] FFS [] RPD [] NPI []
Reviewed By:

Site Information DHCS 274 Provider Directory Review

The following information is <u>required</u> information by the Department of Health Care Services DHCS as part of the Provider Directory (274) Transaction Data. Please complete the following information for <u>each Site/Location</u> and submit completed forms with your KHS Contract Agreement.

Site Name Site NPI:	e:		Site Tax ID #:				
Section I: S Address:	Site Contact I	nformation [Primary Location Phone:	☐ Alternat	e Location		
City	State	Zip	Fax: Site Languages:				
Section II:	Site Service T	Type PLEASE SELECT	ONE				
 □ Ambulatory Surgery Center [ASC] □ Free Standing - Primary and/or Specialty Care [FSC] □ General Acute Care Hospital [GAH] □ Inpatient Hospice [IHC] □ Inpatient Rehabilitation [IRB] 			Other InpatientOther OutpatieRetail Health CRural Health	 Other Inpatient Facility [OTI]: Other Outpatient Facility [OTO]: Retail Health Clinic [RHC] 			
Section III	· Site Specific	Information - Site Spec	ialty•				
	at apply to this	•	laity.				
 □ Accepting □ Primary C □ Specialist □ Lab servi □ X-rays ar □ Teaching 	g new KFHC men Care Physician at t at this location [mbers this location [3E] [3G] vided (*Attach CLIA Cert) [2	Location is har Select Level: Location is less Location is less Location is less	s than 5 blocks from puts than 1 mile from put	[1R]		
Site Operati	ion Hours/Days	:					
Open AM Close PM	SUN	MON TUES	WED THUI	RS FRI	SAT		
	,	PD) Information Requi	red for: Hospitals, Nu	rsing/Custodial Ca	are, Residential		
HCAI ID#:	racinues and N	Licensed Red Count:	Available Red Count:	Staff	ed Count:		



ite Facility Tyne IFTI: <i>PLEASE SELECT ONE</i>	
ite Facility Type [FT]: PLEASE SELECT ONE Individuals or Groups (of Individuals) [10] Agencies, Non-Individuals [25] Ambulatory Facilities, Non-Individuals [26] Hospital Units, Non-Individuals [27] Hospitals [28] Laboratories [29] Managed Care Organization [30]	 Nursing & Custodial Care Facilities [31] Other Service Providers [17]: Residential Treatment Facilities [32] Respite Care Facility [38] Suppliers, Non-Individuals [33] Transportation Services [34] Pharmacy [3P]
ection VI: Institution Information	
N/A for Labs, Suppliers, Transportation & Pharmacy Ambulatory Surgery Center [83] Clinic Community Mental Health Center [76] Comprehensive Outpatient Rehabilitation [75] Federally Qualified Health Center (FQHC) [77] Free Standing [73] Hospital Based or Independent [72] Indian Health Service Facility [70] Other [79]: Outpatient Rehabilitation Facility [74] Rural Health [71] Free Standing Birthing Center [84] Home Health Inpatient (plan of treatment Part B only) [32] Other (med & surgical not under plan of tx) [34] Outpatient (Part A including DME under A) [33] Hospice Hospital Based [82] Non-Hospital Based [81] Hospital Critical Access Hospital [85] Inpatient (Medicare Part B only) [12] Inpatient (including Medicare Part A) [11] Laboratory Services provided to Non-Pts [14] Outpatient [13]	□ Intermediate Care - Level II [65] □ Intermediate Care - Level II [66] □ Licensed Freestanding Emergency Medical Facility [* □ Nursing & Custodial Care (Long Term Care Facility) □ NF-B Distinct Part of Acute Care Hospital [* □ NF-B Swing Bed [04] □ NF-B Free Standing [07] □ NF-B Mental Disorders [11] □ NF-A Nursing Facility Level A [21] □ NF-A Mental Disorders [31] □ ICF/DD 1-59 Beds [41] □ ICF/DD 60+ Beds [42] □ ICF/DD-CN [55] □ ICF/DD-N 4-6 Beds [61] □ ICF/DD-N 4-6 Beds [62] □ ICF/DD-N 7-15 Beds [65] □ ICF/DD-N 7-15 Beds [66] □ NF-B Adult SubAcute Distinct Part [71] □ NF-B Adult SubAcute Distinct Part [85] □ NF-B Pediatric SubAcute Distinct Part [85] □ NF-B Pediatric SubAcute FreeStanding [91] □ Religious Nonmedical Health Care Institution [43] □ Hospital Inpatient □ Outpatient Services □ Residential Facility [86] □ Special Facility – Other [89]: