KERN HEALTH SYSTEMS

CANCER CENTER CHECKLIST

Please complete the KHS Organizational application and submit applicable support documents listed below. Allow 60-120 days for completion of all primary source verifications to be completed including approval by the Physician Advisory Committee who will provide written notification of their decision and if approved, an effective date will also be provided.
Prospective applicants **should not see any KFHC members until receipt of official approval letter.

DHCS Medi-Cal Provider Screening and Enrollment:
Federal Law requires all Kern Health Systems (KHS) contracted providers to be screened and enrolled in the Department of Health Care Services (DHCS) Medi-Cal Fee-For-Service Program. Providers who enroll through DHCS are eligible to provider services to Medi-Cal FFS beneficiaries, even if the provider never submits claims directly to DHCS for Fee-for-Service members, as well as Kern Family Health Care beneficiaries.

All Organizational Providers, where a DHCS state-level enrollment pathway exists, must enroll in Medi-Cal through the DHCS Provider Enrollment Portal at https://pave.dhcs.ca.gov/sso/login.do and must meet all established place-of-business requirements appropriate and adequate for the services billed or claimed to the Medi-Cal Program as relevant to scope of practice or type of business. Please be sure to maintain current and accurate information about yourself and/or your group as data submitted through PAVE comprises the DHCS CHHS database portal used to verify the network of approved Medi-Cal providers in California.

Prior to submitting your application, verify your enrollment status, including place of business address to ensure all data matches your application and NPI at: https://data.chhs.ca.gov/dataset/profile-of-enrolled-medi-cal-fee-for-service-ffs-providers

Please enclose the following CURRENT copies of:

		YES	NO	N/A	Notes/Comments:
1)	City Business License	☐	☐	☐	
2)	Clinical Lab License (if applicable)	☐	☐	☐	
3)	CLIA Certificate (if applicable)	☐	☐	☐	
4)	X-Ray Supervisory License(if applic.)	☐	☐	☐	
5)	Professional Liability	☐	☐	☐	
6)	General Liability	☐	☐	☐	
7)	DHCS Medi-Cal FFS Enrollment	☐	☐	☐	
8)	274 Group, Site Form & W9	☐	☐	☐	

Submit Completed Application and Copies to: **EMAIL: Credentialing@khs-net.com**

661-664-5000
661-664-5151
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