



## PHYSICIAN PROVIDER INFORMATION FORM

Provider is a specialist physician for (please check): SBHI \_\_\_\_\_ Healthy Families \_\_\_\_\_ PP2 \_\_\_\_\_

### IDENTIFYING INFORMATION

Name: \_\_\_\_\_

Address: \_\_\_\_\_  
Street City Zip

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_ Contact/title: \_\_\_\_\_

Medi-Cal Provider Number: \_\_\_\_\_ Specialty: \_\_\_\_\_

Hospital Affiliations: \_\_\_\_\_ DEA # \_\_\_\_\_

Tax ID # \_\_\_\_\_ Name affiliated with Tax ID # \_\_\_\_\_

Payments to be mailed to: address above? Yes No **OR** billing address below? Yes No

e-mail address (general) \_\_\_\_\_ e-mail address (authorizations) \_\_\_\_\_

Internet used for business? \_\_\_\_\_ Do you participate in Electronic data interchange for Medi-Cal? Yes No

Are you certified as a provider for: CHDP? Yes No CPSP? Yes No

Normal Office Hours: M \_\_\_\_\_ T \_\_\_\_\_ W \_\_\_\_\_ Th \_\_\_\_\_ F \_\_\_\_\_ Sat \_\_\_\_\_ Sun \_\_\_\_\_

Additional Languages: Provider: \_\_\_\_\_ Staff: \_\_\_\_\_

### AFTER HOURS PROVISIONS: Calls to provider after normal business hours are handled:

By calling phone # \_\_\_\_\_ By an answering service \_\_\_\_\_  
By calling pager # \_\_\_\_\_ By an answering machine \_\_\_\_\_  
By a serviceperson \_\_\_\_\_ Other \_\_\_\_\_

### BILLING INFORMATION

Billing Company \_\_\_\_\_ Contract/Title \_\_\_\_\_

address phone FAX e-mail address

Does your Billing Company participate in Electronic data interchange for Medi-Cal? YES NO

### Handicap Access: To ensure that your site is accessible and useable by individuals with physical disabilities, please answer the following questions:

	Yes	No	N/A
1. Clearly marked curb or sign to designate handicap parking space near primary entrance.	_____	_____	_____
2. Building signs to identify all primary entrances that are accessible by physically disabled.	_____	_____	_____
3. Pedestrian ramps have a top and bottom landing at least the same width as the ramp.	_____	_____	_____
4. Handrails present on both sides of all stairways and ramps (threshold rises excluded).	_____	_____	_____
5. 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 doorway.	_____	_____	_____

**PCPs: complete the following information:**

<b>Access Level:</b>	
<input type="checkbox"/> Auto Assignment	<b>Peer Pool Assignment:</b> (N/A for FQHCs/RHCs) F1 _____ M2 _____ B3 _____ P4 _____
<input type="checkbox"/> Open	
<input type="checkbox"/> Established Patients Only (EPO)	
<input type="checkbox"/> Closed	
<b>PCP Capacity:</b>	
Maximum # of SBHI Members: _____	<b>Age range:</b> low _____ high: _____
Maximum # of HF Members: _____	<b>Age range:</b> low _____ high: _____
Maximum # of PP2 Members: _____	<b>Age range:</b> low _____ high: _____
Extended Office Hours? _____ If yes, use separate page to indicate the additional office hours.	
Call Group Arrangements outside normal office hours noted above (evenings, weekends & vacation)	
_____	_____
_____	_____

**Definitions to complete the section above:**

**Access Level**

“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 a 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.

“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.

“Established Patients Only” or “EPO” shall mean 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.

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

**Peer Pool Assignment**

“Peer Pool” shall mean the particular pool to which PCP is assigned by the Authority in order to perform benchmark comparisons within the PCP Incentive Program. The assignment is based on the specialty designation of the PCP as well as the age ranges that he/she serves. The four Peer Pools are as follows:

**Peer Pool F1:** CHDP certified Family Practice/General Practice/Clinic physician who accept Members, 3 years and older;

**Peer Pool M2:** Internal Medicine, and non CHDP certified Family Practice/General Practice/Clinic physicians who accept adult Members age 19 and older;

**Peer Pool B3:** OB/GYNs who accept Members age 13 years and older,

**Peer Pool P4:** CHDP certified Pediatricians who accept Member children from newborn to, at a minimum, age 12.

"Medical Specialty Group" shall mean one of the following: (i) Family Practice / General Medicine/ Community Clinic; (ii) Internal Medicine; (iii) OB/GYN; or (iv) Pediatrics. The PCP's Medical Specialty Group will be determined from the PCP's specialty unless the Authority determines that the PCP's specialty does not substantially relate to PCP's practice as to Board certification, Board eligibility, patient mix age, patient age range as indicated by PCP, and California Department of Health Services Medi-Cal certification data, and Authority makes assignment to a different "Peer Pool". Groups consisting of physicians with a variety of Medical Specialties will be included in the Family Practice / General Practice / Community Clinic Specialty Group (Peer Pool F1) unless otherwise noted on the execution page of this PCP Agreement or in subsequent Amendments.

## PCP Capacity

"Physician Patient Load Limitation" 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 Authority beyond which Authority agrees that additional persons will not be permitted to select that PCP until such limit is changed by mutual agreement of the parties. This maximum number is inserted by PCP on this Provider Information Form (PIF), and may be changed from time to time through written notification.

### **NOTE: PCP MUST INDICATE AT LEAST 50 SBHI MEMBER ON PAGE 2**

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

## Extended Office Hours

"Office Hours" shall mean the actual hours per week when the PCP, or a qualified practitioner in the PCP's absence, is routinely available in an office or appropriate setting to see PCP's Class I Members. "PCP" and "qualified practitioner" shall mean a physician, physician assistant (PA), or nurse practitioner and office hours shall include regular office hours and extended office hours. Office hours indicated by PCP on this PIF may be verified by Authority staff.

"Extended Office Hours" shall mean additional office hours over and above the regular office hours when a qualified physician or practitioner is routinely available in an office to see PCP's Class I Members and verified by Authority. Extended office hours, if applicable, are inserted on this PIF.

## Group Call Arrangements

"Group Call Arrangements" shall mean those physicians who have been designated by PCP to provide backup coverage to ensure there is access to physician care for PCP's 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 the Authority, they must be certified by the Medi-Cal program, and have executed an Agreement with the Authority. PCPs may change their call group arrangements upon written notification to Authority, as changes in on-call coverage may affect the Referral Authorization Form (RAF) process for the PCP.