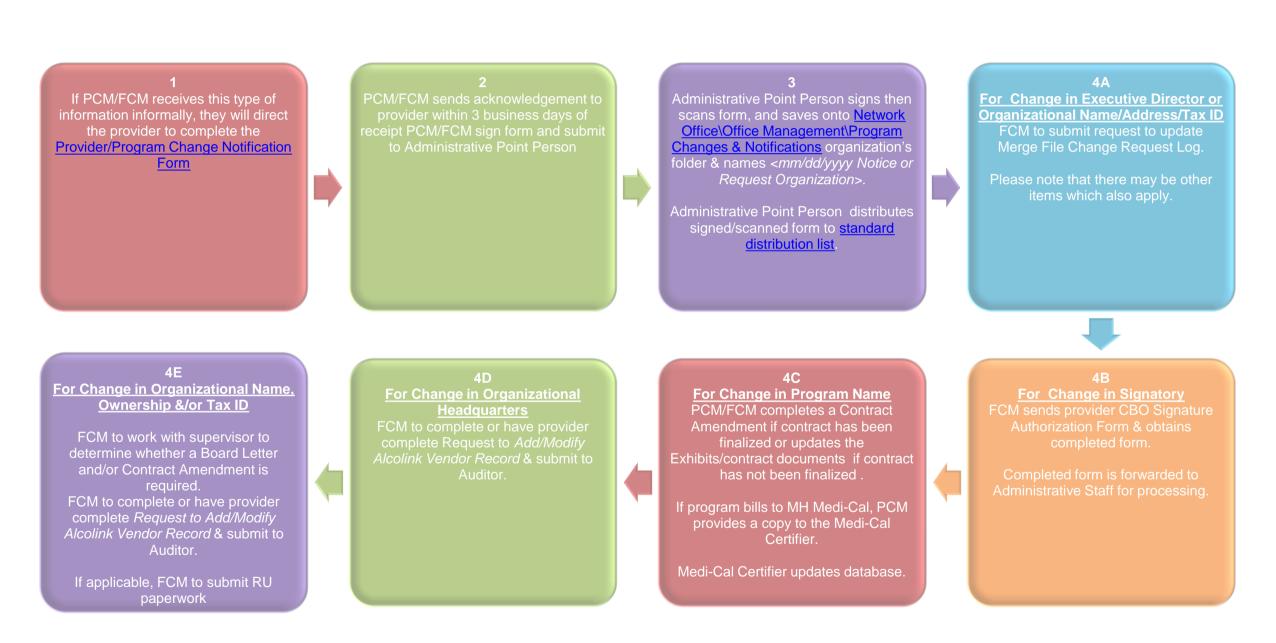
BHCS Process for Three Scenarios of Provider and Program Changes

1st Scenario - Provider notification of routine organizational changes that do not require BHCS approval – The following steps should be used to process changes in Executive Director, Chief Financial Officer, other signatory, billing contact, board member, programmatic contact, program names, organizational name, ownership, tax id, and/or organizational headquarters. **Staff: Provider Program Flow - Notification of Change for more detailed information.**



2nd Scenario - Provider requests for straightforward program site and/or program changes that require BHCS

approval – The following steps should be used to request and process changes in in program location, hours and/or service modalities. Staff: See <u>Provider Program Flow - Change Request</u> for more detailed information.

1

If PCM/FCM receives this type of information informally, they will direct the provider to complete the Program Change Request Form



PCM sends acknowledgement to provider within 3 business davs of receipt.

PCM coordinates approval (or non-approval) & signature with operational lead, & submits form signed by operational lead, PCM /FCM to Administrative Point Person.



Administrative Point Person signs then scans form, and saves onto Network Office Management\Program Changes & Notifications organization's folder & names rmm/dd/yyyy Notice or Request Organization>.

Administrative Point Person distributes signed/scanned form to standard distribution list.

PCM/FCM follows up with provider on whether or not request was approved and required next steps.



4C

For Change in Location: Programs that do not bill to Medi-Cal

If applicable, FCM to submit RU paperwork & PCM/FCM to process contract amendment if



4B

For AOD Programs that bill to Drug Medi-Cal PCM/FCM to follow-up with provider reiterating that they need to follow-up with the state ASAP if new certification is needed

If applicable, FCM to submit RU paperwork & PCM/FCM to process contract amendment once certification has occurred

For partial moves: PCM /FCM to prompt provider to obtain a new NPI number.

For complete moves: PCM /FCM to promp provider to update NPI number.



For MH Programs that Bill to MH Medi-Cal PCM provides copy of signed request to Medi-Cal Certifier.

Certifier to follow up with provider & conduct site

If applicable, FCM to submit RU paperwork and PCM/FCM to process contract amendment.

For partial moves: Certifier & PCM /FCM to prompt provider to obtain a new NPI number.

For complete moves: Certifier & PCM /FCM to prompt provider to update NPI number. .

3rd Scenario - Provider request for more complex program changes - The following steps should be used to request and process shifts in eligibility, program design, units of service and/or program mergers.

