ADD, CHANGE AND TERMINATION (ACT) FORM



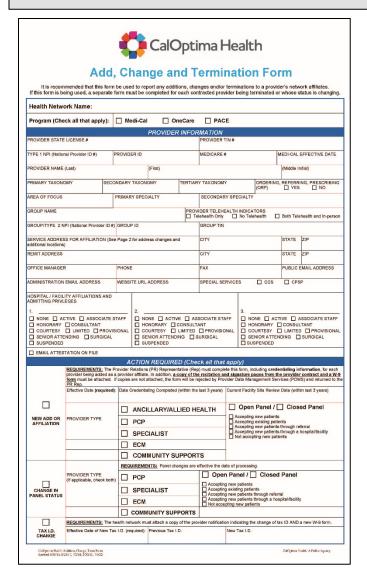
REQUIREMENTS

CalOptima Health requires its health networks (HN), subdelegates, providers and practitioners to promptly inform us of any changes to information regarding practitioner:

- Demographics
- Credentialing
- **Panel status** including accepting new patients, accepting existing patients, accepting through a referral, accepting through a facility or hospital, and not accepting new patients
- Other information requested in this file

HEALTH NETWORKS

All HNs and subdelegates shall promptly, but no later than five business days from a change in the practitioner's panel status, inform CalOptima Health of such change. The HN, on a quarterly basis, verifies and updates the practitioner's information. The HN verification process includes a methodology to audit and confirm that the information provided by its practitioners is true and correct. HN maintains records of such verifications and shall provide them during the second and fourth quarters of the year.



ACT FORM INSTRUCTIONS

Please read through these instructions carefully, which specify the exact data content and data format of each column on the roster.

- 1) Do not change column name, column order, data format and do not add in new columns.
- 2) Any column left "blank" or null shall be rejected by the health plan.
- 3) Submit any practitioner (i.e. PCP, specialist, mid-level) participating within your CalOptima Health network.
- 4) Submit any practice location (medical office, clinic, etc.) participating within you CalOptima Health network.
- 5) Submit any hospital that provides health care services to CalOptima Health members within your network, regardless of CalOptima Health contractual relationship.
- 6) Submit any ancillary facility and its affiliated practitioners that provides health care services to CalOptima Health members within your network, regardless of CalOptima Health contractual relationship.
- 7) All provider types (taxonomy and specialty):
 - a. Must be credentialed
 - b. Only the taxonomy and specialty that are contracted at the location
 - c. Please refer to the taxonomy codes submitted on the sFTP for taxonomy code table
- 8) Practice locations must pass Facility Site Review (FSR) Physician and mid-level.
- 9) ACT Form submissions that deviate from the criteria listed above will be REJECTED and returned.
- 10) E-mail completed ACT form and required support documents to ProviderOnline@caloptima.org.

ADD, CHANGE AND TERMINATION (ACT) FORM



HOW TO SUBMIT CALOPTIMA HEALTH ACT FORM

- 1) Complete all relevant sections of the CalOptima Health ACT Form
- 2) Attach a competed and signed W9
- 3) Include a copy of the front of your HN contract and signature page or CCN/COD Contract Summary
- 4) Complete a provider profile that includes the information listed below
- 5) E-mail completed ACT form and required support documents to ProviderOnline@caloptima.org
- 6) For questions and more information, call the CalOptima Health Provider Relations department at 714-246-8600

Scope of Provider Type

- 1) **Physician** (individual)
 - Medical Doctor (M.D.)
 - Doctor of Osteopathic Medicine (D.O.)
 - Doctor of Podiatric Medicine (D.P.M.)
- (2) **Mid-level** (individual)
 - Certified Nurse Practitioners (CNP)
 - Certified Nurse Midwifes (CNM)
 - Physician Assistants (PA)
- (3) **Hospital**: Any hospital within the HN network, regardless of CalOptima Health's contractual relationship. Samples include, but are not limited to the following:
 - Ambulatory surgery center
- Hospital with acute care
- Psychiatry hospital
- (4) **Ancillary**: Any facility that provides health care services to CalOptima Health members within the HN, regardless of CalOptima Health-contractual relationship. Examples include but are not limited to the following:
 - Adult day health care center/community base adult service
 - Audiology
 - Durable Medical Equipment
 - End-stage renal disease provider/dialysis unit/hemodialysis
 - Home health
 - Home infusion
 - Hospice
 - Clinical laboratory

- Long-term services and supports
- Occupational therapy
- Physical therapy
- Portable X-ray supplier
- Radiology center
- Rehabilitation center
- Skilled nursing facility
- Transportation services
- Urgent care
 - ... and others

Practitioner Practices at Ancillary (individual) – examples include are but not limited to the following:

- Acupuncturist
- Audiologist
- Chiropractor
- Physical therapist

- Radiation therapist
- Occupational therapist
- Speech therapist
 - ... and others

ADD, CHANGE AND TERMINATION (ACT) FORM



WHEN SHOULD I SUBMIT AN ACT REQUEST?

Additions: Term referred to in the ACT process to add a provider, practitioner or facility to

CalOptima Health's system. HNs and subdelegates shall submit ACT forms and required documentation as outlined in this policy when adding a provider, practitioner or facility pursuant to the terms of the agreement. To add an additional location to an existing provider, please check the additional location box on Page 2 of the ACT form.

Changes: Term referred to in the ACT process to make a demographic or other change to a

provider, practitioner or facility in CalOptima Health's system. HNs and

subdelegates shall submit ACT forms and required documentation as outlined in this policy when making demographic or other changes to the CalOptima Health system

pursuant to the terms of the agreement.

Terminations: Term referred to in the ACT process when terminating a provider, practitioner or

facility from CalOptima Health's system. HNs and subdelegates shall submit

notification of terminations pursuant to the terms of the agreement.

ADDITIONAL SUBMISSION REQUIREMENTS

Additions: When making an addition request, the group name, National Provider Identifier (NPI)

and Tax Identification Number (TIN) must all correspond. In the event your submission consists of non-corresponding identifiers, it will not be honored.

Terminations: When requesting a termination of a provider's TIN, you must submit the group NPI

along with the TIN.

Health Networks and Subdelegates

• Health networks and providers must take the following steps when requesting to move a provider from one group NPI to another group NPI:

- 1. Submit ACT Termination form to remove the provider from the CalOptima Health system
- 2. Submit ACT Addition form and required documentation as outlined in EE.1101 to add the provider to the CalOptima Health system with the new group NPI

Note: Each of the above steps must be done separately.

• If you are adding or changing the address of a primary care provider (PCP), you must include the date of request along with a Facility Site Review (FSR) completion form with your submission request.

E-mail completed ACT form and required support documents to ProviderOnline@caloptima.org

Disclaimer – CalOptima Health will limit the registration of office locations outside of Orange County to only those that are addressing network adequacy and member access gaps unless indicated otherwise within the contract.





CalOptima Health Add, Change and Termination Form It is recommended that this form be used to report any additions, changes and/or terminations to a provider's network affiliates. If this form is being used, a separate form must be completed for each contracted provider being terminated or whose status is changing. ■ Medi-Cal Program (Check all that apply): OneCare □ PACE PROVIDER INFORMATION □ NO YES ☐ No Telehoalib ☐ Bioth Telehealth and in-person NONE ACTIVE ASSOCIATE STAFF ☐ HONORARY ☐ CONSULTANT
☐ COURTESY ☐ LIMITED ☐ PROVISIONAL
☐ SENIOR ATTENDING ☐ SURGICAL SUSPENDED SUSPENDED ■ EMAIL ATTESTATION ON FILE ACTION REQUIRED (Check all that apply) SCOURCHESTS: The Provider Relations (PR) regressestative must complete this form, including credentialing information, for each provider troing added as a provider affiliate. In addition, a copy of the recitation and elegature gazes from the provider contract and a W-9 form must be attached. If copies are not attached, the form will be rejected by Provider Data Management Services (PDMS) and return Open Panel Closed Panel ANCILLARY/ALLIED HEALTH Accepting new garients
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COMMUNITY SUPPORTS

COMMUNITY SUPPORTS

☐ PCP

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REQUIREMENTS: Panel changes are effective the date of processing.

SCOURCMENTS: The health network must attach a copy of the provider notification indicating the change of tax ID AND a new W-9 form

Open Panel Closed Panel

Accepting new patients through referral Accepting new patients through a hospitalifiability

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Accepting existing potients

Sample Addition

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PROVIDER TYPE

Effective Date of New Tax ID (required):

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ADD, CHANGE AND TERMINATION (ACT) FORM

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PROVIDER RELAT	IONS REPRESENTATIVE								
PROVIDER NAME									
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Add, Change and Termination Form

It is recommended that this form be used to report any additions, changes and/or terminations to a provider's network affiliates.

If this form is being used, a separate form must be completed for each contracted provider being terminated or whose status is changing.

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Sample Change



CalOptima Health

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It is recommended that this form be used to report any additions, changes and/or terminations to a provider's network affiliates.

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Sample Termination

California Wealth Addition, Change, Tree Page. Services (1987), 8:23/47, 55/48, 558/03, 7902,9/4554 California Plecific à Patric Agency



ADD, CHANGE AND TERMINATION (ACT) FORM

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ADD, CHANGE AND TERMINATION (ACT) FORM



ADDENDUM

CalOptima Health requests use of the email header naming convention reflected below to ensure compliance with turnaround guidelines. Please use the headers below; do not add "Urgent" or deviate from the headers below.

Naming Convention for Email Subject Headers

Provider

11-1-18 ACT – PCP Term Monarch Moore, Hezekiah N MD (A12345) (Medi-Cal, OC)



Provider email subject header naming convention:

Submission Date: Date form is submitted Provider Type: PCP, SPC, MIDLEVEL, ANC

Request Type: Add, Change, Term, CAP (Corrective Action Plan)

Health Network Name: Provider health network affiliation

Provider Last Name: Last name of provider based on state license Provider First Name: First name of provider based on state license

License #: State license number

Line of Business: MC = Medi-Cal, OC = OneCare

Facility



Facility email subject header naming convention:

Submission Date: Date form is submitted

Request Type: Add, Change, Term, CAP (Corrective Action Plan) Health Network Name: Facility health network affiliation Facility

Name: Facility name as reflected on agreement

Facility NPI: Facility NPI

Line of Business: MC = Medi-Cal, OC = OneCare

Group



Group Email Subject Header Naming Convention:

Submission Date: Date form is submitted

Request Type: Add, Change, Term, CAP (Corrective Action Plan) Health Network Name: Provider's health network affiliation Group Name: Name of group as reflected on agreement

Tax-ID: Group Tax ID on accompanying W-9

NPI #: Type 2 NPI





DEFINITIONS

HEALTH NETWORK NAME	Health network group name
LINE OF BUSINESS	The program/product code the practitioner affiliates with CalOptima Health at the practice location. Lines of business codes include: MC = Medi-Cal; OC = OneCare; PACE =
	PACE. If practitioner has more than one program, insert additional line of business records (rows) for each program.
CA LICENSE NUMBER	California license number of the practitioner. Catenate the license type letter (NP, CNM and PA for mid-level; A, C, G, and 20A for MD and DO; E for DPM) and license number together and no space in between.
PROVIDER TIN	The individual federal tax ID of the practitioner. Note: It is NOT a provider group, IPA or location's TIN. Numbers only - no space and no special characters.
TYPE 1 NPI	National provider identifier of the practitioner (NPI type 1, 10 digits).
PROVIDER ID	The individual identification number assigned by CalOptima to be used for existing providers for demographic changes and terminations (9 digits = solo practitioner; 12 digits = affiliated to a group).
MEDICARE NUMBER	CMS Certification Number is used to verify that a provider has been Medicare-/Medicaid-certified and for what type of services. Formerly it was known as 1) OSCAR provider number 2) Medicare Identification Number or 3) Medicare/Medicaid Identification Number. Reference: CMS Manual System, Pub 100-07 State Operations Provider Certification.
MEDI-CAL EFFECTIVE	Effective date the provider received a Medicaid provider number.
DATE	
PROVIDER LAST NAME	Full last name attached to the practitioner's professional license issued by the State of California. For practitioners not subject to state licensure, such as certain qualified autism service providers, it means the last name appearing on the certification by a national entity.
PROVIDER FIRST NAME	Full first name attached to the practitioner's professional license issued by the State of California. For practitioners not subject to state licensure, such as certain qualified autism service providers, it means the first name appearing on the certification by a national entity.
PROVIDER MIDDLE NAME	Full middle name attached to the practitioner's professional license issued by the State of California. For practitioners not subject to state licensure, such as certain qualified autism service providers, it means the middle name appearing on the certification by a national entity.
TAXONOMY (PRIMARY, SECONDARY, TERTIARY)	The taxonomy code of the specialty for which the practitioner has. Please refer to the taxonomy crosswalk provided by CalOptima Health.
FACILITY PHYSICAL ACCESSIBILITY COMPLIANCE	Meets facility American Disability Act (ADA) handicapped compliance.
ORDERING, REFERRING, PRESCRIBING (ORP)	State or federal regulated certification for providers who order, refer or prescribe.
AREA OF FOCUS	The specific focus of the practitioner's specialty.
PRIMARY SPECIALTY	The primary specialty for which the practitioner is contracted to provide services at the location. When providers practice at multiple sites, they may have different primary and secondary specialties for each site based on the contract.





SECONDARY SPECIALTY	The secondary specialty for which the practitioner is contracted to provide services at the location. When providers practice at multiple sites, they may have different primary and
CDOLIDALAME	secondary specialties for each site based on the contract.
GROUP NAME	Full name of Medical Group practitioner is affiliated with based on contract.
GROUP/TYPE 2 NPI	National provider identifier of the medical group (NPI type 2, 10 digits).
GROUP ID	The identification number assigned by CalOptima Health to be used for existing medical groups for demographic changes and terminations (nine digits).
GROUP TIN	The group federal tax ID of the practitioner. Numbers only — no space and no special characters.
SERVICE LOCATION STREET	USPS CASS-certified delivery address street names and their ranges at the practice location. Must use USPS postal addressing standard (Publication 28). No special characters. No punctuation unless a decimal in number (39.2 RD), fractional addresses (39 1/2 RD) or hyphenated addresses (39-3 RD). A space between secondary designator and range: APT = Apartment; BLDG = Building; FL = Floor; STE = Suite; UNIT = Unit; RM = Room; DEPT = Department.
SERVICE LOCATION CITY	City where the practice location is located. Must be USPS CASS-certified and use USPS postal addressing standard (Publication28).
SERVICE LOCATION COUNTY	County where the practice is located.
SERVICE LOCATION	State where the practice is located. Must be USPS CASS-certified and use USPS postal
STATE	addressing standard (Publication28)
SERVICE LOCATION ZIP	Zip code in which the practice is located (five digits). Must be USPS CASS-certified and use USPS postal addressing standard (Publication 28).
SECONDARY SPECIALTY	The secondary specialty for which the practitioner is contracted to provide services at the location. When providers practice at multiple sites, they may have different primary and secondary specialties for each site based on the contract.
REMIT STREET	USPS CASS-certified pay-to address street names, secondary address unit designators and their ranges for this practice location. Must use USPS postal addressing standard (Publication 28). No special characters. No punctuation unless a decimal in number (39.2 RD), fractional addresses (39 1/2 RD) or hyphenated addresses (39-3 RD). A space between secondary designator and range: APT = Apartment; BLDG = Building; FL = Floor; STE = Suite; UNIT = Unit; RM = Room; DEPT = Department.
REMIT CITY	City where the pay-to is located. Must be USPS CASS-certified and use USPS postal addressing standard (Publication 28).
REMIT STATE	State where the pay-to is located. Must be USPS CASS-certified and use USPS postal addressing standard (Publication 28).
REMIT ZIP	Zip code in which the pay-to is located (five digits). Must be USPS CASS-certified and use USPS postal addressing standard (Publication 28).
OFFICE MANAGER	Name of the contact person at the practice location.
PHONE NUMBER	Phone number at practice location. No space or special character and 10-digit number only.
FAX NUMBER	Fax number at practice location. No space or special character and 10-digit number only.
PUBLIC EMAIL	Email address the practitioner would like to be published on the directory for inquiries from CalOptima Health members. Note: It is NOT site contact person's email.
ADMINISTRATION EMAIL ADDRESS	Email address the practitioner uses for business correspondence with CalOptima Health only. Note: It is NOT site contact person's email. It is internal use between CalOptima Health and practitioner only.





WEBSITE URL ADDRESS	The website or other online resource for the practice location. Use complete URL syntax
	including scheme, 2 slashes, authority part and path, with optional query and fragment.
SPECIAL SERVICES	Check all that apply: CCS, CPSP
HOSPITAL / FACILTIY	The name of CalOptima Health-contracted hospital where the practitioner him/herself is
AFFILIATIONS ADMITTING	on staff and/or having admitting privilege. Type of privileges includes: NONE,
PRIV	ACTIVE, ASSOCIATE STAFF, HONORARY, CONSULTANT, COURTESY,
	LIMITED, PROVISIONAL, SENIOR ATTENDING, SURGICAL, SUSPENDED.
ATTESTATION	Yes = HN has received a provider attestation. No = HN has not received a provider
	attestation. Note it won't be published in provider directory now, but by providing the
	public email, the provider acknowledges and agrees that the email is for patient
	communications, regularly monitored, maintained in manner consistent with state and
	federal health privacy laws, including Health Insurance Portability and Accountability Act
A CCEPTING NEW	(HIPAA) and Confidentiality of Medical Information Act (CMIA).
ACCEPTING NEW PATIENTS	Accepting new patients; No = Not accepting new patients
ACCEPTING EXISTING	Accepting existing patients; No = Not accepting existing patients
PATIENTS	
ACCEPTING THROUGH	Accepting through referral; No = Not accepting through referral
REFERRAL	
ACCEPTING THROUGH	Accepting through hospital facility; No = Not accepting through referral
HOSPITAL FACILITY	
NOT ACCEPTING NEW	Not accepting new patients
PATIENTS	
PANEL STATUS	The providers panel status is "Open" or "Closed".
OFFICE HOUR SUNDAY	Office hours of the practice location on Sunday. "CLOSED" if not open. Format is
	"HH:MI-HH:MI", 11 digits exact and no space. HH is between 00 and 23. Ignore lunch
	closure. If it opens 8:30am-12pm and 1pm-5pm, then put "08:30-17:00".
OFFICE HOUR MONDAY	Office hours of the practice location on Monday. "CLOSED" if not open. Format is
	"HH:MI-HH:MI", 11 digits exact and no space. HH is between 00 and 23. Ignore lunch
	closure. If it opens 8:30am-12pm and 1pm-5pm, then put "08:30-17:00".
OFFICE HOUR TUESDAY	Office hours of the practice location on Tuesday. "CLOSED" if not open. Format is
	"HH:MI-HH:MI", 11 digits exact and no space. HH is between 00 and 23. Ignore lunch
OFFICE HOLD	closure. If it opens 8:30am-12pm and 1pm-5pm, then put "08:30-17:00".
OFFICE HOUR	Office hours of the practice location on Wednesday. "CLOSED" if not open. Format is
WEDNESDAY	"HH:MI-HH:MI", 11 digits exact and no space. HH is between 00 and 23. Ignore lunch
OFFICE HOLD THIRD AV	closure. If it opens 8:30am-12pm and 1pm-5pm, then put "08:30-17:00".
OFFICE HOUR THURSDAY	Office hours of the practice location on Thursday. "CLOSED" if not open. Format is
	"HH:MI-HH:MI", 11 digits exact and no space. HH is between 00 and 23. Ignore lunch
OFFICE HOUR FRIDAY	closure. If it opens 8:30am-12pm and 1pm-5pm, then put "08:30-17:00". Office hours of the practice location on Friday. "CLOSED" if not open. Format is "HH:MI-
OFFICE HOUK FRIDAT	HH:MI", 11 digits exact and no space. HH is between 00 and 23. Ignore lunch closure. If it
	opens 8:30am-12pm and 1pm-5pm, then put "08:30-17:00".
OFFICE HOUR SATURDAY	Office hours of the practice location on Saturday. "CLOSED" if not open. Format is
	"HH:MI-HH:MI", 11 digits exact and no space. HH is between 00 and 23. Ignore lunch
	closure. If it opens 8:30am-12pm and 1pm-5pm, then put "08:30-17:00".
SERVICE LOCATION	Phone number at practice location after hours in case of emergency or urgency. No space
PHONE AFTER-HOURS	or special character and 10-digit number only.
STAFF LANGUAGE	The language spoken by office staff (not providers) at practice location. Use Language
	tab.
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PRACTITIONER LANGUAGE	The language practitioner speaks. Use Language tab.
MEMBER AGE MIN	Use comments section: CalOptima Health member's minimum age that is allowed at the
	practice location based on provider's contracted specialty. Age is presented in year and no
MEMBER AGE MAX	Use comments section: CalOptima Health member's maximum age that is allowed at the
	practice location based on provider's contracted specialty. Age is presented in year and no
	limit = 150.
GENDER RESTRICTION	Use comments section: If the service at the practice location is only accessible to specific
	gender of CalOptima Health member. F = female member only; M = male member only;
	NR = no restriction.
TELEHEALTH SITE	Site indicator: Telehealth Only, No Telehealth, or Both Telehealth and In-Person. Use
INDICATORS	Telehealth Tab.
RACE/ETHNICITY	The Race/Ethnicity of the Provider