

Rendering Provider Form

Notes and Instructions

The Rendering Provider Form must be completed for all clinical staff members who are new or are not on the Integrated System. This form is also to be used for clinical staff that have terminated services from a provider location or to update information, i.e., name change, email, phone no., fax no., or expiration dates. When completing this form, please refer to the following guidelines:

- The original form must be completed in its entirety (if applicable), with the authorized manager/designee signature. Fax, photocopies and electronic forms are not acceptable.
- EXCEPTION: Prescription writing physicians/clinicians rendering provider form may be faxed for immediate processing. To initiate this procedure, the contact person must call the CIOB/Help Desk at (213) 351-1335 for fax instructions.
- All information must be current upon submission of this form.
- Be sure all fields are completed accurately and appropriately to avoid delay in the processing of a request.

REQUEST TYPE:

- This section determines the type of request the rendering provider wants to initiate.

GENERAL INFORMATION:

- This section will serve as the rendering provider's identifier.

Last Name – Please print last name.

First Name – Please print first name (Do Not Use Nicknames)

Middle Initial – (If applicable)

Sex – Please mark the appropriate gender.

Ethnicity – This code can be found in the IS Codes Manual.

Staff Code – *For county employee:* This is your 6-digit employee number. *For NGA:* This is your 7-digit staff number consisting of 3 or 4 preceding letters followed by numbers (ex: ABC1234 or ABCD123).

FFS Individual Provider Number – This is your FFS Individual provider number that is associated with the taxpayer ID for this request.

SSN – These are the last 4 digits of your social security number.

Language Code – This code(s) can be found in the IS Codes Manual. A maximum of five language codes can be listed on the form.

DMH Classcode – This is the type of organization to which your home provider belongs.

Tax Payer ID – This is the nine digit federal tax payer ID. (FFS only)

CONTACT & ASSIGNED LOCATION INFORMATION:

- This section outlines the location(s) where the rendering provider is providing the service(s).

Contact Name – This is the designated person in case there are problems with the submitted form.

Contact Phone No. – This is the phone number of the designated contact person.

Contact Email- This is the contact person's email address (Do Not use personal email address)

Contact Fax No. – This is the contact person's fax number.

DMH/NGA Prov No./Rept Unit – This is the 4-digit State provider number or 5-digit (four digit provider number + the alpha code) that is assigned to the facility where services are being provided.

FFS Group/Organization Prov No. – This is the 9-digit number associated to the tax payer ID if this form is to add the rendering provider under a FFS group or organization.

Effective Date – This is the date the rendering provider began delivering services under this provider number.

Termination Date – This is the date the rendering provider stopped delivering services under this provider number.

Locum Tenum – Check this box to indicate the rendering provider is a temporary staff **assigned to a DMH facility**.

Intern – Check this box if the rendering provider is an **Intern with DMH** assigned a unique staff code.

Name of Organization – This is the name of the facility where service(s) is provided.

Service Area – This code can be found in the IS Codes Manual.

MHSA – Check this box to indicate the Mental Health Service Act funding source. **(DMH Providers Only)**

Address, City, Zip – This is the service location's complete address, city and zip code.

TAXONOMY AND LICENSE INFORMATION:

- This section provides evidence of the rendering provider's eligibility.

Description – This is the description associated with the taxonomy code.

Taxonomy – This is the rendering provider's discipline. (If multiple disciplines use additional space provided.) The taxonomy code(s) can be found in the IS Codes Manual.

Professional License # - This is an 8-digit alphanumeric number listed on your professional license.

Effective Date & Expiration Date – These are the effective and expiration dates of your professional license.

DEA License # - This is a 9-digit alphanumeric number listed on your DEA license (if applicable).

Expiration Date – This is the date your DEA license expires.

Medicare Prov No. This is the 6-digit facility Medicare provider number associated with a rendering provider's PPIN Medicare No. (DMH only).

PPIN Medicare No. – This is the 9-digit performing physician identification number that is assigned to a rendering provider delivering services at a specific location. (DMH only)

Expiration Date – This is the date the PPIN number expires.

NPI – This is the 10-digit National Provider Identifier. This number is a unique identifier for use to identify health care providers in HIPAA standard transactions.

NPI Effective Date – This is the date the 10-digit National Provider Identifier became effective.

AUTHORIZED MANAGER NAME AND SIGNATURE:

- This is the manager/designee's name and signature on the Authorization to Sign CIOB Access Form for the above assigned location.



RENDERING PROVIDER FORM

Mail to: Department of Mental Health
Chief Information Office Bureau
Systems Access Unit
695 South Vermont Avenue
Los Angeles, CA 90005

Request Type

Submit Date New Update License Reporting Unit Effective Date Terminate Name Change

General Information

Last Name:

First Name:

Middle Initial: Sex: M F Ethnicity

DMH/NGA Staff Code

FFS Ind Prov No.

SSN (Last 4 only)

Language Code

Select DMH Classcode:

DMH Prov name:

DHS Prov name:

Non-Governmental Agency (DMH Contracted)

L.E. #:

L.E. Name:

FFS Individual FFS Group FFS Org

Tax Payer ID (FFS only)

Contact & Assigned Location Information

Contact name: Contact Email:

Contact phone no: () Contact Fax No: ()

Add this rendering provider in the service location indicated below: (please use form MH-228A for additional locations)

Delete this rendering provider in the service location indicated below. Delete this rendering provider in ALL service locations within the legal entity indicated above.

DMH/NGA Prov No./Rept Unit FFS Group/Org Prov No.

(Please enter the provider no. associated to the above taxpayer ID)

Effective Date Termination Date Locum Tenum Intern

Name of Organization: Service Area MHSA

Address: City: Zip:

Taxonomy and License Information (Required if request type is NEW)

Description: Taxonomy

Professional License # Effective Date Expiration Date

Description: Taxonomy

Professional License # Effective Date Expiration Date

DEA License # Expiration Date

Medicare Prov No. (DMH directly-operated only) PPIN Medicare No. (DMH directly-operated only) Expiration Date

NPI NPI Effective Date

Authorized Manager/Designee Signature: Print Name: Date:

CIOB USE ONLY

Rendering Provider IS No: Ticket #

Date Processed Processed by:

ETHNICITY CODES

<u>Code</u>	<u>Ethnicity Description</u>
01	White
02	Black
03	Hispanic
04	American Native
05	Chinese
06	Japanese
07	Filipino
08	Other Asian/Pacific (e.g.) Borneo, Polynesia, Micronesia
09	Other Non-White (e.g. Arabs, Iraqi, Turks)
10	Korean
11	Indochinese
12	Amerasian
13	Cambodia
14	Samoaan
15	Asian Indian
16	Hawaiian Native
17	Guamanian
18	Laotian
19	Vietnamese
20	Other Black
21	Other White
22	Other Hispanic
24	Other American Native
26	Other
99	Unknown/Not Reported

LANGUAGES

<u>Code</u>	<u>Language</u>	<u>Code</u>	<u>Language</u>	<u>Code</u>	<u>Language</u>
19	Afghan, Pashto, Pusho	40	Hungarian	59	Romanian
20	Afrikaans			60	Russian
17	American Sign	41	Ibonese		
21	Arabic	42	Igorot		
18	Armenian	43	Italian	10	Samoan
		44	Ilocano or Iloko	61	Serbo-Croatian
23	Bengali	45	Ilongot	62	Singhalese
24	Bulgarian			02	Spanish
25	Burman or Burmese	08	Japanese	63	Swahili
				04	Swatowese
26	Calo	46	Konkani	64	Swedish
27	Cambodian	09	Korean		
28	Cebuano			65	Taiwanese
06	Cantonese	47	Lao	11	Tagalog (see Pilipino)
07	Chinese, other	48	Lingala or Ngala	66	Telegu
29	Choctaw	49	Lithuanian	67	Thai
30	Creole			05	Toisan
31	Czech	03	Mandarin	68	Tonga
		50	Marathi	69	Turkish or Ottoman
32	Danish	36	Mien		
33	Dutch			70	Urdu
		51	Norwegian	71	Ukranian
01	English				
34	Ethiopian	54	Other Sign	12	Vietnamese
		75	Other Non-English	72	Visayan
22	Farsi				
15	French	52	Pakistani	73	Yao
		53	Pangasinan	14	Yiddish
16	German	55	Persian or Farsi	74	Yoruba
35	Greek	11	Pilipino, Tagalog		
		56	Polish	99	Other
13	Hebrew	57	Portuguese		
37	Hindi	58	Punjabi		
38	Hindustani				
39	Hmong				