

PROVIDER FILE UPDATE (PFU)

TYPE OF TRANSACTION (Check one): Add Change Inactivate

LEGAL ENTITY NUMBER:

--	--	--	--	--	--

 (If a Legal Entity number has not been assigned, complete a Legal Entity File Update form.)

COUNTY SUBMITTING FORM: _____

COUNTY CODE:

--	--	--

PROVIDER NUMBER :

--	--	--	--	--	--

 (To be assigned by DHCS only.)

NPI:

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

Is this Provider a satellite clinic? (Check one): Yes No

PROVIDER NAME: _____

ADDRESS NAME: _____

PROVIDER CITY: _____

ZIP CODE OF PROVIDER:

--	--	--	--	--	--	--	--

 -

--	--	--	--

 (Last four digits optional.)

PROVIDER START

--	--	--	--	--	--	--	--	--	--

 END

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

DATE M M D D Y Y Y Y DATE M M D D Y Y Y Y

PROVIDER TYPE:

--	--	--

 CONTRACT TYPE:

--	--	--

MODE OF SERVICE: SERVICE FUNCTION:

COUNTY CONTACT NAME: _____ PHONE: (____) _____ DATE: _____

PROVIDER FILE UPDATE INSTRUCTIONS

TYPE OF TRANSACTION:

Add: Adding a new Provider or a Service Function to an existing Provider.
Change: Making a change to an existing Provider.
Inactivate: Used to put an end date in the file if a Provider closes or the county no longer uses or reports the services of that Provider.

LEGAL ENTITY NUMBER: The Legal Entity is the owner of the Provider. Legal Entity Numbers are assigned by the State Department of Health Care Service (DHCS), County Claims Customer Service Section. The Legal Entity number is a five digit number issued by DHCS. If a number has not been assigned, then complete the Legal Entity File Update (LEFU) MC 5829 form.

COUNTY SUBMITTING FORM: The name of the county submitting the form.

COUNTY CODE: The code for the county submitting the Provider File Update.

PROVIDER NUMBER: The provider is the facility where the services are provided. The provider number is a 4 digit number issued by DHCS. If this is a new provider, DHCS - County Claims Customer Service Section will assign the number.

NATIONAL PROVIDER IDENTIFIER (NPI): The NPI is the unique health identifier for health care providers. The NPI is a 10-digit numeric identifier. The National Provider System (NPS) will be the system used to assign unique numbers to health care providers. The NPI is assigned to a service facility location. If a county has two provider numbers at the same service facility location, they will each need to have a separate NPI. The NPI is required for the Short-Doyle/Medi-Cal providers. The NPI information is located at: <https://nppes.cms.hhs.gov/NPPES/Welcome.do>

SATELLITE CLINIC: A satellite clinic is a clinic that is open less than 20 hours per week and reports services using the parent clinic Provider Number. Parent clinics are assigned a 0 (zero). Satellite clinics are assigned a number (1-9) or a letter (A-Z). These numbers or letters are listed in the Parent/Satellite (P/S) field. A satellite clinic must be assigned their own NPI if applicable.

PROVIDER NAME AND ADDRESS: The name and address of the facility where the services are being provided (not the administrative or corporate address). This provider name and address must match the NPI website, if applicable.

PROVIDER SERVICE START DATE: The month, day and year the county first contracts with that Provider. Providers can be added retroactively.

PROVIDER SERVICE END DATE: The month, day and year the county no longer contracts with the Provider or the date the Provider closed. End dates can be added retroactively.

PROVIDER TYPE: The type of facility or license of the Provider. Please see the Provider Type Definitions for a more detailed explanation of these codes.

01 = State Hospital	12 = Family Day Home	22 = Psychiatrist
02 = Psychiatric Hospital	13 = Preschool Center	23 = Psychologist
03 = General Hospital	14 = Day Care Center	24 = LCSW
04 = Psychiatric Health Facility	15 = Sheltered Workshop	25 = MFCC
05 = Skilled Nursing Facility	16 = Social Rehabilitation Center	26 = RN
06 = Intermediate Care Facility	17 = Social Rehabilitation Facility	27 = Mixed Specialty Practice
07 = Outpatient Clinic	18 = Vocational Rehab Center	28 = Community Treatment Center (CTF)
09 = Small Family Home	19 = Special Service Center	29 = Mental Health Rehabilitation Center (MHRC)
10 = Large Family Home	20 = Home Finding Agency	99 = Other
11 = Group Home	21 = Case Management Agency	

CONTRACT TYPE:

1 = County Mental Health Staffed	3 = Private Contract	5 = County MH Staff "Patch" at a Contract Provider
2 = County Interagency Agreement	4 = State Contract	

MODE OF SERVICE: Please see the Modes of Service and Service Function Definitions for a more detailed explanation of these codes.

05 = 24-Hour Services	25 = Research and Evaluation	45 = Community Outreach
10 = Day Services	40 = Formal Training	55 = Medi-Cal Administration
15 = Outpatient Services	41 = Contract Administration	60 = Support Services
20 = Administrative Support	42 = Utilization Review	

SERVICE FUNCTION: Please see the Cost Report Manual or the Modes of Service and Service Function Definitions for valid codes and a more detailed explanation of these codes.

SHORT-DOYLE/MEDI-CAL PROVIDER ELIGIBILITY: The eligibility will be determined by DHCS, Program Oversight and Compliance Branch upon receipt of the Medi-Cal Certification and Transmittal form. County Claims Customer Service Section will update the Provider File when the Certification and Transmittal form is received from Program Oversight and Compliance Branch.

EMAIL the PFU form to: **ProviderFile@dhcs.ca.gov**

or **FAX** the PFU form to: **(916) 440-7621**