

Medi-Cal Managed Care (Medi-Cal) Network Participating Request Form directions

This form is for physicians, practitioner groups and select ancillary* providers interested in joining the Medi-Cal provider network. Complete the steps below to be considered for network participation.

Please note, completion of this request form does not guarantee acceptance in the provider network.

* The following ancillary providers may use this form: ambulatory surgical centers, birthing centers, midwives, imaging centers, community-based adult services and sleep labs.

Request network participation

This is for the Medi-Cal network only. To apply to the commercial network, please visit <https://www.anthem.com/ca/provider/getting-started>:

Step 1 — Complete the *Medi-Cal Network Participating Request Form* — Please type or print legibly.

Step 2 — Email the form to the Anthem Blue Cross (Anthem) Provider Contracting team:

- Behavioral health practitioners and groups:
 - Email: BHMedi-CalContracting@anthem.com
- All other provider types:
 - Email: SSB_Contract_Requests@anthem.com

Step 3 — Consideration review process:

- We will review your request to ensure you meet initial participation criteria. This may include your admitting privilege status at hospitals in the Anthem network or your enrollment status with the state's Medi-Cal program.
- If you meet initial participation criteria and a network need is identified, a contract packet will be sent to you.
- If you do not meet participation criteria or a network need is not identified, you will receive an email.
- The review process can take up to two weeks. If you have not heard from us, please email us as indicated below.

Questions?

Please email SSB_Contract_Requests@anthem.com. Behavioral health practitioners/groups may email BHMedi-CalNetworkRelations@anthem.com.

<https://mediproviders.anthem.com/ca>

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This form is for physicians, practitioner groups and select ancillary* providers interested in joining the Medi-Cal provider network. To be considered for participation in the network, complete sections A, B and C below and submit your form by email:

- Behavioral health (BH) practitioners and groups: BHMedi-CalContracting@anthem.com
- Physicians, groups and ancillary providers: SSB_Contract_Requests@anthem.com

* **Important:** Fee-for-Service (FFS) for Medi-Cal enrollment must be completed or in process with the California Department of Health Care Services (DHCS) before we can begin our contracting process. If you have not yet begun the enrollment process with the DHCS, please visit the DHCS Provider Enrollment webpage prior to returning this form. If you are already approved, please indicate your original enrollment effective date in section B. If you have recently completed the DHCS screening/enrollment application and are waiting for their approval, please include a copy or screen shot of your confirmation that the application was received.

A. Type of contract requested — Choose one.

- Individual physician/individual BH practitioner Physician group/BH practitioner group

- Ancillary contract: Ambulatory surgery center Imaging center Midwife
 Birthing center Community-based adult services Sleep lab

B. Demographic and specialty information

First name:		MI:		Last name:			
Suffix:				Degree:			
Business name:				FFS for Medi-Cal effective date:			
Address:				Suite:			
City:				State	CA	ZIP code:	
Phone number:				NPI type 1:			
License number:				Tax ID:			
CAQH number:				County(ies) your practice/group services:			

Applying as: PCP Specialist Both Applied behavioral analyst (ABA)? Yes No

Specialties: _____

Hospital affiliations and/or covering physician: _____

C. Contact information

Contact name:			
Phone:		Email:	

<https://mediproviders.anthem.com/ca>