

Medi-Cal Specialty Pharmacy Provider Application

Return completed form to:
 Pharmacy Benefits Division, MS 4604
 Specialty Contracting Administrator
 P. O. Box 997413
 Sacramento, CA 95899-7413
 Or Fax to: 916-552-9563
SpecialtyProvider@dhcs.ca.gov

FOR STATE USE ONLY

Specialty Pharmacy Providers requesting participation who are not currently enrolled as Medi-Cal providers must also submit a provider enrollment application and include a copy of this request attached to the provider application.

DO NOT LEAVE any questions, boxes, lines, etc. blank. Enter N/A if not applicable to you. If this document is incomplete, it will be returned to you.

PROVIDER INFORMATION

1. Specialty Pharmacy Product:			
2. Provider Name(Full Legal)			
3. DBA (If Applicable)			
4. Medi-Cal Provider Number (If Applicable)		5. Tax Identification Number	
6. Provider Service Address (Number, Street)		City	State
		Zip Code	
7. Contact Person		8. E-Mail Address (optional)	
9. Contact Person Address (Number, Street)		City	State
		Zip Code	
10. Contact Telephone Number ()	11. Currently Assigned Submitter Number (optional)		
12. <i>I certify that I am the provider or I have the authority to legally bind the provider which is an entity and not an individual person, and that I understand the requirements associated with this agreement.</i>			
13. Signature of Provider		14. Date	

BILLER INFORMATION (If Other Than The Provider Of Service)

15. Biller Name(Full Legal)		16. Biller Telephone Number ()	
17. DBA (If Applicable)		18. E-Mail Address (optional)	
19. Business Address (Number, Street)		City	State
		Zip Code	
20. Contact Person	21. Currently Assigned Submitter Number		

Full legal name(s) required as well as any assumed (DBA) name(s), address(es), and Medi-Cal provider number(s) (or pending if application submitted). The parties identified above will be hereinafter referred to as the "Provider" and/or "Biller."

DELEGATED PHARMACY (Only for Providers billing under the provisions of Section 340B of the Public Health Service and utilizing a Contract Pharmacy per Business and Professions code 4126(a).)

22. Contract Pharmacy Name(Full Legal)	23. Telephone Number ()		
24. DBA (If Applicable)	25. E-Mail Address (optional)		
26. Business Address (Number, Street)	City	State	Zip Code
27. Contact Person	28. Currently Assigned Submitter Number		

Full legal name(s) required as well as any assumed (DBA) name(s), address(es), and Medi-Cal provider number(s) (or pending if application submitted). The parties identified above will be hereinafter referred to as the "Provider" "Biller" and/or "Contract Pharmacy."

1.0 BACKGROUND INFORMATION

AB1183, chapter 758, statutes of 2008 provided changes to Welfare and Institution code 14105.3 permitting the California Department of Health Care Services (CDHCS) to contract with providers of specialty drugs.

The Provider/Biller agrees to provide the Department with the above information requested in order to participate as a specialty pharmacy provider.

2.0 PROVIDER PARTICIPATION SELECTION PROCESS

CDHCS will select providers based on the contractual requirements for each specialty product requested. Applicant will be notified in writing within 45 days of receipt of this form of contractual requirements.

3.0 TERMINATION AND WAIVER

The CDHCS or Provider may terminate provider's participation, with or without cause, by giving 90 days prior written notice of intent to terminate. CDHCS may, however, terminate provider's participation immediately if it determines that the Provider or Biller has failed or refused to produce or retain source documents in accordance with federal and state law or has failed to comply with any of the other contractual requirements. By requesting participation, provider waives any rights he or she may otherwise have to appeal his or her denial of or termination from participation.

4.0 CHANGE IN STATUS AS A MEDI-CAL PROVIDER

The Provider/Biller and the Department agree that any changes in Provider/Biller status which might affect eligibility to participate in the Specialty Pharmacy Provider Program pursuant to federal and state law shall be promptly communicated to each party.

5.0 MORATORIUM

Eligibility of participating as a Specialty Pharmacy Provider does not exempt the applicant from an enrollment moratorium placed by the Director in accordance with Section 14043.55 of the California Welfare and Institution Code.

**Privacy Statement
(Civil Code Section 1978 et seq.)**

This information is required by the Department of Health Care Services, Pharmacy Benefits Division, in order to process the application. The consequences of not supplying mandatory information requested are denial of enrollment as a Medi-Cal Specialty Pharmacy Provider or denial of continued enrollment as a provider and deactivation of all provider numbers used by the provider to obtain reimbursement from the Medi-Cal program. Any information may also be provided to the State Controller's Office, The California Department of Justice, The Department of Consumer affairs, the Department of Corporations, or other state or local agencies as appropriate, fiscal intermediaries, managed care plans, the Federal Bureau of Investigations, the Internal Revenue Service, Medicare Fiscal Intermediaries Centers for Medicare and Medicaid Services, Office of the Inspector General, Medicaid, and licensing programs in other states. For more information or access to records containing your personal information maintained by this agency, contact the Provider Enrollment Division at (916) 323-1945.