

ODS Implementation Plan – Provider List Template Instructions

- A. Provider Name
- B. Drug Medi-Cal (DMC) # - This is the billing number that is established when the Department of Health Care Services (DHCS) Provider Enrollment Division (PED) approves the DMC certification for any provider. The DMC # is a key to identifying the correct provider record in the DMC master provider file.
- C. ODS Services – Please list the ODS services that this provider has been contracted to provide (ODF, IOT, Partial Hospitalization, Residential, NTP, Withdrawal Management).
- D. Site NPI # - Please list the NPI # that the provider will use to submit claims to Short Doyle Medi-Cal (SDMC) billing via the 837P transaction file.
- E. ODS County/Provider Contract # - Please list the contract # that establishes the relationship between the provider and the ODS county. The SDMC billing system requires verification of this relationship in order to set up the claims processing for the network providers for each ODS county.
- F. ODS County/Provider Contract Effective Date – Please list the effective start date of the ODS contract between the provider and the ODS county.
- G. ODS County/Provider Contract End Date – Please list the end date of the ODS contract between the provider and the ODS county.
- H. Verify Provider is Not Excluded – Please indicate that you have verified the providers who are employed or contracted with this facility are not on any excluded list (OIG, etc.).
- I. Provider Email Address – Please provide the email address for the primary contact of this facility.