

Training Module 1

Becoming a
California Community Transitions
Lead Organization



Becoming a CCT Provider

To become a CCT Lead Organization (LO), interested organizations must:

1. Become a Medi-Cal home and community-based services (HCBS) waiver provider
 - A CCT project team member can assist eligible organizations with this process
2. Agree to the terms and conditions detailed in the CCT Lead Organization (LO) provider contract
 - Upon review and approval Lead Organization will receive a copy of the contract



General Process Overview

1. Download and complete the CCT New Provider Enrollment Documents and mail the originals to the Department of Health Care Services (DHCS), Integrated Systems of Care Division (ISCD)
2. Obtain a unique National Provider Identifier (NPI)
3. Download and complete the required Medi-Cal enrollment forms, and mail the originals to DHCS-ISCD
4. Download and complete the following forms and mail the originals to the recipients listed on the forms:
 - *The electronic Treatment Authorization (e-TAR) request system, and*
 - *The Internet Professional Claim Submission to obtain a valid Computer Media Claims (CMC) submitter ID and password*
5. Contact the Small Provider Billing Unit for training assistance
6. Make and retain copies of all documents



Step 1

1. Download and complete the following CCT New Provider Enrollment Documents:

a. Log on to <https://www.dhcs.ca.gov/services/ltc/Pages/CCT.aspx>

i. Lead Organization Information Form

ii. Lead Organization Proposal Template

- *If necessary, you may use additional pages. Make sure to label pages to the corresponding questions.*



Step 2

Organizations enrolling into the Medi-Cal program for the ***first time*** (or as a ***new*** provider type), will need to obtain a unique National Provider Identifier (NPI) through the federal *National Plan and Provider Enumeration System* (NPPES):

To do so:

1. Log on to <https://www.cms.gov/Regulations-and-Guidance/Administrative-Simplification/NationalProvIdentStand/apply>
2. Follow the instructions, and the Centers for Medicare & Medicaid Services (CMS) will issue a unique NPI
3. And attach a copy of the NPI confirmation with your completed application package



Step 3

1. Download and complete the required Medi-Cal forms using the direct links below:

– *Medi-Cal Provider Application* (DHCS 6204)

https://files.medi-cal.ca.gov/pubsdoco/Publications/masters-other/provappsenroll/07enrollment_DHCS6204.pdf

NOTE: Disregard the letter from Provider Enrollment for this part of the application. Mail all documents to CCT Project Staff (mailing address provided in next slide).

– *Medi-Cal Disclosure Statement* (DHCS 6207)

http://files.medi-cal.ca.gov/pubsdoco/Publications/masters-other/provappsenroll/03enrollment_DHCS6207.pdf

– *Medi-Cal Provider Agreement* (DHCS 6208)

http://files.medi-cal.ca.gov/pubsdoco/Publications/masters-other/provappsenroll/02enrollment_DHCS6208.pdf



Step 3 Continued

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2. Have all three (3) completed Medi-Cal documents notarized.
3. Mail original, notarized Medi-Cal documents with the application fee along with the completed CCT New Provider Enrollment Documents to:

**Department of Health Care Services
Integrated Systems of Care Division
Attn: California Community Transitions
1501 Capitol Avenue
P.O. Box 997413, MS 0018
Sacramento, CA 95899-7413**



Step 3 Continued

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4. Upon approval of the application, the Fiscal Intermediary (FI), currently HP Enterprise Services, will mail each new Medi-Cal provider a welcome letter containing a provider identification number (PIN).

The PIN will be used in conjunction with the NPI so do not lose the letter.

For more information on the Medi-Cal Provider Application, visit:
https://files.medi-cal.ca.gov/pubsdoco/prov_enroll.aspx



Step 4

This step can be completed before receiving a PIN from HP Enterprise Services. Gain access to the electronic treatment authorization (e-TAR) request system and the Internet Professional Claim Submission systems.

1. To request e-TAR access, download and complete *the Medi-Cal Point of Service Network/Internet Agreement* located at: <https://files.medi-cal.ca.gov/pubsdoco/Publications/masters-MTP/Part1/pointfrm1net.pdf>
 - Complete section 1(a). Leave the third line (Owner Number) blank.
 - Complete section X.
 - Sign the form, and mail the completed form to DHCS-ISCD (address listed on previous slide).
2. To receive an access number to submit claims over the internet, Medi-Cal providers must sign a *Medi-Cal Telecommunications Provider and Biller Application/Agreement*, located at: <https://www.medi-cal.ca.gov/serp.aspx?q=Medi-Cal+Telecommunications+Provider+and+Biller+Application>
 - Mail the original form to the address indicated on the last page of the Application/Agreement.
 - Once processed, the CMC Unit will assign a unique three-character submitter number, which is required on all claim submissions.



Step 5

Contact the Small Provider Billing Unit for assistance with training, available training options include:

- Recipient eligibility verification
- CMS-1500 claim form completion
- Treatment authorization requests (TARs)
- Claim denials
- Guidelines for appeals, claims follow-up and Claims Inquiry Forms

To obtain one year of free support services:

1. Call the SPBU at **(916) 636-1275**.
2. Explain that you are a new Medi-Cal HCBS waiver provider would like to enroll to receive free support services for one year.



Step 6

Upon approval of the Medi-Cal application,
CCT Project Staff will:

1. Generate a formal provider contract, and email the contract signature page to the Provider for signature

Upon receipt of the contract, the provider must:

1. Print, sign, and date two (2x) contracts and
2. Return two (2x) contracts with “wet” signatures, including the date of signature

(“Wet” signature = original signature in **blue** ink)

**Ensure to make and keep copies of all documents for your records*



Final Approval

Upon execution of the contract, DHCS will send a copy of the contract to the new provider. At this point, the Provider:

1. Is entered into the Provider System to bill using Home and Community Based Services (HCBS) billing codes,
2. May begin to work with the assigned CCT nurse,
3. Submit TARS to receive approval to bill for CCT services and supports,



Additional Resources

The Medi-Cal Learning Portal, a one-stop learning center for Medi-Cal billers and Providers offers resources such as online tutorials, live and recorded webinars, and Provider Training Seminars is available at: <https://files.medi-cal.ca.gov/pubsdoco/education.aspx>

- Learn Medi-Cal Billing Basics –this course offers information about Recipient Eligibility, Share of Cost, Treatment Authorization Request (TAR), CM-1500 or UB-045 Claim Completion and Claims Follow-Up.
- Learn electronic Treatment Authorization Request (eTAR) – this course teaches the basic requirements when submitting a Medi-Cal eTARs

Customer service representatives are available to help with all Medi-Cal related issues. Before calling the Medi-Cal Telephone Service Center at **(800) 541-5555**, consult the Medi-Cal website at <http://www.medi-cal.ca.gov/contact.asp> to determine which option to select.