

**“ELECT TO PARTICIPATE”
INDIAN HEALTH SERVICES MEMORANDUM OF AGREEMENT (IHS/MOA) AND
TRIBAL FEDERALLY QUALIFIED HEALTH CENTER (TRIBAL FQHC) APPLICATION**

PURPOSE: Confirm that an Indian Health Services or Tribal 638 facility **elects** to participate under the Indian Health Services Memorandum of Agreement (IHS/MOA) program or the Tribal 638 facility **elects** to participate as a Tribal Federally Qualified Health Center (Tribal FQHC). IHS/MOAs and Tribal FQHCs agree **to provide** registered American Indian/Alaskan Native data to the Department of Health Care Services (DHCS) on a quarterly basis as a condition of participation in the Medi-Cal program as an IHS/MOA provider or Tribal FQHC.

GENERAL INSTRUCTIONS: Complete **one application for each** clinic site. **Please refer to detailed instructions on page 2 of this application.**

Clinic name		NPI number	
Service location address	City	State	ZIP code
Licensure Status: State Licensed Clinic: <input type="checkbox"/> Not State Licensed Clinic: <input type="checkbox"/>			

INSTRUCTIONS: Please select one option below and indicate provider type and effective date:

- Option 1:** Clinic has been participating in Medi-Cal as a Primary Care Clinic (PCC), Health Services Resource Administration-Federally Qualified Health Center (FQHC) or Rural Health Clinic (RHC) and now elects to enroll as a:
Select one: IHS/MOA Provider **or a** Tribal FQHC

- Option 2:** Clinic is **NOT** currently a Medi-Cal provider clinic, but **elects** to participate in Medi-Cal as a:
Select one: IHS/MOA Provider **or a** Tribal FQHC

- Option 3:** Tribal 638 clinic has been participating in Medi-Cal as an IHS/MOA provider and now elects to participate in Medi-Cal as a Tribal FQHC.

Signature	Date	Telephone number
Print name	Title	

Please return this application to: Department of Health Care Services
Provider Enrollment Division
MS 4704
P.O. Box 997413
Sacramento, CA 95899-7413

Faxed applications will not be accepted.

INSTRUCTIONS

CLINIC NAME: Enter the name of the clinic that wishes to enroll as an IHS/MOA provider or Tribal FQHC. All clinic sites associated with the same clinic corporation must choose to be either an IHS/MOA provider or a Tribal FQHC.

NPI NUMBER: Enter the complete 10-digit National Provider Identifier (NPI) number.

SERVICE LOCATION ADDRESS: Enter the street address, city, state, and ZIP code of the clinic. Do not enter a P.O. Box address. The address must represent the physical location where services are rendered.

LICENSED PROVIDER: Check if clinic has chosen to maintain clinic or affiliate clinic licensure. Provide copy of licensure with form for each site.

NON-LICENSED PROVIDER: Check if clinic has chosen to not seek licensure as permitted by Health and Safety Code 1206(c).

OPTION 1-PCC OR FQHC/RHC PROVIDER: Select this option if the clinic currently participates as a PCC, FQHC, or RHC under the Medi-Cal program and select choice to participate in Medi-Cal as an IHS/MOA provider or a Tribal FQHC. The effective date will be the date the Elect to Participate application (DHCS 7108) is received by the Department of Health Care Services-Provider Enrollment Division (DHCS-PED).

OPTION 2-NOT MEDI-CAL PROVIDER: Select this option if the clinic is not currently a Medi-Cal provider clinic, but wishes to participate in Medi-Cal as an IHS/MOA provider or a Tribal FQHC. The effective date will be the date DHCS-PED receives a complete application package for enrollment, including the Elect to Participate application (DHCS 7108).

OPTION 3-IHS/MOA Provider: Select this option if the Tribal 638 clinic has been participating in Medi-Cal as an IHS/MOA provider, but now elects to participate as a Tribal FQHC. The effective date will be the date the Elect to Participate application (DHCS 7108) is received by DHCS-PED.

SIGNATURE: Enter the signature of the owner or corporate officer of the clinic.

DATE: Enter the date the application was signed.

TELEPHONE NUMBER: Enter a telephone number of the owner or corporate officer.

PRINT NAME: Print the name of the owner or corporate officer signing the application.

TITLE: Enter the title of the owner or corporate officer signing the application.