

Updated Medi-Cal Provider Group Application (DHCS 6203)

In accordance with *Welfare and Institutions Code* (W&I Code), Section 14043.75(b), the Department of Health Care Services (DHCS) has established revisions to the application form below pertaining to providers who apply to the Medi-Cal program in order to be reimbursed as a group provider. This bulletin implements W&I Code, Section 14043.26, and has the full force and effect of the law.

Beginning April 3, 2016, the *Medi-Cal Provider Group Application* (DHCS 6203, rev. 04/16) shall no longer contain references to the Medi-Cal application fee. The following revisions have been made to reflect the removal of all application fee language:

- Pages one, two and four will no longer include language describing the Medi-Cal application fee and related processes.
- Page five has been revised to remove all items pertaining to the Medi-Cal application fee.

The updated application is available from the “Application Forms by Form Name and Number” area on the Provider Enrollment page, and on the Forms page of the Medi-Cal website. Medi-Cal group provider application fee payments sent to DHCS in error will be returned to the sender.