Medi-Cal Specialty Pharmacy Provider Application

Completed Specialty Pharmacy application must be submitted by mail or email to: SpecialtyProvider@dhcs.ca.gov

Completed MTM application must be submitted by mail or email to: MTMQuestions@dhcs.ca.gov

Pharmacy Benefits Division, MS 4604
Specialty Contracting Administrator
P. O. Box 997413
Sacramento, CA 95899-7413

FOR STATE USE ONLY

Pharmacies who are not currently enrolled as Medi-Cal providers must also submit a Provider Enrollment Application and include a copy of this document 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:
a. Specialty Pharmacy (Blood Factor) ☐ b. MTM ☐

2. Provider Name (Full Legal)

3. DBA (If Applicable)

4. National Provider Identifier (NPI)	5. Tax Identification Number

6. Provider Service Address (Number, Street)

7. City	8. State	9. Zip

10. Contact Person	11. Contact Person E-Mail Address

12. Contact Person Address (Number, Street)	13.City	14.State	15.Zip Code

16. Contact Telephone Number	

18. 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.

19. Signature of Provider	20. Date

BILLER INFORMATION (If Other Than The Provider Of Service)

21. Biller Name (Full Legal)	22. Biller Telephone Number

23. DBA (If Applicable)	24. Currently Assigned Submitter Number

25. Business Address (Number, Street)	26. City	27.State	28. Zip Code

29. Contact Person	30. Contact E-Mail Address

Full legal name(s) required as well as any assumed (DBA) name(s), address(es), and NPI. 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).)

31. Contract Pharmacy Name (Full Legal)	32. Telephone Number		
33. DBA (If Applicable)	34. National Provider Identifier (NPI)		
35. Business Address (Number, Street)	36. City	37.State	38. Zip Code
39. Contact Person	40. Contact Email Address		

Full legal name(s) required as well as any assumed (DBA) name(s), address(es), and NPI(s). 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 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.

3.0 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.

4.0 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.