

Requirements and Procedures for Reporting of Intermittent Clinics and Mobile Health Units

The following are the requirements and procedures for reporting intermittent clinic sites pursuant to *Welfare & Institutions (W&I) Code Section 14043.15(e)*. This update only applies to intermittent clinic sites that are operated by a licensed (parent) primary care clinic and this does not apply to unlicensed clinics reporting an intermittent clinic site. Intermittent clinic sites of unlicensed clinics must submit a full application through [Provider Application and Validation for Enrollment \(PAVE\)](#) to enroll.

W&I Code Section 14043.15(e) states, “Notwithstanding subdivisions (a), (b), (c) and (d), an applicant or provider that meets the requirements to qualify as exempt from clinic licensure pursuant to subdivision (h) of Section 1206 of the *Health and Safety Code*, including an intermittent site that is operated by a licensed primary care clinic or an affiliated mobile health care unit licensed or approved under Chapter 9 (commencing with Section 1765.101) of Division 2 of the *Health and Safety Code*, and that is operated by a licensed primary care clinic, and for which intermittent site or mobile health unit the licensed primary care clinic directly or indirectly provides all staffing, protocols, equipment, supplies, and billing services, need not enroll in the Medi-Cal program as a separate provider and need not comply with Section 14043.26 if the licensed primary care clinic operating the applicant, provider clinic, or mobile health care unit has notified the department of its separate locations, premises, intermittent sites, or mobile health care units.”

Reporting New Intermittent Clinic Sites and Mobile Health Units

To properly report intermittent clinic sites operated by licensed (parent) primary care clinics, as defined above, written notifications must be on letterhead and sent to the Department of Health Care Services (DHCS), Provider Enrollment Division (PED) at the address below and include the following:

Department of Health Care Services
Provider Enrollment Division
P.O. Box 997412, MS 4704
Sacramento, CA 95899-7412

Licensed (parent) Primary Care Clinic Information:

- License number
- Facility name and address
- Federal Employer Identification Number
- National Provider Identifier (NPI)
- Contact Information (name, title, phone number, and e-mail address)

Intermittent Clinic Information:

- Facility name and address
- National Provider Identifier (NPI)
- Operational start date
- Hours of operation
- Contact Information (name, title, phone number, and e-mail address)

Licensed (parent) primary care clinic must also report an intermittent clinic change of parent, change of location, change of business name, or change of hours to the DHCS/PED in the same format as stated above.

Reporting a Conversion of a Licensed (Parent) Primary Care Clinic to an Intermittent Clinic

To report a licensed (parent) primary care clinic that is requesting to convert to an intermittent clinic site, the notification must be sent to DHCS PED and the California Department of Public Health, Centralized Applications Branch at the following address:

Department of Health Care Services
Provider Enrollment Division
P.O. Box 997412, MS 4704
Sacramento, CA 95899-7412

and

California Department of Public Health
Centralized Applications Branch
P.O. Box 997377, MS 3207
Sacramento, CA 95899-7377

Written notifications of intermittent clinics surrendering their license must be on letterhead and include the following information:

- Name and physical address of the licensed clinic that is surrendering their license;
- Name and physical address of the new parent clinic;
- Name, NPI and physical address of the new site(s);
- Hours of operation of the new site(s); and
- A statement that the licensed clinic is requesting to surrender their license.