

**PROVIDER FILE UPDATE (PFU)**

**TYPE OF TRANSACTION:** (Check only one)      Add       Change       Inactivate   
(Only one transaction per PFU)

**LEGAL ENTITY NUMBER:**   

Note: If a legal entity number has not been assigned, complete a Legal Entity File Update Form.

**LEGAL ENTITY NAME:** \_\_\_\_\_

**COUNTY SUBMITTING FORM:** \_\_\_\_\_

**COUNTY CODE:**   

**PROVIDER NUMBER:**            (satellite clinic number, if applicable)

Note: Provider number is the number assigned by DHCS

**NPI:**   

**Is this provider a satellite clinic?** (Check one)      Yes      No

**PROVIDER NAME:** \_\_\_\_\_

**PROVIDER ADDRESS:** \_\_\_\_\_

**PROVIDER CITY:** \_\_\_\_\_

**PROVIDER ZIP CODE:**          -       
(Last four digits optional)

**PROVIDER PHONE NUMBER (From NPPES):** \_\_\_\_\_

**PROVIDER START DATE:**             
   M M D D Y Y Y Y

**PROVIDER END DATE:**             
   M M D D Y Y Y Y

**PROVIDER TYPE:**           **CONTRACT TYPE:**

**MODE OF SERVICE:**

**SERVICE FUNCTION:**


**COUNTY CONTACT NAME:** \_\_\_\_\_ **PHONE:** \_\_\_\_\_ **DATE:** \_\_\_\_\_

- 1. If the Specialty Mental Health (SMH) Provider is planning to activate Medi-Cal eligible Modes of Service and Service Functions, continue to item 2. If not, stop here and email the PFU to: PROVIDERFILE@DHCS.CA.GOV.**
- 2. If the SMH Provider is activating Medi-Cal eligible Modes of Service and Service Functions and has any licensed, certified or registered individuals to report, complete the information below. The individual(s) listed below must be enrolled in PAVE prior to being added to PIMS (spreadsheets are acceptable).**

**MEDI-CAL CERTIFIED LICENSED INDIVIDUALS:** (Use additional pages or attach spreadsheets as needed)

**LEGAL NAME:**

**NPI:**

**LICENSURE TYPE:**                      LICENSED       CERTIFIED       REGISTERED

**LICENSE NUMBER:**

**LICENSED AS:**  
(PHYSICIAN, LCSW, PA)

**MEDI-CAL CERTIFIED LICENSED INDIVIDUALS (continued):**

**LEGAL NAME:**

**NPI:**

**LICENSURE TYPE:**                      LICENSED       CERTIFIED       REGISTERED

**LICENSE NUMBER:**

**LICENSED AS:**  
(PHYSICIAN, LCSW, PA)

**LEGAL NAME:**

**NPI:**

**LICENSURE TYPE:**                      LICENSED       CERTIFIED       REGISTERED

**LICENSE NUMBER:**

**LICENSED AS:**  
(PHYSICIAN, LCSW, PA)

**LEGAL NAME:**

**NPI:**

**LICENSURE TYPE:**                      LICENSED       CERTIFIED       REGISTERED

**LICENSE NUMBER:**

**LICENSED AS:**  
(PHYSICIAN, LCSW, PA)

## INSTRUCTIONS FOR COMPLETION OF THE PROVIDER FILE UPDATE

### TYPE OF TRANSACTION:

- Add: Adding a new Provider or a Service Function to an existing Provider  
Change: Making a change to an existing Provider  
Inactivate: Used to put an end date in the file if a Provider closes or the county no longer uses or reports the services of that Provider

**LEGAL ENTITY NUMBER:** The Legal Entity is the owner of the Provider. Legal Entity numbers are assigned by the Department of Health Care Services (DHCS), County Claims Customer Service Section. The Legal Entity number is a five-digit number issued by DHCS. If a number has not been assigned, then complete the Legal Entity File Update (LEFU) MC 5829 form.

**LEGAL ENTITY NAME:** The name of the Provider

**COUNTY SUBMITTING FORM:** The name of the county submitting the form

**COUNTY CODE:** The code for the county submitting the form

**PROVIDER NUMBER:** The Provider is the facility where the services are provided. The provider number is a four-digit number issued by DHCS. If this is a new provider, DHCS – County Claims Customer Service Section will assign the number. If this is a satellite clinic, please provide the three-digit number for that location.

**NATIONAL PROVIDER IDENTIFIER (NPI):** The NPI is the unique health identifier for health care providers. The NPI is a 10-digit numeric identifier. The National Provider System (NPS) is the system used to assign unique numbers to health care providers. The NPI is assigned to a service facility location. If a county has two provider numbers at the same service facility location, they will each need to have a separate NPI. The NPI is required for Short-Doyle/Medi-Cal providers. NPI information is located on the [CMS National Plan and Provider Enumeration System \(NPPES\) website](#).

**SATELLITE CLINIC:** A satellite clinic is a clinic that is open less than 20 hours per week and reports services using the parent clinic's Provider Number. Parent clinics are assigned a 0 (zero). Satellite clinics are assigned a number (1-99). These numbers are listed in the Parent/Satellite (P/S) field. A satellite clinic must be assigned their own NPI, if applicable.

**PROVIDER NAME, ADDRESS AND PHONE NUMBER:** The name, address and phone number of the facility where the services are being provided (not the administrative or corporate address). This provider name and address must match the NPI website, if applicable.

**PROVIDER SERVICE START DATE:** The month, day and year the county first contracts with the Provider. Providers can be added retroactively.

**PROVIDER SERVICE END DATE:** The month, day and year the county no longer contracts with the Provider or the date the Provider closed. End dates can be added retroactively.

**PROVIDER TYPE (PT):**

PT	Description	PT	Description
01	State Hospital	22	Psychiatrist
02	Psychiatric Hospital	23	Psychologist
03	General Hospital	24	LCSW
04	Psychiatric Health Facility (PHF)	25	MFCC
05	Skilled Nursing Facility (SNF)	26	RN
06	Intermediate Care Facility	27	Mixed Specialty Practice
07	Outpatient Clinic	28	Community Treatment Center (CTF)
09	Small Family Home	29	Mental Health Rehabilitation Center (MHRC)
10	Large Family Home	30	Licensed Professional Clinical Counselor (LPCC)
11	Group Home	31	Therapeutic Foster Care (TFC)
12	Family Day Home	32	Rural Health Clinic (RHC)
13	Preschool Center	33	Adult Crisis Residential Program (ACRP)
14	Day Care Center	34	Child Crisis Residential Program (CCRP)
15	Sheltered Workshop	35	Federally Qualified Health Center (FQHC)
16	Social Rehabilitation Center	36	Out of Network Provider (ONP)
17	Social Rehabilitation Facility	37	Short Term Residential Treatment Program (STRTP)
18	Vocational Rehab Center	38	Indian Health Care Program (IHP)
19	Special Service Center	39	Juvenile Detention Center (JDC)
20	Home Finding Agency	40	Acute Psych (AP)
21	Case Management Agency	99	Other (Only use this if the PT is <b>NOT</b> listed on this table)

**CONTRACT TYPE:**

1	County Mental Health Staffed
2	County Interagency Agreement
3	Private Contract
4	State Contract
5	County MH Staff "Patch" at a Contract Provider

**MODE OF SERVICE:** Please see the Modes of Service and Service Function definitions for a more detailed explanation of these codes

05	24-Hour Services	41	Contract Administration
10	Day Services	42	Utilization Review
15	Outpatient Services	45	Community Outreach
20	Administrative Support	55	Medi-Cal Administration
25	Research and Evaluation	60	Support Services
40	Formal Training		

**SERVICE FUNCTION:** Please see the PIMS County User Manual for the Modes of Service and Service Function definitions for valid codes and a more detailed explanation of these codes

**COUNTY CONTACT NAME, PHONE NUMBER:** The name and phone number for the county contact

**SHORT-DOYLE/MEDI-CAL PROVIDER ELIGIBILITY:** The eligibility will be determined by DHCS, Program Oversight and Compliance Branch upon receipt of the Medi-Cal Certification and Transmittal form. The Provider Enrollment Division (PED) will update the Provider File when the Certification and Transmittal form is received from the Program Oversight and Compliance Branch.

1. If the **SMH Provider is planning to activate Medi-Cal eligible Modes of Service and Service Functions, continue to item 2. If not, stop here and email the PFU to:**  
[PROVIDERFILE@DHCS.CA.GOV](mailto:PROVIDERFILE@DHCS.CA.GOV).

2. If the **SMH Provider is activating Medi-Cal eligible Modes of Service and Service Functions and has any licensed, certified or registered individuals to report, fill in the bottom portion of the form as applicable, to report all Medi-Cal certified licensed individuals that require reporting (spreadsheets and additional pages are acceptable). The individual(s) reported must be enrolled in PAVE prior to being added to PIMS.**

**MEDI-CAL CERTIFIED LICENSED INDIVIDUALS:** Report the legal name, NPI, licensure type, license number and what they are licensed as **for the following provider types only:** (associates should not be reported)

- Certified Pediatric/Family Nurse Practitioner
- Family Nurse Practitioner
- Licensed Clinical Social Worker (LCSW)
- Licensed Marriage and Family Therapist (LMFT)
- Licensed Professional Clinical Counselor (LPCC)
- Licensed Educational Psychologist
- Nurse Practitioner (NP)
- Occupational Therapist
- Physician (MD)
- Osteopath (DO)
- Physician Assistant (PA)
- Psychologist
- Registered Pharmacist/Pharmacist
- Speech Therapist

Email the completed PFU to: [PROVIDERFILE@DHCS.CA.GOV](mailto:PROVIDERFILE@DHCS.CA.GOV)