

## **Enhanced Care Management Provider Information Form**

Please complete this form and email to CalAIM\_providers@healthnet.com to express your interest in becoming an Enhanced Care Management (ECM) provider. If you intend on servicing more than five counties, please use the online provider interest form available on provider.healthnetcalifornia.com > CalAIM Resources for Providers > Data Collection > Provider Interest Form or at https://bit.ly/CalAIMResourcesforProviders.

Request type (check all that app	lies)					
☐ New ECM provider with our pla	an. 🗆 Ad	dditional po	pulation o	f focus.		Additional counties
Provider type: Choose an item.						
If "other," please indicate here:						
Business information						
Company name:						
Doing business as (DBA) name:						
Tax ID number:		National p	ovider ide	ntifier (NF	ગ):	
If no NPI number exists, have yo	ou applied fo	r one and do	ate of doin	g so?		
Business address						
Street:						
City:		_ State:		ZIP Code:		
Business phone number:			Email:_			
Fax number:						
Billing/Mailing address (if different	)					
Street:						
City:		_ State:		ZIP Code:		
Contract signatory name:			Title	2:		
Phone number:		Ema	il:			
Daily operations contact name:			Tit	le:		
Phone number:		Ema	il:			

Community Health Plan of Imperial Valley ("CHPIV") is the Local Health Authority (LHA) in Imperial County, providing services to Medi-Cal enrollees in Imperial County. CHPIV contracts with Health Net Community Solutions, Inc. to arrange health care services to CHPIV members. \*Health Net Community Solutions, Inc. is a subsidiary of Health Net, LLC and Centene Corporation. Health Net is a registered service mark of Health Net, LLC. All other identified trademarks/service marks remain the property of their respective companies. All rights reserved.



## Requirements:

Medi-Cal Certification is required for all providers	working with manage	ed care plans.	
Is your organization Medi-Cal Certified?	☐ Yes	□ No	
If yes, provide Medi-Cal Number:			
If no, then you can validate or enroll through the	•		ider Application and
Validation for Enrollment (PAVE) at www.dhcs.ca.	.gov/provgovpart/Pag	es/PAVE.aspx.	



**County Key** 

Amador	Imperial	Los Angeles	Sacramento	Tulare
Calaveras	Inyo	Madera	San Joaquin	Tuolumne
Fresno	Kings	Mono	Stanislaus	

Population of Focus (check all that applies)	County: Where the ECM service is offered (refer to the County Key above and list as applicable).  Initial Capacity: The number of members your organization can serve at time of implementation.  Capacity after 12 Months: Forecast the number of members your organization can serve 12 months after implementation. This does not have to be accurate, just an estimate would suffice.  # of FTE: The number of employed full-time employees (FTEs).				
☐ Adults Experiencing Homelessness	County: Capacity: Initial: After 12 months: # of FTEs:	County: Capacity: Initial: After 12 months: # of FTEs:	County: Capacity: Initial: After 12 months: # of FTEs:	County: Capacity: Initial: After 12 months: # of FTEs:	County: Capacity: Initial: After 12 months: # of FTEs:
☐ Adults at Risk for Avoidable Hospital or Emergency Department (ED) Utilization	County: Capacity: Initial: After 12 months: # of FTEs:	County: Capacity: Initial: After 12 months: # of FTEs:	County: Capacity: Initial: After 12 months: # of FTEs:	County: Capacity: Initial: After 12 months: # of FTEs:	County: Capacity: Initial: After 12 months: # of FTEs:
☐ Adults With Serious Mental Illness and/or Substance Use Disorder (SUD) Needs	County: Capacity: Initial: After 12 months: # of FTEs:	County: Capacity: Initial: After 12 months: # of FTEs:	County: Capacity: Initial: After 12 months: # of FTEs:	County: Capacity: Initial: After 12 months: # of FTEs:	County: Capacity: Initial: After 12 months: # of FTEs:



	County:	County:	County:	County:	County:
☐ Adults Transitioning From	Capacity:	Capacity:	Capacity:	Capacity:	Capacity:
	Initial:	Initial:	Initial:	Initial:	Initial:
Incarceration	After 12 months:				
	# of FTEs:				
	County:	County:	County:	County:	County:
☐ Adults Living in the	Capacity:	Capacity:	Capacity:	Capacity:	Capacity:
Community Who Are at	Initial:	Initial:	Initial:	Initial:	Initial:
Risk for Long-Term Care (LTC)	After 12 months:				
(LIC)	# of FTEs:				
	County:	County:	County:	County:	County:
☐ Nursing Facility Residents	Capacity:	Capacity:	Capacity:	Capacity:	Capacity:
Transitioning to the	Initial:	Initial:	Initial:	Initial:	Initial:
Community	After 12 months:				
	# of FTEs:				
☐ Birth Equity (Adults	County:	County:	County:	County:	County:
Pregnant or Postpartum	Capacity:	Capacity:	Capacity:	Capacity:	Capacity:
(Through 12 Month Period)	Initial:	Initial:	Initial:	Initial:	Initial:
Individuals and Are at Risk for Adverse Perinatal	After 12 months:				
Outcomes)	# of FTEs:				
For the below sub-population of focus, FTE and capacity indicated in the above will also apply to this.					
Adults Who Have a Diagnosed Intellectual/Developmental	County:	County:	County:	County:	County:
Disability (I/DD)					



☐ Homeless Families or	County:	County:	County:	County:	County:
Unaccompanied	Capacity:	Capacity:	Capacity:	Capacity:	Capacity:
Children/Youth	Initial:	Initial:	Initial:	Initial:	Initial:
Experiencing	After 12 months:				
Homelessness	# of FTEs:				
	County:	County:	County:	County:	County:
☐ Children/Youth at Risk	Capacity:	Capacity:	Capacity:	Capacity:	Capacity:
for Avoidable Hospital or	Initial:	Initial:	Initial:	Initial:	Initial:
ED Utilization	After 12 months:				
	# of FTEs:				
	County:	County:	County:	County:	County:
☐ Children/Youth With	Capacity:	Capacity:	Capacity:	Capacity:	Capacity:
Serious Mental Health	Initial:	Initial:	Initial:	Initial:	Initial:
and/or SUD Needs	After 12 months:				
	# of FTEs:				
☐ Children/Youth Enrolled	County:	County:	County:	County:	County:
in California Children's	Capacity:	Capacity:	Capacity:	Capacity:	Capacity:
Services (CCS) or CCS	Initial:	Initial:	Initial:	Initial:	Initial:
Whole Child Model (WCM) With Additional	After 12 months:				
Needs Beyond the CCS	# of FTEs:				
Condition					
	County:	County:	County:	County:	County:
	Capacity:	Capacity:	Capacity:	Capacity:	Capacity:
Children/Youth Involved	Initial:	Initial:	Initial:	Initial:	Initial:
in Child Welfare	After 12 months:				
	# of FTEs:				



	County:	County:	County:	County:	County:
☐ Children/Youth Who Are	Capacity:	Capacity:	Capacity:	Capacity:	Capacity:
Transitioning From a Youth Correctional	Initial:	Initial:	Initial:	Initial:	Initial:
Facility Setting	After 12 months:	After 12 months:	After 12 months:	After 12 months:	After 12 months:
	# of FTEs:	# of FTEs:	# of FTEs:	# of FTEs:	# of FTEs:
☐ Birth Equity (Youth	County:	County:	County:	County:	County:
Pregnant or Postpartum	Capacity:	Capacity:	Capacity:	Capacity:	Capacity:
(Through 12 Month	Initial:	Initial:	Initial:	Initial:	Initial:
Period) Individuals and Are at Risk for Adverse	After 12 months:	After 12 months:	After 12 months:	After 12 months:	After 12 months:
Perinatal Outcomes)	# of FTEs:	# of FTEs:	# of FTEs:	# of FTEs:	# of FTEs:
For the below sub-population	of focus, FTE and capacity	indicated in the above will also	apply to this.		
Children/Youth With Intellectual or Developmental Disabilities (I/DD)	County:	County:	County:	County:	County:
□ Please check this box if you only want to be assigned members who are part of your primary care panel.  Please identify capacity limitations or other information you would like to share regarding your ability to provide service(s).					



Please list all NPIs, addresses and counties that you will be servicing for ECM.

NPI	Address	County