

## Network Change Request Form Instructions

The NCR Form serves as a centralized reporting place which serves several purposes including:

Track	Impacted Area	Types of Change
<b>A</b>	<b>Agency Contact Information and Updates</b>	New Legal Entity Name
		New CCP Email Address/Website
		Ownership Change
		Key Contacts – annual and updates
		Medical Director
		Change in Hours of Operation by location
<b>B</b>	<b>Site Certification, 274 and Electronic Health Records</b>	New location
		New program
		Add/Change of Modes
		Partial Move
		Renovation
<b>C</b>	<b>Network Adequacy</b>	Temporary Closure= Hold Referrals
		Program Closure
		Legal Entity Closure

The form must be completed by internal and County Contracted Providers (CCP). Provider Relations checks for NCR submissions daily on weekdays. Form requests submitted on weekdays prior to 4 p.m. will be acknowledged within 24 hours of receipt. Forms submitted outside those hours will be addressed on the next business day.

Provider Relations will disseminate the information to the impacted parties.

The first page of the NCR Form must be completed for contact purposes. \* Indicates a required field.

### Primary Page – all fields required.

This section is where you outline the basic change and who to contact about the change.

1. Description – what is changing?
2. Legal Entity Name – (i.e., Pacific Clinics, Momentum for Health, County of Santa Clara)
3. Date of request
4. Contact Person
5. Contact Role
6. Contact Phone
7. Contact e-mail
8. Network Adequacy Change Notification (**only 1 item can be selected** per form)

On Question 8, each selection guides through only items needed to initiate the change in the form. You may also check that the form was submitted in error. If you have submitted the form in error please write ERROR on question 1.)

### A Track – Agency Contact Information and Updates

This section covers new legal entity name, new email/website, new owner/CEO/CFO/key contacts and Medical Director.

**New CEO/CFO/Key Contacts – updates.**

Every March Provider Relations will request that Legal Entities complete an annual key contact spreadsheet similar to the table format below. If one or more key contacts changes during the year, you must submit the information 1-6 on the NCR Form.

1. Effective Date
2. Contact Type
3. Contact Title
4. Name
5. Phone
6. Email

**Sample Annual Key Contact Table**

Contact Type/Description	Name	Title	Physical Mailing Address	Phone	Fax	Cell	E-mail
CEO/Owner – contact for contract signatures							
Financial Officer – contact for budget ? payment							
Compliance – who would we contact if agency had data breach or report Fraud waste and abuse							
Grievance/Appeals/Incidents – who would we contact to review and coordinate grievances/appeals or incidents?							
Contracts – who would we contact for contract revisions							
Quality Management - who would we contact to schedule a chart, claims validation or triennial review audit							
Certification/Designation/Licensing- who is your key contact for facilitating a partial move, adding or closing a location?							
Data Reporting – who is your key contact for data accuracy for 274/NACT reporting							
Claims – who is your key contact for reviewing claims issues?							
Program Specific Manager/lead What program?							

## **B Track** – Site Certification, EHR and 274 Reporting Location/Program information

New location, partial move, new program, change modes, and renovation have similar requests. New location has the most data needs – see below.

### **New location**

1. Estimated Effective Date
2. \*Contract Type 1
3. \*Contract Type 2
4. Telehealth Code
5. New Address
6. \*NPI for this location
7. \*Program Type(s) Examples - F&C TBS, F&C EOPC, ADULT FSP, AOA EOPD, AOA New Refugee SVCS, OA Elders Storytel, AOA CALWORKS OPD, KATIE A INTENSIV
8. \*Days and Hours of Operation:
9. \*Anticipated number of Staff
10. \*Does this site have a medication room?
11. HOS \*Legal name
12. \*Licensed As
13. \*NPI
14. Licensure Type
15. Gender Identity
16. \*DOB – format awkward – different date format
17. Area of expertise

**C Track** – Network Adequacy options include temporary closure, as well as permanent program closure and legal entity closure. Temporary closure has the most questions.

### **TEMPORARY CLOSURE= Hold Referrals**

1. \* Estimated closure date
2. \* Anticipated Re-opening Date.
3. Check steps you have taken to accommodate contracted services:
  - a. New Hire
  - b. Increase caseloads
  - c. Use of peers/MHRC to outreach/assist
  - d. Use of licensed staff who perform other duties to temporarily conduct assignments
  - e. Same Day Access
  - f. Group Treatment
  - g. Reduce therapy service minutes to accommodate more clients
  - h. Review UM rates
  - i. Review of client readiness for transition
  - j. Hire extra help
  - k. Other (please specify)
4. \*Reasoning for temporary closure (Note despite temporary closure you are responsible for maintaining workday and/or afterhours beneficiary communication)
5. \*Plan to address temporary closure and how you will increase capacity:
6. Impacted BHSD Contract Monitor(s) if known

7. \*Impacted Program Type(s) Examples - 4000447 F&C TBS, 4000448 F&C EOPC, 4000449 ADULT FSP, 4000451 AOA EOPD, 4000098 AOA New Refugee SVCS, 4000649 OA Elders Storytel, 4000097 AOA CALWORKS OPD, 4000094 F&C EOPC, 4000093 F&C OPC, 4000648 F&C TBS, 4000092 KATIE A INTENSIV
8. Impacted location(s):
9. \*Total Maximum Capacity (for impacted programs as defined by contract)
10. \*Current Medi-Cal Capacity (# of medi-cal beneficiaries currently being serviced):
11. Number of pending discharges:
12. Estimated # of beneficiaries waiting for first appointments (attach beneficiary tracking table for those waiting that you cannot currently accommodate)

**Required: Complete beneficiary tracking table for those you cannot currently accommodate. The form can be found on the BHSD website. Electronic Health Records - Behavioral Health Services - County of Santa Clara ([sccgov.org](http://sccgov.org))**

Send completed form by secure email to [BHSDBusinessOffice@hhs.sccgov.org](mailto:BHSDBusinessOffice@hhs.sccgov.org)

**On any page, if you have submitted the NCR Form in error, write ERROR in one or more of the free text boxes.**