



Community Supports (CS) Provider Letter of Interest Form

California | Anthem Blue Cross | Medi-Cal Managed Care (Medi-Cal)

Please complete this form and email to calaim@anthem.com if you are interested in becoming a Community Supports (CS) provider. This form is the first step toward becoming a CS provider and is a non-binding document.

Request type: (mark all that apply)

New CS provider Additional CS services Additional counties

Are you currently contracted with other managed care plans (MCP) for Enhanced Care Management (ECM)/Community Supports (CS)? Yes No

If yes, for what program? ECM CS Both

Please indicate the other MCP you are contracted with:

Anthem Blue Cross Kaiser Permanente Health Net LA Care Molina Health Care of California Partner Plan Health Plan of San Joaquin - Mountain Valley Health Plan

Other: _____

Please refer to [DHCS CalAIM Community Supports - Managed Care Plan Elections](#) for Managed Care Plan counties.

Provider type: Choose an item.

Community-based organization (CBO) Federally Qualified Healthcare center (FQHC)
 County Other

If "other," please indicate here: _____

Business Information

Company name: _____

Doing business as (DBA) name: _____

Tax ID number: _____ National Provider Identifier (NPI): _____

If you do not have an NPI number, have you applied to obtain one? Yes No

If yes, please provide the date of application: _____

Business address:

Street address: _____ Suite: _____

City: _____ State: _____ ZIP code: _____

Business phone number: _____ Fax: _____

Email address: _____

Please list all NPIs, addresses, and counties you will be servicing for CS:

NPI #	Address	County

Meals/medically tailored meals

County	Capacity initial	Capacity after 12 months	# of FTEs	County	Capacity initial	Capacity after 12 months	# of FTEs

Sobering centers

County	Capacity initial	Capacity after 12 months	# of FTEs	County	Capacity initial	Capacity after 12 months	# of FTEs

Asthma remediation

County	Capacity initial	Capacity after 12 months	# of FTEs	County	Capacity initial	Capacity after 12 months	# of FTEs

Please identify capacity limitations or other information you would like to share regarding your ability to provide service(s).



Email is the quickest and most direct way to receive important information from us.

To start receiving email from us (including some sent in lieu of fax or mail), submit your information using the QR code to the left or via our online form: <http://anthem.ly/signup-abc-ca>.