



STRATEGIC PLANNING BUREAU/CENTRAL BUSINESS OFFICE
PSO/SYSTEMS ACCESS UNIT
RENDERING PROVIDER TERMINATION PROCEDURES

The automated (online) Rendering Provider Form application or the IS290 Report may be used for clinical staff that has terminated services from a provider location. When completing either option, please refer to the following guidelines:

I. AUTOMATED (Online) RENDERING PROVIDER FORM

To terminate less than five rendering providers from a service location (s) or reporting unit (s) use the automated rendering provider form application. From the Kiosk page select "Terminate an Existing Provider"

Required information:

- Submit Date
- Check the Terminate Button
- OPERATIONS CODE: *Select Class Code* from drop down button
- L.E.#
- NGA Name
- Last Name – Please type
- First Name – Please type first name (avoid using nicknames)
- Middle Initial
- Staff Code – 7-digit assigned *staff code*
- Rend Prov ID – the unique number assigned by the IS. *It is not 99999 or the Provider # or 00000 (zeros)*
- Contact Name, Phone Number and Email Address
- DMH/NGA Provider No/Report Unit – The four digit provider number + the alpha code for which services are being terminated. Use Attachment to Form MH-228 to terminate more than one RU or select
 Delete this rendering provider in ALL service locations within the legal entity indicated above
- FFS Group/Organization Provider No. – This is the FFS 9 digit provider number
- Termination Date

II. IS290 BILLING PROVIDER REPORT

This report is by the 4-digit Provider Number. *DO NOT USE THIS REPORT to terminate a service location or reporting unit. Only use this report to terminate five (5) or more rendering provider from the billing legal entity (if contractor) or billing provider (if directly operated). To terminate less than five rendering providers from a service location (s) or reporting unit (s) use the automated rendering provider form application.*

NOTE: Only one (1) report is required to terminate RP from the Legal Entity. At the top of the report, please write terminate from Legal Entity.



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Required information:

- Authorized Manager's Name, Signature and Date at the top of each page – This is the person authorized to sign CIOB Access Forms.
- Write the termination date in the "Inactive Dt" field, next to Rend Prov ID of the person being terminated.
- Contact Name, Phone Number and Email Address for the person who can answer questions about the rendering provider's termination and who will receive email confirmation notifications.

Submit original IS290 report to:

Department of Mental Health
PSO/Systems Access
695 South Vermont Avenue
Los Angeles, CA 90005