AMERIHEALTH CARITAS FAMILY OF COMPANIES
POLICY AND PROCEDURE

Subject: Credentialing/Recredentialing of Providers, Organizational Providers and Non-Traditional Long-Term Services and Supports (LTSS) Contractors/Providers

Policy No: [Confidential information redacted]

Department: Enterprise Operations Management

Current Effective Date: 12/2020

Last Review Date: 12/2020
Original Effective Date: 8/29/2019
Next Review Date: 12/2021

Related Departments: Provider Network Management, Provider Network Operations, Provider Database Maintenance, Quality Management

Lines of Business: North Carolina

Products: Medicaid and Health Choice

Policy:

AmeriHealth Caritas North Carolina is a member of the AmeriHealth Caritas Family of Companies. AmeriHealth Caritas North Carolina, also known as the Prepaid Health Plan "PHP," adheres to the North Carolina Department of Health and Human Services' (the "Department") Medicaid managed care program streamlined approach for the credentialing and recredentialing of providers. AmeriHealth Caritas North Carolina will rely on a provider's presence on the Medicaid Provider Enrollment File (NCTracks extended version) for credentialing/recredentialing purposes. Per the direction of the Department in the email 'NOTIFICATION: Medicaid Credentialed Provider File – Termination' on December 12, 2019 (Attachment E), a provider's presence on the NCTracks extended version replaces the quality determination to be performed by AmeriHealth Caritas North Carolina [Confidential information redacted]. Through this standardized credentialing/recredentialing approach, AmeriHealth Caritas North Carolina will not outreach to in-state, bordering (i.e., providers that reside within forty (40) miles of the North Carolina state line), or out of state providers about credentialing/recredentialing [Confidential information redacted]. North Carolina state law and the RFP requires PHPs to negotiate in good faith with, and include in the network, all qualified willing providers, except when the PHP is unable to negotiate rates.

Provider/Contactor/Organizational Providers who are not enrolled with the Department as North Carolina Medicaid Providers, consistent with the provider disclosure, screening, and enrollment requirements, will not be contracted with AmeriHealth Caritas North Carolina. AmeriHealth Caritas North Carolina will partner with the Department on a long-term model for credentialing to meet NCQA compliance.

This policy and procedure will be presented for review and approval on at least an annual basis to both the Department and AmeriHealth Caritas North Carolina's Quality Assessment Performance Improvement Committee (QAPIC). AmeriHealth Caritas North Carolina will submit any significant policy changes to the Department for review and approval at least sixty (60) calendar days prior to

implementation.

AmeriHealth Caritas North Carolina is prohibited from employing or contracting with providers excluded from participation in federal health care programs under the Social Security Act.

AmeriHealth Caritas North Carolina credentialing staff abide by policies and procedures for the collection, use, transmission, storage, access to and disclosure of Confidential Information in order to protect the privacy and confidentiality rights of AmeriHealth Caritas North Carolina's Members and Providers and to ensure the appropriate and legitimate use of the information. AmeriHealth Caritas North Carolina is prohibited from using, disclosing or sharing provider credentialing information for any purpose other than use in Medicaid Managed Care without the express, written consent of the provider and the Department.

Procedure:

Initial Credentialing

AmeriHealth Caritas North Carolina will rely on the enrollment/credentialing of the Department for initial credentialing and will not have its own independent credentialing process in accordance with guidance from the Department in the email 'NOTIFICATION: Medicaid Credentialed Provider File – Termination' on December 12, 2019 (Attachment E). AmeriHealth Caritas North Carolina will accept the NCTracks extended version as the source for provider eligibility and credentialing status purposes. AmeriHealth Caritas North Carolina matches the provider to the active Medicaid/North Carolina Health Choice (NCHC) provider record by using the NPI, location code, effective date methodology provided by the Department.

Recredentialing

1. Providers/Contractors/Organizational Providers are recredentialed no less frequently than every 5 years by the Department during the Provider Credentialing Transition period.

2. AmeriHealth Caritas North Carolina will suspend claims payments to any non-compliant provider for dates of services after the effective date provided by the Department. Claims payment suspension will occur within one (1) business day of receipt of notice from the Department that Provider payment has been suspended for failing to submit re-credentialing documentation to the Department, or for otherwise failing to meet Department requirements.

3. AmeriHealth Caritas North Carolina will reinstate provider payments upon notice of compliance from the Department.

4. If the provider remains non-compliant more than fifty (50) days after suspension, the Department and AmeriHealth Caritas North Carolina will terminate the provider and AmeriHealth Caritas North Carolina will likewise terminate the provider from its network.

   NOTE: The PHP will not be liable for interest or penalties for payment suspension at recredentialing.

Note: Any provider found to be excluded from Medicare or Medicaid will be terminated immediately from the PHP.

Quality Assessment Performance Improvement Committee (QAPIC)

1. The QAPIC is staffed with participating providers with the goal of representing the range of North Carolina licensed primary care, specialty and Allied Health Practitioners furnishing care to AmeriHealth Caritas North Carolina members. The AmeriHealth Caritas North Carolina Market Chief Medical Officer or physician designee is Chairman of the QAPIC and is licensed in the state of North Carolina.

2. The primary responsibilities of the QAPIC are described more fully in the [Confidential information redacted] (reviewed and approved by the Department). Those responsibilities pertinent to credentialing/re-credentialing include:

    - Review and revise Credentialing/Recredentialing policies and procedures at least annually and modify them as necessary.

    - Help ensure that AmeriHealth Caritas North Carolina's Credentialing / Recredentialing policies and procedures are consistently followed and aligned with state policies and procedures.

    - Monitor the credentialing processes to ensure implementation is in accordance with federal, state and NCQA standards.

    - Compare provider performance against quality data, including quality of care and quality of service concerns, and review provider performance at least as often as the NC DHHS recredentialing cycle. Any severity levels reached as outlined in the [Confidential information redacted] will be presented to the QAPIC for review, discussion, and determination.

3. Any provider terminated for reasons of suspected fraud, waste, or abuse are reviewed pursuant to the requirements under the Department Contract.

    NOTE: This process is based on the AmeriHealth Caritas North Carolina authorizing legislation that provides AmeriHealth Caritas North Carolina must include all willing providers in their network, except when AmeriHealth Caritas North Carolina is unable to negotiate rates.

Confidentiality

1. The Plan-wide policy [Confidential information redacted], addresses the overall procedure for confidentiality. On an annual basis all associates must read and sign the policies Associate

    Confidentiality, Privacy, and Security Agreement. In addition, Policy [Confidential information redacted], addresses the specific procedures with regard to the confidentiality of information obtained in the Credentialing/Recredentialing process. All new hires must sign the Affirmation Statement Form in the New Hire Orientation.

On-going Monitoring

1. Through the uniform credentialing process, the Department will screen and enroll, and revalidate, all providers as participating and non-sanctioned Medicaid Providers.

2. AmeriHealth Caritas North Carolina will reconfirm providers' Medicaid eligibility upon receipt of every NCTracks extended file.

3. AmeriHealth Caritas North Carolina will monitor provider performance against Quality data on an ongoing basis, as outlined in the Quality Improvement Program Description.

Provider Network Composition

1. The AmeriHealth Caritas North Carolina Provider Network Management (PNM) team establishes a network of providers necessary to furnish Covered Services, specific to the North Carolina plan that meets network adequacy requirements to help ensure access for enrollees, including those with limited English proficiency or physical or mental disabilities. The AmeriHealth Caritas North Carolina PNM team is responsible for validating female enrollees have direct access to women's health specialists to provide women's routine and preventive health services.

2. The provider network includes, but is not limited to, hospitals, providers (specialists and primary care), nurse midwives, nurse practitioners, family planning providers, federally qualified health centers, medical specialists, dentists, allied health professionals, ancillary providers, DME providers, home health providers, behavioral health providers, transportation providers, nursing facilities and supportive living facilities, and Long Term Services and Supports, such as adult day programs, home delivered meals and environmental modification services.

3. The AmeriHealth Caritas North Carolina network of contracted, credentialed providers includes adequate numbers of Providers with the training, experience, and skills necessary to furnish quality care to Members in a manner that is accessible and culturally competent.

4. If the provider network is unable to provide necessary services or the need for a second opinion, AmeriHealth Caritas North Carolina will support the arrangement of such services at no cost to the member.

   NOTE: Refer to Policy [Confidential information redacted]

Contract Execution

1. The AmeriHealth Caritas North Carolina contract network management team meets with providers interested in joining the AmeriHealth Caritas North Carolina provider network (potential providers) and supplies a copy of the contracting packet including the data intake form. The data intake forms request additional information from the potential providers including but not limited to office hours, ADA compliance information, and provider type. (Attachments A through D – AmeriHealth Caritas North Carolina Provider Data Intake forms)

2. If the contract negotiation process proceeds to conclusion and completed contract packets are received, the information from the data intake form is shared with appropriate AmeriHealth Caritas North Carolina departments. The data will be validated against the NC Tracks Extended file for participation.

3. AmeriHealth Caritas North Carolina may execute a network provider contract, pending the outcome of the Department screening, enrollment, and revalidation, of up to one hundred

twenty days (120) but must terminate a network provider immediately upon notification from the Department that the network provider cannot be enrolled.

Provider Directories

1. Directories that list credentialed and participating providers/contractors/organizational providers are made available upon request to the Members. A real time provider directory is also available through the AmeriHealth Caritas North Carolina website.

2. The information populated in the provider directory outlines the Provider's professional qualifications that are gathered from the provider's initial intake form and the NC Tracks Extended file.

3. Members are informed through the member newsletter and website that they may request the following information on any AmeriHealth Caritas North Carolina primary and/or specialty care provider's professional qualifications:
    - Medical school attended;
    - Residency completed; and
    - Board certification status (also included in the ProviderDirectory)

Oversight

1. AmeriHealth Caritas North Carolina will meet with the Department, or designated Department vendor, quarterly and as requested regarding the credentialing process and network contracting process.

2. AmeriHealth Caritas North Carolina will publish all previous versions of this policy on the AmeriHealth Caritas North Carolina website including the policy effective date.

Related Policies and Procedures:

1. [Confidential information redacted]
2. [Confidential information redacted]
3. [Confidential information redacted]
4. [Confidential information redacted]

Attachments:

1. Attachment A – NC DHHS Email: NOTIFICATION: Medicaid Credentialed Provider File – Termination
2. Attachment B – Sample AmeriHealth Caritas North Carolina Provider Data Intake Forms
    - Provider Data Intake
    - Behavioral Health Data Intake
    - Facility Data Intake
    - Ancillary Data Intake

Approved By:

Name:_____ Date: 12-17-20

[Confidential Information Redacted]

Attachment A – NC DHHS Email: NOTIFICATION: Medicaid Credentialed Provider File – Termination

Subject: FW: NOTIFICATION: Medicaid Credentialed Provider File - Termination

From: [Confidential Information Redacted]
Sent: Thursday, December 12, 2019 2:59 PM
To: [Confidential Information Redacted]
Subject: NOTIFICATION: Medicaid Credentialed Provider File - Termination

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WARNING: This email originated outside of the company.
DO NOT CLICK links or attachments unless you recognize the sender and are expecting the email.

Plans,

Due to suspending the roll out of Managed Care the Department has decided to terminate the daily Medicaid Credentialed Provider File, effective immediately.

The Plans will rely on the enrollment/credentialing of GDIT, as indicated on the Medicaid Provider Enrollment File (vs the Medicaid Credentialed Provider File), to replace individual Plan Quality Determinations during the transition period.

The plans will:

a. ingest the Medicaid Provider Enrollment File (extended version) and when a Medicaid/NCHC enrolled provider is active in the Medicaid program you may contract with them using our enrollment effective date
b. update procedures to reflect this change and resubmit to the Department for approval

We will work on the long term model of the PDM/CVO to work toward NCQA compliance.

[Confidential Information Redacted

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Attachment B – Sample AmeriHealth Caritas North Carolina Provider Data Intake Forms

AmeriHealth Caritas North Carolina

AmeriHealth Caritas North Carolina

Provider Data Intake Form

Section 1 instructions: Please complete all fields below for the Provider.

Entity name (as written on W9):		Category: ☐ PCP ☐ Specialist ☐ FQHC ☐ RHC ☐ Behavioral health ☐ Urgent care	
IPA name (if applicable):		Billing type: ☐ UB-04/Institutional ☐ CMS-1500/Professional	
Name doing business as (if applicable):		Group/Facility TIN/EIN # (nine characters):	NCTracks Provider ID:
Primary contact name:	Primary contact email:	Primary contact phone:	
Pay to: Street address:	Building or suite number:	City, state, ZIP:	Phone number:
Recoveries address (if different from pay to above):	Building or suite number:	City, state, ZIP:	
Organization website:			

Section 2 instructions: Please complete each section below for all locations including applicable NPI or Atypical ID information. **(Make additional copies if needed.)**

Location	Group name (as it will appear in provider directory)	Street address	Building or suite number	City	State	ZIP + 4 Digits	County	Group or Facility NPI/ Atypical ID / Taxonomy Code	Telephone with Area Code
Main Practice Location 1								NPI/Atypical ID: Taxonomy Code:	

Languages Spoken: ☐ English ☐ Spanish ☐ Chinese ☐ Vietnamese ☐ Korean ☐ French ☐ Arabic ☐ ASL ☐ Other (please list):

Location 1 — Office Hours								
Day	**Start**	**AM/PM**	**End**	**AM/PM**	**Start**	**AM/PM**	**End**	**AM/PM**
Monday								
Tuesday								
Wednesday								
Thursday								
Friday								
Saturday								
Sunday								

Location	Group name (as it will appear in provider directory)	Street address	Building or suite number	City	State	ZIP + 4 Digits	County	Group or Facility NPI/ Atypical ID / Taxonomy Code	Telephone with Area Code
Practice Location 2								NPI/Atypical ID: Taxonomy Code:	

Languages Spoken: ☐ English ☐ Spanish ☐ Chinese ☐ Vietnamese ☐ Korean ☐ French ☐ Arabic ☐ ASL ☐ Other (please list):

Location 2 — Office Hours								
Day	Start	AM/PM	End	AM/PM	Start	AM/PM	End	AM/PM
Monday								
Tuesday								
Wednesday								
Thursday								
Friday								
Saturday								
Sunday								

Location	Group name (as it will appear in provider directory)	Street address	Building or suite number	City	State	ZIP + 4 Digits	County	Group or Facility NPI/ Atypical ID / Taxonomy Code	Telephone with Area Code
Practice Location 3								NPI/Atypical ID: Taxonomy Code:	

Languages Spoken: ☐ English ☐ Spanish ☐ Chinese ☐ Vietnamese ☐ Korean ☐ French ☐ Arabic ☐ ASL ☐ Other (please list):

Location 3 — Office Hours								
Day	Start	AM/PM	End	AM/PM	Start	AM/PM	End	AM/PM
Monday								
Tuesday								
Wednesday								
Thursday								
Friday								
Saturday								
Sunday								

Location	Group name (as it will appear in provider directory)	Street address	Building or suite number	City	State	ZIP + 4 Digits	County	Group or Facility NPI/ Atypical ID / Taxonomy Code	Telephone with Area Code
Practice Location 4								NPI/Atypical ID: Taxonomy Code:	

Languages Spoken: ☐ English ☐ Spanish ☐ Chinese ☐ Vietnamese ☐ Korean ☐ French ☐ Arabic ☐ ASL ☐ Other (please list):

Location 4 — Office Hours								
Day	**Start**	**AM/PM**	**End**	**AM/PM**	**Start**	**AM/PM**	**End**	**AM/PM**
Monday								
Tuesday								
Wednesday								
Thursday								
Friday								
Saturday								
Sunday								

Location	Group name (as it will appear in provider directory)	Street address	Building or suite number	City	State	ZIP + 4 Digits	County	Group or Facility NPI/ Atypical ID / Taxonomy Code	Telephone with Area Code
Practice Location 5								NPI/Atypical ID: Taxonomy Code:	

Languages Spoken: ☐ English ☐ Spanish ☐ Chinese ☐ Vietnamese ☐ Korean ☐ French ☐ Arabic ☐ ASL ☐ Other (please list):

Location 5 — Office Hours								
Day	**Start**	**AM/PM**	**End**	**AM/PM**	**Start**	**AM/PM**	**End**	**AM/PM**
Monday								
Tuesday								
Wednesday								
Thursday								
Friday								
Saturday								
Sunday								

Location	Group name (as it will appear in provider directory)	Street address	Building or suite number	City	State	ZIP + 4 Digits	County	Group or Facility NPI/ Atypical ID / Taxonomy Code	Telephone with Area Code
Practice Location 6								NPI/Atypical ID: Taxonomy Code:	

Languages Spoken: ☐ English ☐ Spanish ☐ Chinese ☐ Vietnamese ☐ Korean ☐ French ☐ Arabic ☐ ASL ☐ Other (pleaselist):

Location 6 — Office Hours								
Day	**Start**	**AM/PM**	**End**	**AM/PM**	**Start**	**AM/PM**	**End**	**AM/PM**
Monday								
Tuesday								
Wednesday								
Thursday								
Friday								
Saturday								
Sunday								

Section 3 instructions: Please indicate ADA compliance for each location, as appropriate.

ADA Compliance	Facility Locations
Compliant Access Service Location	☐ All ☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 ☐ 6
Compliant Access Rest Rooms	☐ All ☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 ☐ 6
Compliant Access Examination Rooms	☐ All ☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 ☐ 6
Handicap Accessible Medical Equipment	☐ All ☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 ☐ 6
Blind/Visually Impaired	☐ All ☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 ☐ 6
Cognitively Disabled	☐ All ☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 ☐ 6
Deaf or Hard of Hearing	☐ All ☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 ☐ 6

Section 4 instructions: Please complete all fields below by selecting which service(s) are provided at each location and ages served.

Services	Age Range		Locations
Adult Care Homes	☐ All Ages	From Age____to ____	☐ All ☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 ☐ 6
Ambulance Services	☐ All Ages	From Age____to ____	☐ All ☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 ☐ 6
Anesthesia Services	☐ All Ages	From Age____to ____	☐ All ☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 ☐ 6
Assertive Community Treatment (ACT)	☐ All Ages	From Age____to ____	☐ All ☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 ☐ 6
Assisted Living	☐ All Ages	From Age____to ____	☐ All ☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 ☐ 6
Behavioral Health Services	☐ All Ages	From Age____to ____	☐ All ☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 ☐ 6
Behavior Support Consultation	☐ All Ages	From Age____to ____	☐ All ☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 ☐ 6
Behavioral Health Professional and Substance Abuse Services, Evaluations, Testing, Assessments, Med Management and/or Therapies	☐ All Ages	From Age____to ____	☐ All ☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 ☐ 6
Cardiovascular Rehabilitation	☐ All Ages	From Age____to ____	☐ All ☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 ☐ 6
Chemotherapy	☐ All Ages	From Age____to ____	☐ All ☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 ☐ 6
Childbirth Education	☐ All Ages	From Age____to ____	☐ All ☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 ☐ 6
Chiropractic Services	☐ All Ages	From Age____to ____	☐ All ☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 ☐ 6
Clinically Managed Low-Intensity Residential Treatment Services	☐ All Ages	From Age____to ____	☐ All ☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 ☐ 6
Community Transition Services	☐ All Ages	From Age____to ____	☐ All ☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 ☐ 6
Diagnostic Imaging	☐ All Ages	From Age____to ____	☐ All ☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 ☐ 6
Dialysis	☐ All Ages	From Age____to ____	☐ All ☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 ☐ 6
Durable Medical Equipment/Supplies	☐ All Ages	From Age____to ____	☐ All ☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 ☐ 6
Early and Periodic Screening, Diagnosis and Treatment (EPSDT)	☐ All Ages	From Age____to ____	☐ All ☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 ☐ 6
End-Stage Renal Disease Services	☐ All Ages	From Age____to ____	☐ All ☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 ☐ 6
Facility-Based Crisis Service for Adults		From Age____to ____	☐ All ☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 ☐ 6

Services	Age Range		Locations
Facility-Based Crisis Service for Children and Adolescents		From Age____to ____	☐ All ☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 ☐ 6
Family Care Homes	☐ All Ages	From Age____to ____	☐ All ☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 ☐ 6
Family Planning and Reproductive Health Services	☐ All Ages	From Age____to ____	☐ All ☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 ☐ 6
Family Support (Behavioral Health)	☐ All Ages	From Age____to ____	☐ All ☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 ☐ 6
Habilitative and Rehabilitative Services — Occupational Therapy	☐ All Ages	From Age____to ____	☐ All ☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 ☐ 6
Habilitative and Rehabilitative Services — Physical Therapy	☐ All Ages	From Age____to ____	☐ All ☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 ☐ 6
Habilitative and Rehabilitative Services — Speech Therapy	☐ All Ages	From Age____to ____	☐ All ☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 ☐ 6
Health and Behavior Intervention	☐ All Ages	From Age____to ____	☐ All ☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 ☐ 6
Health Department Services	☐ All Ages	From Age____to ____	☐ All ☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 ☐ 6
Hearing Aids and Related Evaluations	☐ All Ages	From Age____to ____	☐ All ☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 ☐ 6
Home Health Aide	☐ All Ages	From Age____to ____	☐ All ☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 ☐ 6
Home Health Services	☐ All Ages	From Age____to ____	☐ All ☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 ☐ 6
Home Infusion Therapy	☐ All Ages	From Age____to ____	☐ All ☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 ☐ 6
Home Modifications	☐ All Ages	From Age____to ____	☐ All ☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 ☐ 6
Home Visit for Newborn Care and Assessment	☐ All Ages	From Age____to ____	☐ All ☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 ☐ 6
Home Visit for Postnatal Assessment and Follow-up Care	☐ All Ages	From Age____to ____	☐ All ☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 ☐ 6
Hospice Services	☐ All Ages	From Age____to ____	☐ All ☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 ☐ 6
Inpatient Behavioral Health Services	☐ All Ages	From Age____to ____	☐ All ☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 ☐ 6
Intermediate Care Facilities for Individuals with Intellectual Disabilities	☐ All Ages	From Age____to ____	☐ All ☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 ☐ 6

Services	Age Range		Locations
IV Outpatient Services	☐ All Ages	From Age____to ____	☐ All ☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 ☐ 6
Laboratory Services	☐ All Ages	From Age____to ____	☐ All ☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 ☐ 6
Mammography Services	☐ All Ages	From Age____to ____	☐ All ☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 ☐ 6
Maternal Care Skilled Nurse Home Visit	☐ All Ages	From Age____to ____	☐ All ☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 ☐ 6
Medical Supplies	☐ All Ages	From Age____to ____	☐ All ☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 ☐ 6
Medication Assisted Treatment for Opioid Dependence	☐ All Ages	From Age____to ____	☐ All ☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 ☐ 6
Midwife Services	☐ All Ages	From Age____to ____	☐ All ☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 ☐ 6
Nursing Equipment and Supplies	☐ All Ages	From Age____to ____	☐ All ☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 ☐ 6
Nursing Facility Services	☐ All Ages	From Age____to ____	☐ All ☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 ☐ 6
Nutritional Evaluations and Counseling — Dietary Evaluation and Counseling as Medical	☐ All Ages	From Age____to ____	☐ All ☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 ☐ 6
Nutritional Services	☐ All Ages	From Age____to ____	☐ All ☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 ☐ 6
OB/GYN Services	☐ All Ages	From Age____to ____	☐ All ☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 ☐ 6
Ophthalmology	☐ All Ages	From Age____to ____	☐ All ☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 ☐ 6
Optical Services — Optometry	☐ All Ages	From Age____to ____	☐ All ☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 ☐ 6
Organ and Tissue Transplants	☐ All Ages	From Age____to ____	☐ All ☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 ☐ 6
Outpatient Behavioral Health Services	☐ All Ages	From Age____to ____	☐ All ☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 ☐ 6
Outpatient Opioid Treatment	☐ All Ages	From Age____to ____	☐ All ☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 ☐ 6
Outpatient Specialized Therapy Services	☐ All Ages	From Age____to ____	☐ All ☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 ☐ 6
Partial Hospitalization	☐ All Ages	From Age____to ____	☐ All ☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 ☐ 6
Personal Care Services	☐ All Ages	From Age____to ____	☐ All ☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 ☐ 6
Physical Rehabilitation Equipment and Supplies	☐ All Ages	From Age____to ____	☐ All ☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 ☐ 6

Services	Age Range		Locations
Podiatry Services	☐ All Ages	From Age____to ____	☐ All ☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 ☐ 6
Private Duty Nursing, **over** age 21			☐ All ☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 ☐ 6
Private Duty Nursing, **under** age 21			☐ All ☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 ☐ 6
Prosthetics and Orthotics	☐ All Ages	From Age____to ____	☐ All ☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 ☐ 6
Psychiatric Residential Treatment Facilities for Children under age 21			☐ All ☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 ☐ 6
Psychological Services in Health Departments and School-Based Health Centers Sponsored by Health Departments to the under 21 Population			☐ All ☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 ☐ 6
Pulmonary Therapy	☐ All Ages	From Age____to ____	☐ All ☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 ☐ 6
Radiation Therapy	☐ All Ages	From Age____to ____	☐ All ☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 ☐ 6
Radiology Services	☐ All Ages	From Age____to ____	☐ All ☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 ☐ 6
Reconstructive Surgery	☐ All Ages	From Age____to ____	☐ All ☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 ☐ 6
Recovery Services (Behavioral Health)	☐ All Ages	From Age____to ____	☐ All ☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 ☐ 6
Rehabilitation Services Providers	☐ All Ages	From Age____to ____	☐ All ☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 ☐ 6
Reproductive Health Services	☐ All Ages	From Age____to ____	☐ All ☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 ☐ 6
Residential Treatment Services	☐ All Ages	From Age____to ____	☐ All ☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 ☐ 6
Respiratory Equipment and Supplies	☐ All Ages	From Age____to ____	☐ All ☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 ☐ 6
Respiratory Therapy	☐ All Ages	From Age____to ____	☐ All ☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 ☐ 6
Respite	☐ All Ages	From Age____to ____	☐ All ☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 ☐ 6
School-Based Services	☐ All Ages	From Age____to ____	☐ All ☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 ☐ 6
Services for Individuals with Intellectual and Developmental Disabilities and Mental Health or Substance Abuse	☐ All Ages	From Age____to ____	☐ All ☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 ☐ 6
Skilled Nursing Facility	☐ All Ages	From Age____to ____	☐ All ☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 ☐ 6
Sleep Studies	☐ All Ages	From Age____to ____	☐ All ☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 ☐ 6

Services	Age Range		Locations
Telemedicine, Primary Care	☐ All Ages	From Age____to ____	☐ All ☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 ☐ 6
Telemedicine, Medical	☐ All Ages	From Age____to ____	☐ All ☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 ☐ 6
Telemedicine, Psychiatric	☐ All Ages	From Age____to ____	☐ All ☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 ☐ 6
Transportation	☐ All Ages	From Age____to ____	☐ All ☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 ☐ 6
Ultrasound Services	☐ All Ages	From Age____to ____	☐ All ☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 ☐ 6

ASAM Levels of Care

Services	Age Range		Locations
ASAM Level OTS Outpatient Opioid Treatment	☐ All Ages	From Age____to ____	☐ All ☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 ☐ 6
ASAM Level 1 Outpatient Services	☐ All Ages	From Age____to ____	☐ All ☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 ☐ 6
ASAM Level 1-WM Ambulatory Detoxification	☐ All Ages	From Age____to ____	☐ All ☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 ☐ 6
ASAM Level 2.1 Substance Abuse Intensive Outpatient Program (SAIOP)	☐ All Ages	From Age____to ____	☐ All ☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 ☐ 6
ASAM Level 2.5 Substance Abuse Comprehensive Outpatient Treatment Program (SACOT)	☐ All Ages	From Age____to ____	☐ All ☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 ☐ 6
ASAM Level 3.7-WM Non-Hospital Medical Detoxification	☐ All Ages	From Age____to ____	☐ All ☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 ☐ 6
ASAM Level 3.9-WM (NC) Medically Supervised or ADATC Detoxification Crisis Stabilization	☐ All Ages	From Age____to ____	☐ All ☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 ☐ 6
ASAM Level 4 Inpatient Hospital Substance Abuse Treatment	☐ All Ages	From Age____to ____	☐ All ☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 ☐ 6

Please add any unlisted services below and indicate age range and location.

Services	Age Range		Locations
	☐ All Ages	From Age____to ____	☐ All ☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 ☐ 6
	☐ All Ages	From Age____to ____	☐ All ☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 ☐ 6
	☐ All Ages	From Age____to ____	☐ All ☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 ☐ 6
	☐ All Ages	From Age____to ____	☐ All ☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 ☐ 6
	☐ All Ages	From Age____to ____	☐ All ☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 ☐ 6
	☐ All Ages	From Age____to ____	☐ All ☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 ☐ 6
	☐ All Ages	From Age____to ____	☐ All ☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 ☐ 6
	☐ All Ages	From Age____to ____	☐ All ☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 ☐ 6
	☐ All Ages	From Age____to ____	☐ All ☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 ☐ 6
	☐ All Ages	From Age____to ____	☐ All ☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 ☐ 6
	☐ All Ages	From Age____to ____	☐ All ☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 ☐ 6
	☐ All Ages	From Age____to ____	☐ All ☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 ☐ 6
Additional Notes:			

Section 5 instructions: Please complete all fields below. Please include practitioner licensure(s), i.e., MLADC, APRN etc., and indicate practice location numbers for each practitioner.

Category	First name	Last name	MI	Degree/License	Gender	Specialty	Accepting new patients?	Practitioner NPI/Atypical ID	Practice Location number for practitioner
						Taxonomy code	Age Range	Affiliated Hospital with Admitting Privileges	
☐ PCP ☐ Specialist ☐ Hospital Based					☐ M ☐ F	Specialty: Taxonomy:	Accepting New Patients? ☐ Yes ☐ No From Ages____to ____ ☐ All Ages	NPI/Atypical ID Affiliated Hospital with Admit Privilege	☐ All ☐ 1 ☐ 4 ☐ 2 ☐ 5 ☐ 3 ☐ 6
Provider Training/Experience:									
☐ Blindness or Visual Impairment ☐ Child Welfare ☐ Chronic Illness ☐ Cognitively Disabled ☐ Co-occurring Disorders ☐ Deafness or Hard of Hearing ☐ HIV/AIDS ☐ Homelessness ☐ Physical Disability ☐ Serious Mental Illness ☐ Substance Abuse ☐ Trauma									
Cultural Competency Training Completed? ☐ Yes ☐ No									

☐ PCP ☐ Specialist ☐ Hospital Based					☐ M ☐ F	Specialty: Taxonomy:	Accepting New Patients? ☐ Yes ☐ No From Ages____to ____ ☐ All Ages	NPI/Atypical ID Affiliated Hospital with Admit Privilege	☐ All ☐ 1 ☐ 4 ☐ 2 ☐ 5 ☐ 3 ☐ 6
Provider Training/Experience:									
☐ Blindness or Visual Impairment ☐ Child Welfare ☐ Chronic Illness ☐ Cognitively Disabled ☐ Co-occurring Disorders ☐ Deafness or Hard of Hearing ☐ HIV/AIDS ☐ Homelessness ☐ Physical Disability ☐ Serious Mental Illness ☐ Substance Abuse ☐ Trauma									
Cultural Competency Training Completed? ☐ Yes ☐ No									

☐ PCP ☐ Specialist ☐ Hospital Based					☐ M ☐ F	Specialty: Taxonomy:	Accepting New Patients? ☐ Yes ☐ No From Ages____to ____ ☐ All Ages	NPI/Atypical ID Affiliated Hospital with Admit Privilege	☐ All ☐ 1 ☐ 4 ☐ 2 ☐ 5 ☐ 3 ☐ 6
Provider Training/Experience:									
☐ Blindness or Visual Impairment ☐ Child Welfare ☐ Chronic Illness ☐ Cognitively Disabled ☐ Co-occurring Disorders ☐ Deafness or Hard of Hearing ☐ HIV/AIDS ☐ Homelessness ☐ Physical Disability ☐ Serious Mental Illness ☐ Substance Abuse ☐ Trauma									
Cultural Competency Training Completed? ☐ Yes ☐ No									

Category	First name	Last name	MI	Degree/License	Gender	Specialty	Accepting new patients?	Practitioner NPI/Atypical ID	Practice Location number for practitioner
						Taxonomy code	Age Range	Affiliated Hospital with Admitting Privileges	
☐ PCP ☐ Specialist ☐ Hospital Based					☐ M ☐ F	Specialty: Taxonomy:	Accepting New Patients? ☐ Yes ☐ No From Ages____to _____ ☐ All Ages	NPI/Atypical ID Affiliated Hospital with Admit Privilege	☐ All ☐ 1 ☐ 4 ☐ 2 ☐ 5 ☐ 3 ☐ 6
Provider Training/Experience:									
☐ Blindness or Visual Impairment ☐ Child Welfare ☐ Chronic Illness ☐ Cognitively Disabled ☐ Co-occurring Disorders ☐ Deafness or Hard of Hearing ☐ HIV/AIDS ☐ Homelessness ☐ Physical Disability ☐ Serious Mental Illness ☐ Substance Abuse ☐ Trauma									
Cultural Competency Training Completed? ☐ Yes ☐ No									

☐ PCP ☐ Specialist ☐ Hospital Based					☐ M ☐ F	Specialty: Taxonomy:	Accepting New Patients? ☐ Yes ☐ No From Ages____to _____ ☐ All Ages	NPI/Atypical ID Affiliated Hospital with Admit Privilege	☐ All ☐ 1 ☐ 4 ☐ 2 ☐ 5 ☐ 3 ☐ 6
Provider Training/Experience:									
☐ Blindness or Visual Impairment ☐ Child Welfare ☐ Chronic Illness ☐ Cognitively Disabled ☐ Co-occurring Disorders ☐ Deafness or Hard of Hearing ☐ HIV/AIDS ☐ Homelessness ☐ Physical Disability ☐ Serious Mental Illness ☐ Substance Abuse ☐ Trauma									
Cultural Competency Training Completed? ☐ Yes ☐ No									

☐ PCP ☐ Specialist ☐ Hospital Based					☐ M ☐ F	Specialty: Taxonomy:	Accepting New Patients? ☐ Yes ☐ No From Ages____to _____ ☐ All Ages	NPI/Atypical ID Affiliated Hospital with Admit Privilege	☐ All ☐ 1 ☐ 4 ☐ 2 ☐ 5 ☐ 3 ☐ 6
Provider Training/Experience:									
☐ Blindness or Visual Impairment ☐ Child Welfare ☐ Chronic Illness ☐ Cognitively Disabled ☐ Co-occurring Disorders ☐ Deafness or Hard of Hearing ☐ HIV/AIDS ☐ Homelessness ☐ Physical Disability ☐ Serious Mental Illness ☐ Substance Abuse ☐ Trauma									
Cultural Competency Training Completed? ☐ Yes ☐ No									

Category	First name	Last name	MI	Degree/License	Gender	Specialty	Accepting new patients?	Practitioner NPI/Atypical ID	Practice Location number for practitioner
						Taxonomy code	Age Range	Affiliated Hospital with Admitting Privileges	
☐ PCP ☐ Specialist ☐ Hospital Based					☐ M ☐ F	Specialty: Taxonomy:	Accepting New Patients? ☐ Yes ☐ No From Ages____to _____ ☐ All Ages	NPI/Atypical ID Affiliated Hospital with Admit Privilege	☐ All ☐ 1 ☐ 4 ☐ 2 ☐ 5 ☐ 3 ☐ 6
Provider Training/Experience:									
☐ Blindness or Visual Impairment ☐ Child Welfare ☐ Chronic Illness ☐ Cognitively Disabled ☐ Co-occurring Disorders ☐ Deafness or Hard of Hearing ☐ HIV/AIDS ☐ Homelessness ☐ Physical Disability ☐ Serious Mental Illness ☐ Substance Abuse ☐ Trauma									
Cultural Competency Training Completed? ☐ Yes ☐ No									

☐ PCP ☐ Specialist ☐ Hospital Based					☐ M ☐ F	Specialty: Taxonomy:	Accepting New Patients? ☐ Yes ☐ No From Ages____to _____ ☐ All Ages	NPI/Atypical ID Affiliated Hospital with Admit Privilege	☐ All ☐ 1 ☐ 4 ☐ 2 ☐ 5 ☐ 3 ☐ 6
Provider Training/Experience:									
☐ Blindness or Visual Impairment ☐ Child Welfare ☐ Chronic Illness ☐ Cognitively Disabled ☐ Co-occurring Disorders ☐ Deafness or Hard of Hearing ☐ HIV/AIDS ☐ Homelessness ☐ Physical Disability ☐ Serious Mental Illness ☐ Substance Abuse ☐ Trauma									
Cultural Competency Training Completed? ☐ Yes ☐ No									

☐ PCP ☐ Specialist ☐ Hospital Based					☐ M ☐ F	Specialty: Taxonomy:	Accepting New Patients? ☐ Yes ☐ No From Ages____to _____ ☐ All Ages	NPI/Atypical ID Affiliated Hospital with Admit Privilege	☐ All ☐ 1 ☐ 4 ☐ 2 ☐ 5 ☐ 3 ☐ 6
Provider Training/Experience:									
☐ Blindness or Visual Impairment ☐ Child Welfare ☐ Chronic Illness ☐ Cognitively Disabled ☐ Co-occurring Disorders ☐ Deafness or Hard of Hearing ☐ HIV/AIDS ☐ Homelessness ☐ Physical Disability ☐ Serious Mental Illness ☐ Substance Abuse ☐ Trauma									
Cultural Competency Training Completed? ☐ Yes ☐ No									

AmeriHealth Caritas North Carolina

AmeriHealth Caritas North Carolina

Behavioral Health Data Intake Form

Section 1 instructions: Please complete all fields below for the Provider.

Entity name (as written on W9):	Category: ☐ Behavioral health provider/group ☐ Behavioral health hospital ☐ Behavioral health facility		
IPA name (if applicable):	Billing type: ☐ UB-04/Institutional ☐ CMS-1500/Professional		
Name doing business as (if applicable):	Group/Facility TIN/EIN # (nine characters):	NCTracks Provider ID:	
Primary contact name:	Primary contact email:	Primary contact phone:	
Pay to: Street address:	Building or suite number:	City, state, ZIP:	Phone number:
Recoveries address (if different from pay to above):	Building or suite number:	City, state, ZIP:	
Organization website:			

Section 2 instructions: Please complete each section below for all locations including applicable NPI or Atypical ID information. **(Make additional copies if needed.)**
If statewide coverage, please attach spreadsheet or document listing coverage areas.

Location	Group name (as it will appear in provider directory)	Street address	Building or suite number	City	State	ZIP + 4 Digits	County	Group or Facility NPI/Atypical ID / Taxonomy Code	Telephone with Area Code
Main Practice Location 1								NPI/Atypical ID: Taxonomy Code:	

Languages Spoken: ☐ English ☐ Spanish ☐ Chinese ☐ Vietnamese ☐ Korean ☐ French ☐ Arabic ☐ ASL ☐ Other (please list):

Location 1 — Office Hours								
Day	**Start**	**AM/PM**	**End**	**AM/PM**	**Start**	**AM/PM**	**End**	**AM/PM**
Monday								
Tuesday								
Wednesday								
Thursday								
Friday								
Saturday								
Sunday								

Please email to **ProviderEnrollment_NC@amerihealthcaritas.com** or fax to **1-855-707-5822**.

Location	Group name (as it will appear in provider directory)	Street address	Building or suite number	City	State	ZIP + 4 Digits	County	Group or Facility NPI/Atypical ID / Taxonomy Code	Telephone with Area Code
Practice Location 2								NPI/Atypical ID: Taxonomy Code:	

Languages Spoken: ☐ English ☐ Spanish ☐ Chinese ☐ Vietnamese ☐ Korean ☐ French ☐ Arabic ☐ ASL ☐ Other (please list):

Location 2 — Office Hours								
Day	**Start**	**AM/PM**	**End**	**AM/PM**	**Start**	**AM/PM**	**End**	**AM/PM**
Monday								
Tuesday								
Wednesday								
Thursday								
Friday								
Saturday								
Sunday								

Location	Group name (as it will appear in provider directory)	Street address	Building or suite number	City	State	ZIP + 4 Digits	County	Group or Facility NPI/Atypical ID / Taxonomy Code	Telephone with Area Code
Practice Location 3								NPI/Atypical ID: Taxonomy Code:	

Languages Spoken: ☐ English ☐ Spanish ☐ Chinese ☐ Vietnamese ☐ Korean ☐ French ☐ Arabic ☐ ASL ☐ Other (please list):

Location 3 — Office Hours								
Day	**Start**	**AM/PM**	**End**	**AM/PM**	**Start**	**AM/PM**	**End**	**AM/PM**
Monday								
Tuesday								
Wednesday								
Thursday								
Friday								
Saturday								
Sunday								

Location	Group name (as it will appear in provider directory)	Street address	Building or suite number	City	State	ZIP + 4 Digits	County	Group or Facility NPI/Atypical ID / Taxonomy Code	Telephone with Area Code
Practice Location 4								NPI/Atypical ID: Taxonomy Code:	

Languages Spoken: ☐ English ☐ Spanish ☐ Chinese ☐ Vietnamese ☐ Korean ☐ French ☐ Arabic ☐ ASL ☐ Other (please list):

Location 4 — Office Hours								
Day	**Start**	**AM/PM**	**End**	**AM/PM**	**Start**	**AM/PM**	**End**	**AM/PM**
Monday								
Tuesday								
Wednesday								
Thursday								
Friday								
Saturday								
Sunday								

Location	Group name (as it will appear in provider directory)	Street address	Building or suite number	City	State	ZIP + 4 Digits	County	Group or Facility NPI/Atypical ID / Taxonomy Code	Telephone with Area Code
Practice Location 5								NPI/Atypical ID: Taxonomy Code:	

Languages Spoken: ☐ English ☐ Spanish ☐ Chinese ☐ Vietnamese ☐ Korean ☐ French ☐ Arabic ☐ ASL ☐ Other (please list):

Location 5 — Office Hours								
Day	**Start**	**AM/PM**	**End**	**AM/PM**	**Start**	**AM/PM**	**End**	**AM/PM**
Monday								
Tuesday								
Wednesday								
Thursday								
Friday								
Saturday								
Sunday								

Location	Group name (as it will appear in provider directory)	Street address	Building or suite number	City	State	ZIP + 4 Digits	County	Group or Facility NPI/Atypical ID / Taxonomy Code	Telephone with Area Code
Practice Location 6								NPI/Atypical ID: Taxonomy Code:	

Languages Spoken: ☐ English ☐ Spanish ☐ Chinese ☐ Vietnamese ☐ Korean ☐ French ☐ Arabic ☐ ASL ☐ Other (pleaselist):

Location 6 — Office Hours								
Day	**Start**	**AM/PM**	**End**	**AM/PM**	**Start**	**AM/PM**	**End**	**AM/PM**
Monday								
Tuesday								
Wednesday								
Thursday								
Friday								
Saturday								
Sunday								

Section 3 instructions: Please indicate ADA compliance for each location, as appropriate.

ADA Compliance	Facility Locations
Compliant Access Service Location	☐ All ☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 ☐ 6
Compliant Access Rest Rooms	☐ All ☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 ☐ 6
Compliant Access Examination Rooms	☐ All ☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 ☐ 6
Handicap Accessible Medical Equipment	☐ All ☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 ☐ 6
Blind/Visually Impaired	☐ All ☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 ☐ 6
Cognitively Disabled	☐ All ☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 ☐ 6
Deaf or Hard of Hearing	☐ All ☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 ☐ 6

Section 4 instructions: Please complete all fields below by selecting which service(s) are provided at each location and ages served.

Services	Age Range		Locations
Advanced Practice Registered Nurse	☐ All Ages	From Age____to ____	☐ All ☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 ☐ 6
Alcohol or Drug Acute Detox	☐ All Ages	From Age____to ____	☐ All ☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 ☐ 6
Alcohol or Drug Assessment	☐ All Ages	From Age____to ____	☐ All ☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 ☐ 6
Alcohol or Drug Case Management	☐ All Ages	From Age____to ____	☐ All ☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 ☐ 6
Alcohol or Drug Intensive Outpatient Treatment	☐ All Ages	From Age____to ____	☐ All ☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 ☐ 6
Alcohol or Drug Methadone or Equivalent Administration	☐ All Ages	From Age____to ____	☐ All ☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 ☐ 6
Alcohol or Drug Services Group Counseling by Clinician	☐ All Ages	From Age____to ____	☐ All ☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 ☐ 6
Alcohol or Drug Subacute Detox	☐ All Ages	From Age____to ____	☐ All ☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 ☐ 6
Alcohol or drug treatment in an ambulatory setting for any of the following: A. Crisis Intervention; B. Detoxification; or C. Medical or Somatic Treatment	☐ All Ages	From Age____to ____	☐ All ☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 ☐ 6
Alcohol or Drug Treatment Medication Training and Support	☐ All Ages	From Age____to ____	☐ All ☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 ☐ 6
Behavioral Health (BH) or Substance Use Disorder (SUD) Comprehensive Community Support Services	☐ All Ages	From Age____to ____	☐ All ☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 ☐ 6
Behavioral Health Counseling and Therapy, or Screening to Determine Eligibility for Admission to a Treatment Program	☐ All Ages	From Age____to ____	☐ All ☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 ☐ 6
Behavioral Health Crisis Treatment Center	☐ All Ages	From Age____to ____	☐ All ☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 ☐ 6
Behavioral Health Short Term Residential	☐ All Ages	From Age____to ____	☐ All ☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 ☐ 6
BH or SUD Comprehensive Medication Services	☐ All Ages	From Age____to ____	☐ All ☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 ☐ 6
Buprenorphine Prescribers (Suboxone)	☐ All Ages	From Age____to ____	☐ All ☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 ☐ 6
Clinically Managed Low-Intensity Residential Treatment Services	☐ All Ages	From Age____to ____	☐ All ☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 ☐ 6
Community Mental Health Services	☐ All Ages	From Age____to ____	☐ All ☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 ☐ 6
Continuous Recovery Monitoring	☐ All Ages	From Age____to ____	☐ All ☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 ☐ 6
Facility-Based Crisis Service for Adults		From Age____to ____	☐ All ☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 ☐ 6

Services	Age Range		Locations
Crisis Intervention	☐ All Ages	From Age____to ____	☐ All ☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 ☐ 6
Designated Receiving Facilities	☐ All Ages	From Age____to ____	☐ All ☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 ☐ 6
Early and Periodic Screening, Diagnostic and Treatment Services Including Applied Behavioral Analysis Coverage	☐ All Ages	From Age____to ____	☐ All ☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 ☐ 6
Evaluations to determine the existence and severity of the SUD and appropriate level of care	☐ All Ages	From Age____to ____	☐ All ☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 ☐ 6
Facility-Based Crisis Service for Adults	☐ All Ages	From Age____to ____	☐ All ☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 ☐ 6
Facility-Based Crisis Service for Children and Adolescents	☐ All Ages	From Age____to ____	☐ All ☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 ☐ 6
Family Treatment	☐ All Ages	From Age____to ____	☐ All ☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 ☐ 6
General Psychiatric Care on an Inpatient Basis	☐ All Ages	From Age____to ____	☐ All ☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 ☐ 6
Group Treatment	☐ All Ages	From Age____to ____	☐ All ☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 ☐ 6
Individual or Group Counseling for Mental Health (MH) or SUD	☐ All Ages	From Age____to ____	☐ All ☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 ☐ 6
Individual/Group MLADCs	☐ All Ages	From Age____to ____	☐ All ☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 ☐ 6
Inpatient Hospital	☐ All Ages	From Age____to ____	☐ All ☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 ☐ 6
Inpatient Psychiatric Facility Services Under Age Twenty-One (21)	☐ All Ages	From Age____to ____	☐ All ☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 ☐ 6
Inpatient Psychiatric Treatment in an Institution for Mental Disease	☐ All Ages	From Age____to ____	☐ All ☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 ☐ 6
Intensive Outpatient SUD Services	☐ All Ages	From Age____to ____	☐ All ☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 ☐ 6
Medically Managed Withdrawal in an Acute Care Setting	☐ All Ages	From Age____to ____	☐ All ☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 ☐ 6
Medically Monitored Outpatient Withdrawal Management (WM)	☐ All Ages	From Age____to ____	☐ All ☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 ☐ 6
Medically Monitored Residential Withdrawal Management (WM)	☐ All Ages	From Age____to ____	☐ All ☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 ☐ 6
Non-Emergent Medical Transportation	☐ All Ages	From Age____to ____	☐ All ☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 ☐ 6
Non-Peer Recovery Support	☐ All Ages	From Age____to ____	☐ All ☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 ☐ 6

Services	Age Range		Locations
Opioid Treatment Programs (OTPS)	☐ All Ages	From Age____to ____	☐ All ☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 ☐ 6
Opioid Treatment Services	☐ All Ages	From Age____to ____	☐ All ☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 ☐ 6
Outpatient Behavioral Health Services	☐ All Ages	From Age____to ____	☐ All ☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 ☐ 6
Outpatient, Individual Treatment	☐ All Ages	From Age____to ____	☐ All ☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 ☐ 6
Partial Hospitalization Services	☐ All Ages	From Age____to ____	☐ All ☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 ☐ 6
Peer Recovery Support	☐ All Ages	From Age____to ____	☐ All ☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 ☐ 6
Prescribed Drugs	☐ All Ages	From Age____to ____	☐ All ☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 ☐ 6
Psychiatric Diagnostic Evaluation with Medical Services	☐ All Ages	From Age____to ____	☐ All ☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 ☐ 6
Psychiatric Residential Treatment Facilities for Children under age 21			☐ All ☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 ☐ 6
Psychological Services in Health Departments and School-Based Health Centers Sponsored by Health Departments to the under 21 Population			☐ All ☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 ☐ 6
Psychology	☐ All Ages	From Age____to ____	☐ All ☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 ☐ 6
Psychosocial Rehabilitation	☐ All Ages	From Age____to ____	☐ All ☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 ☐ 6
Recovery Services (Behavioral Health)	☐ All Ages	From Age____to ____	☐ All ☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 ☐ 6
Rehabilitative Services	☐ All Ages	From Age____to ____	☐ All ☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 ☐ 6
Rehabilitative Services Post Hospital Discharge	☐ All Ages	From Age____to ____	☐ All ☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 ☐ 6
Residential Substance Use Disorder (SUD) Treatment Programs	☐ All Ages	From Age____to ____	☐ All ☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 ☐ 6
Screening and Assessment Services for MH or SUD	☐ All Ages	From Age____to ____	☐ All ☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 ☐ 6
Screening, Brief Intervention, and Referral to Treatment (SBIRT)	☐ All Ages	From Age____to ____	☐ All ☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 ☐ 6
Services for Individuals with Intellectual and Developmental Disabilities and Mental Health or Substance Abuse	☐ All Ages	From Age____to ____	☐ All ☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 ☐ 6
SUD Screening	☐ All Ages	From Age____to ____	☐ All ☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 ☐ 6

Services	Age Range		Locations
Telemedicine, Primary Care	☐ All Ages	From Age____to ____	☐ All ☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 ☐ 6
Telemedicine, Medical	☐ All Ages	From Age____to ____	☐ All ☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 ☐ 6
Telemedicine, Psychiatric	☐ All Ages	From Age____to ____	☐ All ☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 ☐ 6
Therapeutic behavioral services provided in segments defined by number of minutes or on a per diem basis	☐ All Ages	From Age____to ____	☐ All ☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 ☐ 6

ASAM Levels of Care

Services	Age Range		Locations
ASAM Level OTS Outpatient Opioid Treatment	☐ All Ages	From Age____to ____	☐ All ☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 ☐ 6
ASAM Level 1 Outpatient Services	☐ All Ages	From Age____to ____	☐ All ☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 ☐ 6
ASAM Level 1-WM Ambulatory Detoxification	☐ All Ages	From Age____to ____	☐ All ☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 ☐ 6
ASAM Level 2.1 Substance Abuse Intensive Outpatient Program (SAIOP)	☐ All Ages	From Age____to ____	☐ All ☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 ☐ 6
ASAM Level 2.5 Substance Abuse Comprehensive Outpatient Treatment Program (SACOT)	☐ All Ages	From Age____to ____	☐ All ☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 ☐ 6
ASAM Level 3.7-WM Non-Hospital Medical Detoxification	☐ All Ages	From Age____to ____	☐ All ☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 ☐ 6
ASAM Level 3.9-WM (NC) Medically Supervised or ADATC Detoxification Crisis Stabilization	☐ All Ages	From Age____to ____	☐ All ☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 ☐ 6
ASAM Level 4 Inpatient Hospital Substance Abuse Treatment	☐ All Ages	From Age____to ____	☐ All ☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 ☐ 6

Please add any unlisted services below and indicate age range and location.

Services	Age Range		Locations
	☐ All Ages	From Age____to ____	☐ All ☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 ☐ 6
	☐ All Ages	From Age____to ____	☐ All ☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 ☐ 6
	☐ All Ages	From Age____to ____	☐ All ☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 ☐ 6
	☐ All Ages	From Age____to ____	☐ All ☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 ☐ 6
	☐ All Ages	From Age____to ____	☐ All ☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 ☐ 6
	☐ All Ages	From Age____to ____	☐ All ☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 ☐ 6
	☐ All Ages	From Age____to ____	☐ All ☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 ☐ 6
	☐ All Ages	From Age____to ____	☐ All ☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 ☐ 6
	☐ All Ages	From Age____to ____	☐ All ☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 ☐ 6
	☐ All Ages	From Age____to ____	☐ All ☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 ☐ 6
	☐ All Ages	From Age____to ____	☐ All ☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 ☐ 6
	☐ All Ages	From Age____to ____	☐ All ☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 ☐ 6
Additional Notes:			

Section 5 instructions: Please complete all fields below. Please include practitioner licensure(s), i.e., MLADC, APRN etc., and indicate practice location numbers for each practitioner.

Category	First name	Last name	MI	Degree/License	Gender	Specialty	Accepting new patients?	Practitioner NPI/Atypical ID	Practice Location number for practitioner
						Taxonomy code	Age Range	Affiliated Hospital with Admitting Privileges	
☐ PCP ☐ Specialist ☐ Hospital Based					☐ M ☐ F	Specialty: Taxonomy:	Accepting New Patients? ☐ Yes ☐ No From Ages____to ____ ☐ All Ages	NPI/Atypical ID Affiliated Hospital with Admit Privilege	☐ All ☐ 1 ☐ 4 ☐ 2 ☐ 5 ☐ 3 ☐ 6
Provider Training/Experience:									
☐ Blindness or Visual Impairment ☐ Child Welfare ☐ Chronic Illness ☐ Cognitively Disabled ☐ Co-occurring Disorders ☐ Deafness or Hard of Hearing ☐ HIV/AIDS ☐ Homelessness ☐ Physical Disability ☐ Serious Mental Illness ☐ Substance Abuse ☐ Trauma									
Cultural Competency Training Completed? ☐ Yes ☐ No									

☐ PCP ☐ Specialist ☐ Hospital Based					☐ M ☐ F	Specialty: Taxonomy:	Accepting New Patients? ☐ Yes ☐ No From Ages____to ____ ☐ All Ages	NPI/Atypical ID Affiliated Hospital with Admit Privilege	☐ All ☐ 1 ☐ 4 ☐ 2 ☐ 5 ☐ 3 ☐ 6
Provider Training/Experience:									
☐ Blindness or Visual Impairment ☐ Child Welfare ☐ Chronic Illness ☐ Cognitively Disabled ☐ Co-occurring Disorders ☐ Deafness or Hard of Hearing ☐ HIV/AIDS ☐ Homelessness ☐ Physical Disability ☐ Serious Mental Illness ☐ Substance Abuse ☐ Trauma									
Cultural Competency Training Completed? ☐ Yes ☐ No									

☐ PCP ☐ Specialist ☐ Hospital Based					☐ M ☐ F	Specialty: Taxonomy:	Accepting New Patients? ☐ Yes ☐ No From Ages____to ____ ☐ All Ages	NPI/Atypical ID Affiliated Hospital with Admit Privilege	☐ All ☐ 1 ☐ 4 ☐ 2 ☐ 5 ☐ 3 ☐ 6
Provider Training/Experience:									
☐ Blindness or Visual Impairment ☐ Child Welfare ☐ Chronic Illness ☐ Cognitively Disabled ☐ Co-occurring Disorders ☐ Deafness or Hard of Hearing ☐ HIV/AIDS ☐ Homelessness ☐ Physical Disability ☐ Serious Mental Illness ☐ Substance Abuse ☐ Trauma									
Cultural Competency Training Completed? ☐ Yes ☐ No									

Category	First name	Last name	MI	Degree/License	Gender	Specialty	Accepting new patients?	Practitioner NPI/Atypical ID	Practice Location number for practitioner
						Taxonomy code	Age Range	Affiliated Hospital with Admitting Privileges	
☐ PCP ☐ Specialist ☐ Hospital Based					☐ M ☐ F	Specialty: Taxonomy:	Accepting New Patients? ☐ Yes ☐ No From Ages____to _____ ☐ All Ages	NPI/Atypical ID Affiliated Hospital with Admit Privilege	☐ All ☐ 1 ☐ 4 ☐ 2 ☐ 5 ☐ 3 ☐ 6
Provider Training/Experience:									
☐ Blindness or Visual Impairment ☐ Child Welfare ☐ Chronic Illness ☐ Cognitively Disabled ☐ Co-occurring Disorders ☐ Deafness or Hard of Hearing ☐ HIV/AIDS ☐ Homelessness ☐ Physical Disability ☐ Serious Mental Illness ☐ Substance Abuse ☐ Trauma									
Cultural Competency Training Completed? ☐ Yes ☐ No									

☐ PCP ☐ Specialist ☐ Hospital Based					☐ M ☐ F	Specialty: Taxonomy:	Accepting New Patients? ☐ Yes ☐ No From Ages____to _____ ☐ All Ages	NPI/Atypical ID Affiliated Hospital with Admit Privilege	☐ All ☐ 1 ☐ 4 ☐ 2 ☐ 5 ☐ 3 ☐ 6
Provider Training/Experience:									
☐ Blindness or Visual Impairment ☐ Child Welfare ☐ Chronic Illness ☐ Cognitively Disabled ☐ Co-occurring Disorders ☐ Deafness or Hard of Hearing ☐ HIV/AIDS ☐ Homelessness ☐ Physical Disability ☐ Serious Mental Illness ☐ Substance Abuse ☐ Trauma									
Cultural Competency Training Completed? ☐ Yes ☐ No									

☐ PCP ☐ Specialist ☐ Hospital Based					☐ M ☐ F	Specialty: Taxonomy:	Accepting New Patients? ☐ Yes ☐ No From Ages____to _____ ☐ All Ages	NPI/Atypical ID Affiliated Hospital with Admit Privilege	☐ All ☐ 1 ☐ 4 ☐ 2 ☐ 5 ☐ 3 ☐ 6
Provider Training/Experience:									
☐ Blindness or Visual Impairment ☐ Child Welfare ☐ Chronic Illness ☐ Cognitively Disabled ☐ Co-occurring Disorders ☐ Deafness or Hard of Hearing ☐ HIV/AIDS ☐ Homelessness ☐ Physical Disability ☐ Serious Mental Illness ☐ Substance Abuse ☐ Trauma									
Cultural Competency Training Completed? ☐ Yes ☐ No									

Category	First name	Last name	MI	Degree/License	Gender	Specialty	Accepting new patients?	Practitioner NPI/Atypical ID	Practice Location number for practitioner
						Taxonomy code	Age Range	Affiliated Hospital with Admitting Privileges	
☐ PCP ☐ Specialist ☐ Hospital Based					☐ M ☐ F	Specialty: Taxonomy:	Accepting New Patients? ☐ Yes ☐ No From Ages____to _____ ☐ All Ages	NPI/Atypical ID Affiliated Hospital with Admit Privilege	☐ All ☐ 1 ☐ 4 ☐ 2 ☐ 5 ☐ 3 ☐ 6
Provider Training/Experience:									
☐ Blindness or Visual Impairment ☐ Child Welfare ☐ Chronic Illness ☐ Cognitively Disabled ☐ Co-occurring Disorders ☐ Deafness or Hard of Hearing ☐ HIV/AIDS ☐ Homelessness ☐ Physical Disability ☐ Serious Mental Illness ☐ Substance Abuse ☐ Trauma									
Cultural Competency Training Completed? ☐ Yes ☐ No									

☐ PCP ☐ Specialist ☐ Hospital Based					☐ M ☐ F	Specialty: Taxonomy:	Accepting New Patients? ☐ Yes ☐ No From Ages____to _____ ☐ All Ages	NPI/Atypical ID Affiliated Hospital with Admit Privilege	☐ All ☐ 1 ☐ 4 ☐ 2 ☐ 5 ☐ 3 ☐ 6
Provider Training/Experience:									
☐ Blindness or Visual Impairment ☐ Child Welfare ☐ Chronic Illness ☐ Cognitively Disabled ☐ Co-occurring Disorders ☐ Deafness or Hard of Hearing ☐ HIV/AIDS ☐ Homelessness ☐ Physical Disability ☐ Serious Mental Illness ☐ Substance Abuse ☐ Trauma									
Cultural Competency Training Completed? ☐ Yes ☐ No									

☐ PCP ☐ Specialist ☐ Hospital Based					☐ M ☐ F	Specialty: Taxonomy:	Accepting New Patients? ☐ Yes ☐ No From Ages____to _____ ☐ All Ages	NPI/Atypical ID Affiliated Hospital with Admit Privilege	☐ All ☐ 1 ☐ 4 ☐ 2 ☐ 5 ☐ 3 ☐ 6
Provider Training/Experience:									
☐ Blindness or Visual Impairment ☐ Child Welfare ☐ Chronic Illness ☐ Cognitively Disabled ☐ Co-occurring Disorders ☐ Deafness or Hard of Hearing ☐ HIV/AIDS ☐ Homelessness ☐ Physical Disability ☐ Serious Mental Illness ☐ Substance Abuse ☐ Trauma									
Cultural Competency Training Completed? ☐ Yes ☐ No									

AmeriHealth Caritas North Carolina

AmeriHealth Caritas North Carolina

Facility Data Intake Form

Section 1 instructions: Please complete all fields below for the Provider.

Entity name (as written on W9):		Category: ☐ PCP ☐ Specialist ☐ FQHC ☐ RHC ☐ Behavioral health ☐ Urgent care	
IPA name (if applicable):		Billing type: ☐ UB-04/Institutional ☐ CMS-1500/Professional	
Name doing business as (if applicable):		Group/Facility TIN/EIN # (nine characters):	NCTracks Provider ID:
Primary contact name:	Primary contact email:	Primary contact phone:	
Pay to: Street address:	Building or suite number:	City, state, ZIP:	Phone number:
Recoveries address (if different from pay to above):	Building or suite number:	City, state, ZIP:	
Organization website:			

Section 2 instructions: Please complete each section below for all locations including applicable NPI or Atypical ID information. **(Make additional copies if needed.)**

Location	Facility name (as it will appear in provider directory)	Street address	Building or suite number	City	State	ZIP + 4 Digits	County	Facility NPI/Atypical ID / Taxonomy Code	Phone with Area Code
Location 1								NPI/Atypical ID: Taxonomy Code:	

Languages Spoken: ☐ English ☐ Spanish ☐ Chinese ☐ Vietnamese ☐ Korean ☐ French ☐ Arabic ☐ ASL ☐ Other (please list):

Location 1 — Office Hours								
Day	Start	AM/PM	End	AM/PM	Start	AM/PM	End	AM/PM
Monday								
Tuesday								
Wednesday								
Thursday								
Friday								
Saturday								
Sunday								

Location	Facility name (as it will appear in provider directory)	Street address	Building or suite number	City	State	ZIP + 4 Digits	County	Facility NPI/ Atypical ID / Taxonomy Code	Telephone with Area Code
Location 2								NPI/Atypical ID: Taxonomy Code:	

Languages Spoken: ☐ English ☐ Spanish ☐ Chinese ☐ Vietnamese ☐ Korean ☐ French ☐ Arabic ☐ ASL ☐ Other (please list):

Location 2 — Office Hours								
Day	Start	AM/PM	End	AM/PM	Start	AM/PM	End	AM/PM
Monday								
Tuesday								
Wednesday								
Thursday								
Friday								
Saturday								
Sunday								

Location	Facility name (as it will appear in provider directory)	Street address	Building or suite number	City	State	ZIP + 4 Digits	County	Facility NPI/ Atypical ID / Taxonomy Code	Telephone with Area Code
Location 3								NPI/Atypical ID: Taxonomy Code:	

Languages Spoken: ☐ English ☐ Spanish ☐ Chinese ☐ Vietnamese ☐ Korean ☐ French ☐ Arabic ☐ ASL ☐ Other (please list):

Location 3 — Office Hours								
Day	Start	AM/PM	End	AM/PM	Start	AM/PM	End	AM/PM
Monday								
Tuesday								
Wednesday								
Thursday								
Friday								
Saturday								
Sunday								

Location	Facility name (as it will appear in provider directory)	Street address	Building or suite number	City	State	ZIP + 4 Digits	County	Facility NPI/ Atypical ID / Taxonomy Code	Telephone with Area Code
Location 4								NPI/Atypical ID: Taxonomy Code:	

Languages Spoken: ☐ English ☐ Spanish ☐ Chinese ☐ Vietnamese ☐ Korean ☐ French ☐ Arabic ☐ ASL ☐ Other (please list):

Location 4 — Office Hours								
Day	Start	AM/PM	End	AM/PM	Start	AM/PM	End	AM/PM
Monday								
Tuesday								
Wednesday								
Thursday								
Friday								
Saturday								
Sunday								

Location	Facility name (as it will appear in provider directory)	Street address	Building or suite number	City	State	ZIP + 4 Digits	County	Facility NPI/ Atypical ID / Taxonomy Code	Telephone with Area Code
Location 5								NPI/Atypical ID: Taxonomy Code:	

Languages Spoken: ☐ English ☐ Spanish ☐ Chinese ☐ Vietnamese ☐ Korean ☐ French ☐ Arabic ☐ ASL ☐ Other (please list):

Location 5 — Office Hours								
Day	Start	AM/PM	End	AM/PM	Start	AM/PM	End	AM/PM
Monday								
Tuesday								
Wednesday								
Thursday								
Friday								
Saturday								
Sunday								

Location	Facility name (as it will appear in provider directory)	Street address	Building or suite number	City	State	ZIP + 4 Digits	County	Facility NPI/ Atypical ID / Taxonomy Code	Telephone with Area Code
Location 6								NPI/Atypical ID: Taxonomy Code:	

Languages Spoken: ☐ English ☐ Spanish ☐ Chinese ☐ Vietnamese ☐ Korean ☐ French ☐ Arabic ☐ ASL ☐ Other (please list):

Location 6 — Office Hours								
Day	Start	AM/PM	End	AM/PM	Start	AM/PM	End	AM/PM
Monday								
Tuesday								
Wednesday								
Thursday								
Friday								
Saturday								
Sunday								

Section 3 instructions: Please indicate ADA compliance for each location, as appropriate.

ADA Compliance	Facility Locations
Compliant Access Service Location	☐ All ☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 ☐ 6
Compliant Access Rest Rooms	☐ All ☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 ☐ 6
Compliant Access Examination Rooms	☐ All ☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 ☐ 6
Handicap Accessible Medical Equipment	☐ All ☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 ☐ 6
Blind/Visually Impaired	☐ All ☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 ☐ 6
Cognitively Disabled	☐ All ☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 ☐ 6
Deaf or Hard of Hearing	☐ All ☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 ☐ 6

Section 4 instructions: Please complete all fields below by selecting which service(s) are provided at each location and ages served.

Services	Age Range		Locations
Adult Care Homes	☐ All Ages	From Age____to ____	☐ All ☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 ☐ 6
Ambulance Services	☐ All Ages	From Age____to ____	☐ All ☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 ☐ 6
Anesthesia Services	☐ All Ages	From Age____to ____	☐ All ☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 ☐ 6
Assertive Community Treatment (ACT)	☐ All Ages	From Age____to ____	☐ All ☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 ☐ 6
Assisted Living	☐ All Ages	From Age____to ____	☐ All ☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 ☐ 6
Behavioral Health Services	☐ All Ages	From Age____to ____	☐ All ☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 ☐ 6
Behavior Support Consultation	☐ All Ages	From Age____to ____	☐ All ☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 ☐ 6
Behavioral Health Professional and Substance Abuse Services, Evaluations, Testing, Assessments, Med Management and/or Therapies	☐ All Ages	From Age____to ____	☐ All ☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 ☐ 6
Cardiovascular Rehabilitation	☐ All Ages	From Age____to ____	☐ All ☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 ☐ 6
Chemotherapy	☐ All Ages	From Age____to ____	☐ All ☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 ☐ 6
Childbirth Education	☐ All Ages	From Age____to ____	☐ All ☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 ☐ 6
Chiropractic Services	☐ All Ages	From Age____to ____	☐ All ☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 ☐ 6
Clinically Managed Low-Intensity Residential Treatment Services	☐ All Ages	From Age____to ____	☐ All ☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 ☐ 6
Community Transition Services	☐ All Ages	From Age____to ____	☐ All ☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 ☐ 6
Diagnostic Imaging	☐ All Ages	From Age____to ____	☐ All ☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 ☐ 6
Dialysis	☐ All Ages	From Age____to ____	☐ All ☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 ☐ 6
Durable Medical Equipment/Supplies	☐ All Ages	From Age____to ____	☐ All ☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 ☐ 6
Early and Periodic Screening, Diagnosis and Treatment (EPSDT)	☐ All Ages	From Age____to ____	☐ All ☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 ☐ 6
End-Stage Renal Disease Services	☐ All Ages	From Age____to ____	☐ All ☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 ☐ 6
Facility-Based Crisis Service for Adults		From Age____to ____	☐ All ☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 ☐ 6

Services	Age Range		Locations
Facility-Based Crisis Service for Children and Adolescents		From Age____to ____	☐ All ☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 ☐ 6
Family Care Homes	☐ All Ages	From Age____to ____	☐ All ☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 ☐ 6
Family Planning and Reproductive Health Services	☐ All Ages	From Age____to ____	☐ All ☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 ☐ 6
Family Support (Behavioral Health)	☐ All Ages	From Age____to ____	☐ All ☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 ☐ 6
Habilitative and Rehabilitative Services — Occupational Therapy	☐ All Ages	From Age____to ____	☐ All ☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 ☐ 6
Habilitative and Rehabilitative Services — Physical Therapy	☐ All Ages	From Age____to ____	☐ All ☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 ☐ 6
Habilitative and Rehabilitative Services — Speech Therapy	☐ All Ages	From Age____to ____	☐ All ☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 ☐ 6
Health and Behavior Intervention	☐ All Ages	From Age____to ____	☐ All ☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 ☐ 6
Health Department Services	☐ All Ages	From Age____to ____	☐ All ☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 ☐ 6
Hearing Aids and Related Evaluations	☐ All Ages	From Age____to ____	☐ All ☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 ☐ 6
Hemophilia Services	☐ All Ages	From Age____to ____	☐ All ☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 ☐ 6
Home Delivery Meals	☐ All Ages	From Age____to ____	☐ All ☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 ☐ 6
Home Health Aide	☐ All Ages	From Age____to ____	☐ All ☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 ☐ 6
Home Health Services	☐ All Ages	From Age____to ____	☐ All ☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 ☐ 6
Home Infusion Therapy	☐ All Ages	From Age____to ____	☐ All ☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 ☐ 6
Home Modifications	☐ All Ages	From Age____to ____	☐ All ☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 ☐ 6
Home Visit for Newborn Care and Assessment	☐ All Ages	From Age____to ____	☐ All ☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 ☐ 6
Home Visit for Postnatal Assessment and Follow-up Care	☐ All Ages	From Age____to ____	☐ All ☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 ☐ 6
Hospice Services	☐ All Ages	From Age____to ____	☐ All ☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 ☐ 6
Inpatient Behavioral Health Services	☐ All Ages	From Age____to ____	☐ All ☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 ☐ 6
Intermediate Care Facilities for Individuals with Intellectual Disabilities	☐ All Ages	From Age____to ____	☐ All ☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 ☐ 6

Services	Age Range		Locations
IV Outpatient Services	☐ All Ages	From Age____to ____	☐ All ☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 ☐ 6
Laboratory Services	☐ All Ages	From Age____to ____	☐ All ☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 ☐ 6
Mammography Services	☐ All Ages	From Age____to ____	☐ All ☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 ☐ 6
Maternal Care Skilled Nurse Home Visit	☐ All Ages	From Age____to ____	☐ All ☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 ☐ 6
Medical Supplies	☐ All Ages	From Age____to ____	☐ All ☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 ☐ 6
Medication Assisted Treatment for Opioid Dependence	☐ All Ages	From Age____to ____	☐ All ☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 ☐ 6
Midwife Services	☐ All Ages	From Age____to ____	☐ All ☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 ☐ 6
Nursing Equipment and Supplies	☐ All Ages	From Age____to ____	☐ All ☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 ☐ 6
Nursing Facility Services	☐ All Ages	From Age____to ____	☐ All ☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 ☐ 6
Nutritional Evaluations and Counseling — Dietary Evaluation and Counseling as Medical	☐ All Ages	From Age____to ____	☐ All ☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 ☐ 6
Nutritional Services	☐ All Ages	From Age____to ____	☐ All ☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 ☐ 6
OB/GYN Services	☐ All Ages	From Age____to ____	☐ All ☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 ☐ 6
Ophthalmology	☐ All Ages	From Age____to ____	☐ All ☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 ☐ 6
Optical Services — Optometry	☐ All Ages	From Age____to ____	☐ All ☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 ☐ 6
Organ and Tissue Transplants	☐ All Ages	From Age____to ____	☐ All ☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 ☐ 6
Outpatient Behavioral Health Services	☐ All Ages	From Age____to ____	☐ All ☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 ☐ 6
Outpatient Opioid Treatment	☐ All Ages	From Age____to ____	☐ All ☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 ☐ 6
Outpatient Specialized Therapy Services	☐ All Ages	From Age____to ____	☐ All ☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 ☐ 6
Partial Hospitalization	☐ All Ages	From Age____to ____	☐ All ☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 ☐ 6
Personal Care Services	☐ All Ages	From Age____to ____	☐ All ☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 ☐ 6
Physical Rehabilitation Equipment and Supplies	☐ All Ages	From Age____to ____	☐ All ☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 ☐ 6

Services	Age Range		Locations
Podiatry Services	☐ All Ages	From Age____to ____	☐ All ☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 ☐ 6
Private Duty Nursing, **over** age 21			☐ All ☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 ☐ 6
Private Duty Nursing, **under** age 21			☐ All ☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 ☐ 6
Prosthetics and Orthotics	☐ All Ages	From Age____to ____	☐ All ☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 ☐ 6
Psychiatric Residential Treatment Facilities for Children under age 21			☐ All ☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 ☐ 6
Psychological Services in Health Departments and School-Based Health Centers Sponsored by Health Departments to the under 21 Population			☐ All ☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 ☐ 6
Pulmonary Therapy	☐ All Ages	From Age____to ____	☐ All ☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 ☐ 6
Radiation Therapy	☐ All Ages	From Age____to ____	☐ All ☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 ☐ 6
Radiology Services	☐ All Ages	From Age____to ____	☐ All ☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 ☐ 6
Reconstructive Surgery	☐ All Ages	From Age____to ____	☐ All ☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 ☐ 6
Recovery Services (Behavioral Health)	☐ All Ages	From Age____to ____	☐ All ☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 ☐ 6
Rehabilitation Services Providers	☐ All Ages	From Age____to ____	☐ All ☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 ☐ 6
Reproductive Health Services	☐ All Ages	From Age____to ____	☐ All ☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 ☐ 6
Residential Treatment Services	☐ All Ages	From Age____to ____	☐ All ☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 ☐ 6
Respiratory Equipment and Supplies	☐ All Ages	From Age____to ____	☐ All ☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 ☐ 6
Respiratory Therapy	☐ All Ages	From Age____to ____	☐ All ☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 ☐ 6
Respite	☐ All Ages	From Age____to ____	☐ All ☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 ☐ 6
School-Based Services	☐ All Ages	From Age____to ____	☐ All ☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 ☐ 6
Services for Individuals with Intellectual and Developmental Disabilities and Mental Health or Substance Abuse	☐ All Ages	From Age____to ____	☐ All ☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 ☐ 6
Skilled Nursing Facility	☐ All Ages	From Age____to ____	☐ All ☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 ☐ 6
Sleep Studies	☐ All Ages	From Age____to ____	☐ All ☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 ☐ 6

Services	Age Range		Locations
Telemedicine, Primary Care	☐ All Ages	From Age____to ____	☐ All ☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 ☐ 6
Telemedicine, Medical	☐ All Ages	From Age____to ____	☐ All ☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 ☐ 6
Telemedicine, Psychiatric	☐ All Ages	From Age____to ____	☐ All ☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 ☐ 6
Transportation	☐ All Ages	From Age____to ____	☐ All ☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 ☐ 6
Ultrasound Services	☐ All Ages	From Age____to ____	☐ All ☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 ☐ 6

ASAM Levels of Care

Services	Age Range		Locations
ASAM Level OTS Outpatient Opioid Treatment	☐ All Ages	From Age____to ____	☐ All ☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 ☐ 6
ASAM Level 1 Outpatient Services	☐ All Ages	From Age____to ____	☐ All ☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 ☐ 6
ASAM Level 1-WM Ambulatory Detoxification	☐ All Ages	From Age____to ____	☐ All ☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 ☐ 6
ASAM Level 2.1 Substance Abuse Intensive Outpatient Program (SAIOP)	☐ All Ages	From Age____to ____	☐ All ☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 ☐ 6
ASAM Level 2.5 Substance Abuse Comprehensive Outpatient Treatment Program (SACOT)	☐ All Ages	From Age____to ____	☐ All ☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 ☐ 6
ASAM Level 3.7-WM Non-Hospital Medical Detoxification	☐ All Ages	From Age____to ____	☐ All ☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 ☐ 6
ASAM Level 3.9-WM (NC) Medically Supervised or ADATC Detoxification Crisis Stabilization	☐ All Ages	From Age____to ____	☐ All ☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 ☐ 6
ASAM Level 4 Inpatient Hospital Substance Abuse Treatment	☐ All Ages	From Age____to ____	☐ All ☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 ☐ 6

Please add any unlisted services below and indicate age range and location.

Services	Age Range		Locations
	☐ All Ages	From Age____to ____	☐ All ☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 ☐ 6
	☐ All Ages	From Age____to ____	☐ All ☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 ☐ 6
	☐ All Ages	From Age____to ____	☐ All ☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 ☐ 6
	☐ All Ages	From Age____to ____	☐ All ☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 ☐ 6
	☐ All Ages	From Age____to ____	☐ All ☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 ☐ 6
	☐ All Ages	From Age____to ____	☐ All ☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 ☐ 6
	☐ All Ages	From Age____to ____	☐ All ☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 ☐ 6
	☐ All Ages	From Age____to ____	☐ All ☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 ☐ 6
	☐ All Ages	From Age____to ____	☐ All ☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 ☐ 6
	☐ All Ages	From Age____to ____	☐ All ☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 ☐ 6
	☐ All Ages	From Age____to ____	☐ All ☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 ☐ 6
Additional Notes:			

Section 5 instructions: Please complete all fields below. Please include practitioner licensure(s), i.e., MLADC, APRN etc., and indicate practice location #s for each practitioner.

Category	First name	Last name	MI	Degree/License	Gender	Specialty Taxonomy code	Accepting new patients? Age Range	Practitioner NPI/Atypical ID Affiliated Hospital with Admitting Privileges	Practice Location number for practitioner
☐ PCP ☐ Specialist ☐ Hospital Based					☐ M ☐ F	Specialty: Taxonomy:	Accepting New Patients? ☐ Yes ☐ No From Ages____to ____ ☐ All Ages	NPI/Atypical ID Affiliated Hospital with Admit Privilege	☐ All ☐ 1 ☐ 4 ☐ 2 ☐ 5 ☐ 3 ☐ 6
Provider Training/Experience:									
☐ Blindness or Visual Impairment ☐ Child Welfare ☐ Chronic Illness ☐ Cognitively Disabled ☐ Co-occurring Disorders ☐ Deafness or Hard of Hearing ☐ HIV/AIDS ☐ Homelessness ☐ Physical Disability ☐ Serious Mental Illness ☐ Substance Abuse ☐ Trauma									
Cultural Competency Training Completed? ☐ Yes ☐ No									

☐ PCP ☐ Specialist ☐ Hospital Based					☐ M ☐ F	Specialty: Taxonomy:	Accepting New Patients? ☐ Yes ☐ No From Ages____to ____ ☐ All Ages	NPI/Atypical ID Affiliated Hospital with Admit Privilege	☐ All ☐ 1 ☐ 4 ☐ 2 ☐ 5 ☐ 3 ☐ 6
Provider Training/Experience:									
☐ Blindness or Visual Impairment ☐ Child Welfare ☐ Chronic Illness ☐ Cognitively Disabled ☐ Co-occurring Disorders ☐ Deafness or Hard of Hearing ☐ HIV/AIDS ☐ Homelessness ☐ Physical Disability ☐ Serious Mental Illness ☐ Substance Abuse ☐ Trauma									
Cultural Competency Training Completed? ☐ Yes ☐ No									

☐ PCP ☐ Specialist ☐ Hospital Based					☐ M ☐ F	Specialty: Taxonomy:	Accepting New Patients? ☐ Yes ☐ No From Ages____to ____ ☐ All Ages	NPI/Atypical ID Affiliated Hospital with Admit Privilege	☐ All ☐ 1 ☐ 4 ☐ 2 ☐ 5 ☐ 3 ☐ 6
Provider Training/Experience:									
☐ Blindness or Visual Impairment ☐ Child Welfare ☐ Chronic Illness ☐ Cognitively Disabled ☐ Co-occurring Disorders ☐ Deafness or Hard of Hearing ☐ HIV/AIDS ☐ Homelessness ☐ Physical Disability ☐ Serious Mental Illness ☐ Substance Abuse ☐ Trauma									
Cultural Competency Training Completed? ☐ Yes ☐ No									

Category	First name	Last name	MI	Degree/License	Gender	Specialty	Accepting new patients?	Practitioner NPI/Atypical ID	Practice Location number for practitioner
						Taxonomy code	Age Range	Affiliated Hospital with Admitting Privileges	
☐ PCP ☐ Specialist ☐ Hospital Based					☐ M ☐ F	Specialty: Taxonomy:	Accepting New Patients? ☐ Yes ☐ No From Ages____to ____ ☐ All Ages	NPI/Atypical ID Affiliated Hospital with Admit Privilege	☐ All ☐ 1 ☐ 4 ☐ 2 ☐ 5 ☐ 3 ☐ 6
Provider Training/Experience:									
☐ Blindness or Visual Impairment ☐ Child Welfare ☐ Chronic Illness ☐ Cognitively Disabled ☐ Co-occurring Disorders ☐ Deafness or Hard of Hearing ☐ HIV/AIDS ☐ Homelessness ☐ Physical Disability ☐ Serious Mental Illness ☐ Substance Abuse ☐ Trauma									
Cultural Competency Training Completed? ☐ Yes ☐ No									

☐ PCP ☐ Specialist ☐ Hospital Based					☐ M ☐ F	Specialty: Taxonomy:	Accepting New Patients? ☐ Yes ☐ No From Ages____to ____ ☐ All Ages	NPI/Atypical ID Affiliated Hospital with Admit Privilege	☐ All ☐ 1 ☐ 4 ☐ 2 ☐ 5 ☐ 3 ☐ 6
Provider Training/Experience:									
☐ Blindness or Visual Impairment ☐ Child Welfare ☐ Chronic Illness ☐ Cognitively Disabled ☐ Co-occurring Disorders ☐ Deafness or Hard of Hearing ☐ HIV/AIDS ☐ Homelessness ☐ Physical Disability ☐ Serious Mental Illness ☐ Substance Abuse ☐ Trauma									
Cultural Competency Training Completed? ☐ Yes ☐ No									

☐ PCP ☐ Specialist ☐ Hospital Based					☐ M ☐ F	Specialty: Taxonomy:	Accepting New Patients? ☐ Yes ☐ No From Ages____to ____ ☐ All Ages	NPI/Atypical ID Affiliated Hospital with Admit Privilege	☐ All ☐ 1 ☐ 4 ☐ 2 ☐ 5 ☐ 3 ☐ 6
Provider Training/Experience:									
☐ Blindness or Visual Impairment ☐ Child Welfare ☐ Chronic Illness ☐ Cognitively Disabled ☐ Co-occurring Disorders ☐ Deafness or Hard of Hearing ☐ HIV/AIDS ☐ Homelessness ☐ Physical Disability ☐ Serious Mental Illness ☐ Substance Abuse ☐ Trauma									
Cultural Competency Training Completed? ☐ Yes ☐ No									

Category	First name	Last name	MI	Degree/License	Gender	Specialty	Accepting new patients?	Practitioner NPI/Atypical ID	Practice Location number for practitioner
						Taxonomy code	Age Range	Affiliated Hospital with Admitting Privileges	
☐ PCP ☐ Specialist ☐ Hospital Based					☐ M ☐ F	Specialty: Taxonomy:	Accepting New Patients? ☐ Yes ☐ No From Ages____to ____ ☐ All Ages	NPI/Atypical ID Affiliated Hospital with Admit Privilege	☐ All ☐ 1 ☐ 4 ☐ 2 ☐ 5 ☐ 3 ☐ 6
Provider Training/Experience:									
☐ Blindness or Visual Impairment ☐ Child Welfare ☐ Chronic Illness ☐ Cognitively Disabled ☐ Co-occurring Disorders ☐ Deafness or Hard of Hearing ☐ HIV/AIDS ☐ Homelessness ☐ Physical Disability ☐ Serious Mental Illness ☐ Substance Abuse ☐ Trauma									
Cultural Competency Training Completed? ☐ Yes ☐ No									

☐ PCP ☐ Specialist ☐ Hospital Based					☐ M ☐ F	Specialty: Taxonomy:	Accepting New Patients? ☐ Yes ☐ No From Ages____to ____ ☐ All Ages	NPI/Atypical ID Affiliated Hospital with Admit Privilege	☐ All ☐ 1 ☐ 4 ☐ 2 ☐ 5 ☐ 3 ☐ 6
Provider Training/Experience:									
☐ Blindness or Visual Impairment ☐ Child Welfare ☐ Chronic Illness ☐ Cognitively Disabled ☐ Co-occurring Disorders ☐ Deafness or Hard of Hearing ☐ HIV/AIDS ☐ Homelessness ☐ Physical Disability ☐ Serious Mental Illness ☐ Substance Abuse ☐ Trauma									
Cultural Competency Training Completed? ☐ Yes ☐ No									

☐ PCP ☐ Specialist ☐ Hospital Based					☐ M ☐ F	Specialty: Taxonomy:	Accepting New Patients? ☐ Yes ☐ No From Ages____to ____ ☐ All Ages	NPI/Atypical ID Affiliated Hospital with Admit Privilege	☐ All ☐ 1 ☐ 4 ☐ 2 ☐ 5 ☐ 3 ☐ 6
Provider Training/Experience:									
☐ Blindness or Visual Impairment ☐ Child Welfare ☐ Chronic Illness ☐ Cognitively Disabled ☐ Co-occurring Disorders ☐ Deafness or Hard of Hearing ☐ HIV/AIDS ☐ Homelessness ☐ Physical Disability ☐ Serious Mental Illness ☐ Substance Abuse ☐ Trauma									
Cultural Competency Training Completed? ☐ Yes ☐ No									

AmeriHealth Caritas North Carolina

AmeriHealth Caritas North Carolina

Ancillary Data Intake Form

Section 1 instructions: Please complete all fields below for the Provider.

Entity name (as written on W9):		Category: ☐ Ancillary ☐ Behavioral health ☐ Urgent care	
IPA name (if applicable):		Billing type: ☐ UB-04/Institutional ☐ CMS-1500/Professional	
Name doing business as (if applicable):		Group/Facility TIN/EIN # (nine characters):	NCTracks Provider ID:
Primary contact name:	Primary contact email:	Primary contact phone:	
Pay to: Street address:	Building or suite number:	City, state, ZIP:	Phone number:
Recoveries address (if different from pay to above):	Building or suite number:	City, state, ZIP:	
Organization website:			

Section 2 instructions: Please complete each section below for all locations including applicable NPI or Atypical ID information. **(Make additional copies if needed.)**

Location	Facility name (as it will appear in provider directory)	Street address	Building or suite number	City	State	ZIP + 4 Digits	County	Facility NPI/Atypical ID / Taxonomy Code	Phone with Area Code
Location 1								NPI/Atypical ID: Taxonomy Code:	

Languages Spoken: ☐ English ☐ Spanish ☐ Chinese ☐ Vietnamese ☐ Korean ☐ French ☐ Arabic ☐ ASL ☐ Other (please list):

Location 1 — Office Hours								
Day	**Start**	**AM/PM**	**End**	**AM/PM**	**Start**	**AM/PM**	**End**	**AM/PM**
Monday								
Tuesday								
Wednesday								
Thursday								
Friday								
Saturday								
Sunday								

Please email to **ProviderEnrollment_NC@amerihealthcaritas.com** or fax to **1-855-707-5822**.

Location	Facility name (as it will appear in provider directory)	Street address	Building or suite number	City	State	ZIP + 4 Digits	County	Facility NPI/ Atypical ID / Taxonomy Code	Telephone with Area Code
Location 2								NPI/Atypical ID: Taxonomy Code:	

Languages Spoken: ☐ English ☐ Spanish ☐ Chinese ☐ Vietnamese ☐ Korean ☐ French ☐ Arabic ☐ ASL ☐ Other (please list):

Location 2 — Office Hours								
Day	Start	AM/PM	End	AM/PM	Start	AM/PM	End	AM/PM
Monday								
Tuesday								
Wednesday								
Thursday								
Friday								
Saturday								
Sunday								

Location	Facility name (as it will appear in provider directory)	Street address	Building or suite number	City	State	ZIP + 4 Digits	County	Facility NPI/ Atypical ID / Taxonomy Code	Telephone with Area Code
Location 3								NPI/Atypical ID: Taxonomy Code:	

Languages Spoken: ☐ English ☐ Spanish ☐ Chinese ☐ Vietnamese ☐ Korean ☐ French ☐ Arabic ☐ ASL ☐ Other (please list):

Location 3 — Office Hours								
Day	Start	AM/PM	End	AM/PM	Start	AM/PM	End	AM/PM
Monday								
Tuesday								
Wednesday								
Thursday								
Friday								
Saturday								
Sunday								

Location	Facility name (as it will appear in provider directory)	Street address	Building or suite number	City	State	ZIP + 4 Digits	County	Facility NPI/ Atypical ID / Taxonomy Code	Telephone with Area Code
Location 4								NPI/Atypical ID: Taxonomy Code:	

Languages Spoken: ☐ English ☐ Spanish ☐ Chinese ☐ Vietnamese ☐ Korean ☐ French ☐ Arabic ☐ ASL ☐ Other (please list):

Location 4 — Office Hours								
Day	Start	AM/PM	End	AM/PM	Start	AM/PM	End	AM/PM
Monday								
Tuesday								
Wednesday								
Thursday								
Friday								
Saturday								
Sunday								

Location	Facility name (as it will appear in provider directory)	Street address	Building or suite number	City	State	ZIP + 4 Digits	County	Facility NPI/ Atypical ID / Taxonomy Code	Telephone with Area Code
Location 5								NPI/Atypical ID: Taxonomy Code:	

Languages Spoken: ☐ English ☐ Spanish ☐ Chinese ☐ Vietnamese ☐ Korean ☐ French ☐ Arabic ☐ ASL ☐ Other (please list):

Location 5 — Office Hours								
Day	Start	AM/PM	End	AM/PM	Start	AM/PM	End	AM/PM
Monday								
Tuesday								
Wednesday								
Thursday								
Friday								
Saturday								
Sunday								

Location	Facility name (as it will appear in provider directory)	Street address	Building or suite number	City	State	ZIP + 4 Digits	County	Facility NPI/ Atypical ID / Taxonomy Code	Telephone with Area Code
Location 6								NPI/Atypical ID: Taxonomy Code:	

Languages Spoken: ☐ English ☐ Spanish ☐ Chinese ☐ Vietnamese ☐ Korean ☐ French ☐ Arabic ☐ ASL ☐ Other (pleaselist):

Location 6 — Office Hours								
Day	Start	AM/PM	End	AM/PM	Start	AM/PM	End	AM/PM
Monday								
Tuesday								
Wednesday								
Thursday								
Friday								
Saturday								
Sunday								

Section 3 instructions: Please indicate ADA compliance for each location, as appropriate.

ADA Compliance	Facility Locations
Compliant Access Service Location	☐ All ☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 ☐ 6
Compliant Access Rest Rooms	☐ All ☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 ☐ 6
Compliant Access Examination Rooms	☐ All ☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 ☐ 6
Handicap Accessible Medical Equipment	☐ All ☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 ☐ 6
Blind/Visually Impaired	☐ All ☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 ☐ 6
Cognitively Disabled	☐ All ☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 ☐ 6
Deaf or Hard of Hearing	☐ All ☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 ☐ 6

Section 4 instructions: Please complete all fields below by selecting which service(s) are provided at each location and ages served.

Services	Age Range		Locations
Adult Medical Day Care	☐ All Ages	From Age____to ____	☐ All ☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 ☐ 6
Ambulance Services	☐ All Ages	From Age____to ____	☐ All ☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 ☐ 6
Ambulatory Surgery Center	☐ All Ages	From Age____to ____	☐ All ☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 ☐ 6
Assisted Living Facility	☐ All Ages	From Age____to ____	☐ All ☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 ☐ 6
Audiology	☐ All Ages	From Age____to ____	☐ All ☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 ☐ 6
Behavioral Health	☐ All Ages	From Age____to ____	☐ All ☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 ☐ 6
Birthing Centers	☐ All Ages	From Age____to ____	☐ All ☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 ☐ 6
Cardiac Rehabilitation	☐ All Ages	From Age____to ____	☐ All ☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 ☐ 6
Cardiac Testing	☐ All Ages	From Age____to ____	☐ All ☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 ☐ 6
Care Management	☐ All Ages	From Age____to ____	☐ All ☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 ☐ 6
Certified Nurse Midwife	☐ All Ages	From Age____to ____	☐ All ☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 ☐ 6
Certified Registered Nurse Anesthetist (CRNA)	☐ All Ages	From Age____to ____	☐ All ☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 ☐ 6
Chiropractic Services	☐ All Ages	From Age____to ____	☐ All ☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 ☐ 6
Clinical Psychologist	☐ All Ages	From Age____to ____	☐ All ☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 ☐ 6
Community Residential Services	☐ All Ages	From Age____to ____	☐ All ☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 ☐ 6
Diabetes Education	☐ All Ages	From Age____to ____	☐ All ☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 ☐ 6
Diabetes Self-Management	☐ All Ages	From Age____to ____	☐ All ☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 ☐ 6
Diagnostic Imaging/X-Ray	☐ All Ages	From Age____to ____	☐ All ☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 ☐ 6
Diagnostic Therapeutic Custodial	☐ All Ages	From Age____to ____	☐ All ☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 ☐ 6
Dietitian	☐ All Ages	From Age____to ____	☐ All ☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 ☐ 6

Services	Age Range		Locations
Durable Medical Equipment (DME)	☐ All Ages	From Age____to ____	☐ All ☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 ☐ 6
Facility-Based Crisis Service for Adults	☐ All Ages	From Age____to ____	☐ All ☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 ☐ 6
Facility-Based Crisis Service for Children and Adolescents	☐ All Ages	From Age____to ____	☐ All ☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 ☐ 6
Freestanding Birth Centers	☐ All Ages	From Age____to ____	☐ All ☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 ☐ 6
Furnished Medical Supplies & Durable Medical Equipment (DME)	☐ All Ages	From Age____to ____	☐ All ☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 ☐ 6
Genetic Testing	☐ All Ages	From Age____to ____	☐ All ☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 ☐ 6
Home And Vehicle Modifications	☐ All Ages	From Age____to ____	☐ All ☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 ☐ 6
Home Delivered Meals	☐ All Ages	From Age____to ____	☐ All ☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 ☐ 6
Home Health	☐ All Ages	From Age____to ____	☐ All ☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 ☐ 6
Home Infusion	☐ All Ages	From Age____to ____	☐ All ☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 ☐ 6
Home Visiting Services	☐ All Ages	From Age____to ____	☐ All ☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 ☐ 6
Hospice Services	☐ All Ages	From Age____to ____	☐ All ☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 ☐ 6
Imaging Centers	☐ All Ages	From Age____to ____	☐ All ☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 ☐ 6
Infusion Therapy	☐ All Ages	From Age____to ____	☐ All ☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 ☐ 6
Kidney Dialysis	☐ All Ages	From Age____to ____	☐ All ☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 ☐ 6
Laboratory	☐ All Ages	From Age____to ____	☐ All ☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 ☐ 6
Mammography Services	☐ All Ages	From Age____to ____	☐ All ☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 ☐ 6
Medical Nutrition	☐ All Ages	From Age____to ____	☐ All ☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 ☐ 6
Medical Services Clinic (e.g., Opioid Treatment Program)	☐ All Ages	From Age____to ____	☐ All ☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 ☐ 6
Medical Weight Loss Clinic	☐ All Ages	From Age____to ____	☐ All ☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 ☐ 6
Mental Health And Addiction Services — Please Specify:	☐ All Ages	From Age____to ____	☐ All ☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 ☐ 6

Services	Age Range		Locations
Non-Emergency Medical Transportation	☐ All Ages	From Age____to ____	☐ All ☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 ☐ 6
Nursing Home Care	☐ All Ages	From Age____to ____	☐ All ☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 ☐ 6
Nutrition Education	☐ All Ages	From Age____to ____	☐ All ☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 ☐ 6
Inpatient Behavioral Health	☐ All Ages	From Age____to ____	☐ All ☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 ☐ 6
Outpatient Behavioral Health	☐ All Ages	From Age____to ____	☐ All ☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 ☐ 6
Occupational Therapy	☐ All Ages	From Age____to ____	☐ All ☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 ☐ 6
Partial Hospitalization	☐ All Ages	From Age____to ____	☐ All ☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 ☐ 6
Personal Care Services	☐ All Ages	From Age____to ____	☐ All ☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 ☐ 6
Personal Emergency Response Systems	☐ All Ages	From Age____to ____	☐ All ☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 ☐ 6
Pharmacy	☐ All Ages	From Age____to ____	☐ All ☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 ☐ 6
Physical Therapy	☐ All Ages	From Age____to ____	☐ All ☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 ☐ 6
Plasma Donation Centers	☐ All Ages	From Age____to ____	☐ All ☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 ☐ 6
Podiatry	☐ All Ages	From Age____to ____	☐ All ☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 ☐ 6
Private Duty Nursing, over age 21			☐ All ☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 ☐ 6
Private Duty Nursing, under age 21			☐ All ☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 ☐ 6
Psychiatric Rehabilitation	☐ All Ages	From Age____to ____	☐ All ☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 ☐ 6
Psychosocial Rehabilitation	☐ All Ages	From Age____to ____	☐ All ☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 ☐ 6
Pulmonary Testing	☐ All Ages	From Age____to ____	☐ All ☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 ☐ 6
Radiology	☐ All Ages	From Age____to ____	☐ All ☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 ☐ 6
Rehabilitation Hospital	☐ All Ages	From Age____to ____	☐ All ☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 ☐ 6
Rehabilitative Services Post Hospital Discharge	☐ All Ages	From Age____to ____	☐ All ☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 ☐ 6

Services	Age Range		Locations
Residential Care	☐ All Ages	From Age____to ____	☐ All ☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 ☐ 6
Residential Treatment Facility	☐ All Ages	From Age____to ____	☐ All ☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 ☐ 6
Respite	☐ All Ages	From Age____to ____	☐ All ☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 ☐ 6
Skilled Nursing Facility	☐ All Ages	From Age____to ____	☐ All ☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 ☐ 6
Sleep Lab	☐ All Ages	From Age____to ____	☐ All ☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 ☐ 6
Social Worker	☐ All Ages	From Age____to ____	☐ All ☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 ☐ 6
Speech Therapy	☐ All Ages	From Age____to ____	☐ All ☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 ☐ 6
Substance Abuse Rehabilitation Facility	☐ All Ages	From Age____to ____	☐ All ☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 ☐ 6
Telemedicine, Primary Care	☐ All Ages	From Age____to ____	☐ All ☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 ☐ 6
Telemedicine, Medical	☐ All Ages	From Age____to ____	☐ All ☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 ☐ 6
Telemedicine, Psychiatric	☐ All Ages	From Age____to ____	☐ All ☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 ☐ 6
Therapist (i.e., Marriage, Family, etc.). Please Specify:	☐ All Ages	From Age____to ____	☐ All ☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 ☐ 6
Transitional Housing Program Services and Community Residential Services with Wrap-Around Services and Supports	☐ All Ages	From Age____to ____	☐ All ☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 ☐ 6
Transportation	☐ All Ages	From Age____to ____	☐ All ☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 ☐ 6
Ultrasound Services	☐ All Ages	From Age____to ____	☐ All ☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 ☐ 6
Urgent Care Facilities	☐ All Ages	From Age____to ____	☐ All ☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 ☐ 6
Weight Management	☐ All Ages	From Age____to ____	☐ All ☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 ☐ 6
Wheelchair Van	☐ All Ages	From Age____to ____	☐ All ☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 ☐ 6

ASAM Levels of Care

Services	Age Range		Locations
ASAM Level OTS Outpatient Opioid Treatment	☐ All Ages	From Age____to ____	☐ All ☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 ☐ 6
ASAM Level 1 Outpatient Services	☐ All Ages	From Age____to ____	☐ All ☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 ☐ 6
ASAM Level 1-WM Ambulatory Detoxification	☐ All Ages	From Age____to ____	☐ All ☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 ☐ 6
ASAM Level 2.1 Substance Abuse Intensive Outpatient Program (SAIOP)	☐ All Ages	From Age____to ____	☐ All ☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 ☐ 6
ASAM Level 2.5 Substance Abuse Comprehensive Outpatient Treatment Program (SACOT)	☐ All Ages	From Age____to ____	☐ All ☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 ☐ 6
ASAM Level 3.7-WM Non-Hospital Medical Detoxification	☐ All Ages	From Age____to ____	☐ All ☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 ☐ 6
ASAM Level 3.9-WM (NC) Medically Supervised or ADATC Detoxification Crisis Stabilization	☐ All Ages	From Age____to ____	☐ All ☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 ☐ 6
ASAM Level 4 Inpatient Hospital Substance Abuse Treatment	☐ All Ages	From Age____to ____	☐ All ☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 ☐ 6

Please add any unlisted services below and indicate age range and location.

Services	Age Range		Locations
	☐ All Ages	From Age____to ____	☐ All ☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 ☐ 6
	☐ All Ages	From Age____to ____	☐ All ☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 ☐ 6
	☐ All Ages	From Age____to ____	☐ All ☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 ☐ 6
	☐ All Ages	From Age____to ____	☐ All ☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 ☐ 6
	☐ All Ages	From Age____to ____	☐ All ☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 ☐ 6
	☐ All Ages	From Age____to ____	☐ All ☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 ☐ 6
	☐ All Ages	From Age____to ____	☐ All ☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 ☐ 6
	☐ All Ages	From Age____to ____	☐ All ☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 ☐ 6
	☐ All Ages	From Age____to ____	☐ All ☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 ☐ 6
	☐ All Ages	From Age____to ____	☐ All ☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 ☐ 6
	☐ All Ages	From Age____to ____	☐ All ☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 ☐ 6
	☐ All Ages	From Age____to ____	☐ All ☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 ☐ 6
Additional Notes:			

Section 5 instructions: Please complete all fields below. Please include practitioner licensure(s), i.e., MLADC, APRN etc., and indicate practice location number for each practitioner.

Category	First name	Last name	MI	Degree/License	Gender	Specialty	Accepting new patients?	Practitioner NPI/Atypical ID	Practice Location number for practitioner
						Taxonomy code	Age Range	Affiliated Hospital with Admitting Privileges	
☐ PCP ☐ Specialist ☐ Hospital Based					☐ M ☐ F	Specialty: Taxonomy:	Accepting New Patients? ☐ Yes ☐ No From Ages____to ____ ☐ All Ages	NPI/Atypical ID Affiliated Hospital with Admit Privilege	☐ All ☐ 1 ☐ 4 ☐ 2 ☐ 5 ☐ 3 ☐ 6
Provider Training/Experience:									
☐ Blindness or Visual Impairment ☐ Child Welfare ☐ Chronic Illness ☐ Cognitively Disabled ☐ Co-occurring Disorders ☐ Deafness or Hard of Hearing ☐ HIV/AIDS ☐ Homelessness ☐ Physical Disability ☐ Serious Mental Illness ☐ Substance Abuse ☐ Trauma									
Cultural Competency Training Completed? ☐ Yes ☐ No									

☐ PCP ☐ Specialist ☐ Hospital Based					☐ M ☐ F	Specialty: Taxonomy:	Accepting New Patients? ☐ Yes ☐ No From Ages____to ____ ☐ All Ages	NPI/Atypical ID Affiliated Hospital with Admit Privilege	☐ All ☐ 1 ☐ 4 ☐ 2 ☐ 5 ☐ 3 ☐ 6
Provider Training/Experience:									
☐ Blindness or Visual Impairment ☐ Child Welfare ☐ Chronic Illness ☐ Cognitively Disabled ☐ Co-occurring Disorders ☐ Deafness or Hard of Hearing ☐ HIV/AIDS ☐ Homelessness ☐ Physical Disability ☐ Serious Mental Illness ☐ Substance Abuse ☐ Trauma									
Cultural Competency Training Completed? ☐ Yes ☐ No									

☐ PCP ☐ Specialist ☐ Hospital Based					☐ M ☐ F	Specialty: Taxonomy:	Accepting New Patients? ☐ Yes ☐ No From Ages____to ____ ☐ All Ages	NPI/Atypical ID Affiliated Hospital with Admit Privilege	☐ All ☐ 1 ☐ 4 ☐ 2 ☐ 5 ☐ 3 ☐ 6
Provider Training/Experience:									
☐ Blindness or Visual Impairment ☐ Child Welfare ☐ Chronic Illness ☐ Cognitively Disabled ☐ Co-occurring Disorders ☐ Deafness or Hard of Hearing ☐ HIV/AIDS ☐ Homelessness ☐ Physical Disability ☐ Serious Mental Illness ☐ Substance Abuse ☐ Trauma									
Cultural Competency Training Completed? ☐ Yes ☐ No									

Category	First name	Last name	MI	Degree/License	Gender	Specialty	Accepting new patients?	Practitioner NPI/Atypical ID	Practice Location number for practitioner
						Taxonomy code	Age Range	Affiliated Hospital with Admitting Privileges	
☐ PCP ☐ Specialist ☐ Hospital Based					☐ M ☐ F	Specialty: Taxonomy:	Accepting New Patients? ☐ Yes ☐ No From Ages____to _____ ☐ All Ages	NPI/Atypical ID Affiliated Hospital with Admit Privilege	☐ All ☐ 1 ☐ 4 ☐ 2 ☐ 5 ☐ 3 ☐ 6
Provider Training/Experience:									
☐ Blindness or Visual Impairment ☐ Child Welfare ☐ Chronic Illness ☐ Cognitively Disabled ☐ Co-occurring Disorders ☐ Deafness or Hard of Hearing ☐ HIV/AIDS ☐ Homelessness ☐ Physical Disability ☐ Serious Mental Illness ☐ Substance Abuse ☐ Trauma									
Cultural Competency Training Completed? ☐ Yes ☐ No									

☐ PCP ☐ Specialist ☐ Hospital Based					☐ M ☐ F	Specialty: Taxonomy:	Accepting New Patients? ☐ Yes ☐ No From Ages____to _____ ☐ All Ages	NPI/Atypical ID Affiliated Hospital with Admit Privilege	☐ All ☐ 1 ☐ 4 ☐ 2 ☐ 5 ☐ 3 ☐ 6
Provider Training/Experience:									
☐ Blindness or Visual Impairment ☐ Child Welfare ☐ Chronic Illness ☐ Cognitively Disabled ☐ Co-occurring Disorders ☐ Deafness or Hard of Hearing ☐ HIV/AIDS ☐ Homelessness ☐ Physical Disability ☐ Serious Mental Illness ☐ Substance Abuse ☐ Trauma									
Cultural Competency Training Completed? ☐ Yes ☐ No									

☐ PCP ☐ Specialist ☐ Hospital Based					☐ M ☐ F	Specialty: Taxonomy:	Accepting New Patients? ☐ Yes ☐ No From Ages____to _____ ☐ All Ages	NPI/Atypical ID Affiliated Hospital with Admit Privilege	☐ All ☐ 1 ☐ 4 ☐ 2 ☐ 5 ☐ 3 ☐ 6
Provider Training/Experience:									
☐ Blindness or Visual Impairment ☐ Child Welfare ☐ Chronic Illness ☐ Cognitively Disabled ☐ Co-occurring Disorders ☐ Deafness or Hard of Hearing ☐ HIV/AIDS ☐ Homelessness ☐ Physical Disability ☐ Serious Mental Illness ☐ Substance Abuse ☐ Trauma									
Cultural Competency Training Completed? ☐ Yes ☐ No									

Category	First name	Last name	MI	Degree/License	Gender	Specialty / Taxonomy code	Accepting new patients? / Age Range	Practitioner NPI/Atypical ID / Affiliated Hospital with Admitting Privileges	Practice Location number for practitioner
☐ PCP ☐ Specialist ☐ Hospital Based					☐ M ☐ F	Specialty: Taxonomy:	Accepting New Patients? ☐ Yes ☐ No From Ages____to _____ ☐ All Ages	NPI/Atypical ID Affiliated Hospital with Admit Privilege	☐ All ☐ 1 ☐ 4 ☐ 2 ☐ 5 ☐ 3 ☐ 6
Provider Training/Experience:									
☐ Blindness or Visual Impairment ☐ Child Welfare ☐ Chronic Illness ☐ Cognitively Disabled ☐ Co-occurring Disorders ☐ Deafness or Hard of Hearing ☐ HIV/AIDS ☐ Homelessness ☐ Physical Disability ☐ Serious Mental Illness ☐ Substance Abuse ☐ Trauma									
Cultural Competency Training Completed? ☐ Yes ☐ No									

☐ PCP ☐ Specialist ☐ Hospital Based					☐ M ☐ F	Specialty: Taxonomy:	Accepting New Patients? ☐ Yes ☐ No From Ages____to _____ ☐ All Ages	NPI/Atypical ID Affiliated Hospital with Admit Privilege	☐ All ☐ 1 ☐ 4 ☐ 2 ☐ 5 ☐ 3 ☐ 6
Provider Training/Experience:									
☐ Blindness or Visual Impairment ☐ Child Welfare ☐ Chronic Illness ☐ Cognitively Disabled ☐ Co-occurring Disorders ☐ Deafness or Hard of Hearing ☐ HIV/AIDS ☐ Homelessness ☐ Physical Disability ☐ Serious Mental Illness ☐ Substance Abuse ☐ Trauma									
Cultural Competency Training Completed? ☐ Yes ☐ No									

☐ PCP ☐ Specialist ☐ Hospital Based					☐ M ☐ F	Specialty: Taxonomy:	Accepting New Patients? ☐ Yes ☐ No From Ages____to _____ ☐ All Ages	NPI/Atypical ID Affiliated Hospital with Admit Privilege	☐ All ☐ 1 ☐ 4 ☐ 2 ☐ 5 ☐ 3 ☐ 6
Provider Training/Experience:									
☐ Blindness or Visual Impairment ☐ Child Welfare ☐ Chronic Illness ☐ Cognitively Disabled ☐ Co-occurring Disorders ☐ Deafness or Hard of Hearing ☐ HIV/AIDS ☐ Homelessness ☐ Physical Disability ☐ Serious Mental Illness ☐ Substance Abuse ☐ Trauma									
Cultural Competency Training Completed? ☐ Yes ☐ No									