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: 8/29/2019
Last Review Date: 8/29/2019
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Next Review Date: 8/2020

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

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," maintains criteria and processes to credential and recredential the providers. To streamline the North Carolina Department of Health and Human Services' (the "Department") Medicaid managed care program, a Provider Data Contractor (PDC) will be responsible for providing all the data possible, without outreach to the Provider/Contactor/Organizational Provider through a standardized primary source verification process for in-state, bordering (i.e., providers that reside within forty (40) miles of the North Carolina state line), and out-of-state providers. The PHP is responsible to render a credentialing/recredentialing decision based on the data provided by the PDC. The PDC vendor, Medversant, is certified by a nationally recognized accrediting agency, National Committee for Quality Assurance (NCQA).

Providers are defined as acute, primary care physicians, behavioral, substance abuse disorders, specialist, and allied health practitioners are credentialed and recertified no less frequently than every three years after the Provider Transition period consistent with the State and Federal regulations.

Providers who must be credentialed/recredentialed include but not are not limited to:

Medical Doctor (MD)	Doctor of Osteopathic Medicine (DO)	Doctor of Dental Surgery (DDS)	Doctor of Dental Medicine (DMD)
Doctor of Podiatric Medicine (DPM)	Doctor of Chiropractic Medicine (DC)	Physical Therapist (PT)	Occupational Therapist (OT)

Speech and Language Therapist	Certified Registered Nurse Practitioner (CRNP)	Certified Nurse Midwife (CNM)	Audiologist (AUD)
Therapeutic Optometrists providing care under the medical benefit (OD)	Allied Health Providers	Physician Assistants (PA)	School Based Providers
Applied Behavioral Analysts	Registered Behavioral Health Technician (RBT)	Behavioral Analyst (BCBA/BCABA)	Registered Dietician (RD)
General Dentists	Pediatric Dentists	Psychiatrist	Psychologist (PsyD; Psych.D)
Licensed Clinical Social Worker (LCSW)	Licensed Professional Counselors (LPC)	Licensed Marriage and Family Therapist	Substance Abuse Treatment Providers
Licensed Genetic Counselors			

Hospital based providers practicing exclusively in the in-patient setting are enrolled with the Department but not credentialed/ recredentialed by the PHP or published in our provider directory. Hospital based providers are defined as, but not limited to: Pathologists, Anesthesiologists, Radiologists, Emergency Medicine, Neonatologists, and Hospitalists.

Organizational Providers are defined as hospitals, ancillaries, facilities, entities, organizations, atypical organizations, and institutions where the facility undergoes credentialing instead of the individual provider and are credentialed and recertified no less than every three years after the Provider Transition period consistent with the State and Federal regulations.

Organizational Providers which must be credentialed/recredentialed include but may not be limited to:

Hospitals (acute care and acute rehabilitation)	Home Health Agencies/Home Health Hospice	Clinical laboratories	Skilled Nursing Facilities (SNFs)
Skilled Nursing Facilities providing sub-acute services	Comprehensive Outpatient Rehabilitation Facilities (CORFs)	Ambulatory Surgery Centers (ASCs)	Sleep Center/Sleep Lab – Free Standing
Free Standing Radiology Centers	Durable Medical Equipment (DME)	Home Infusion	EPSDT Clinics
Providers of end-stage renal disease services	Providers of outpatient diabetes self-management training	Portable x-ray Suppliers/Imaging Centers	Rural Health Clinic (RHCs) and Federally Qualified Health Center (FQHCs) – Behavioral

			Health
Behavioral Healthcare providers providing mental health or substance abuse services in the Inpatient, Residential, and Ambulatory Care settings			

LTSS Contractor/Providers are defined as non-traditional Long Term Service and Supports (LTSS) contractor and providers are credentialed and recredentialed no less frequently than every three years after the Provider Transition period consistent with the State and Federal regulations.

LTSS Contractor/Providers which must be credentialed/recredentialed include but are not limited to:

Adult Day Health	Assistive Devices	Assisted Living on-call	Behavioral Programming
Case Management	Chore Services	Consumer Directed Attendant Care (CDAC)	Counseling Services
Family Counseling and Training	Home and Vehicle Modification	Home Health Aide	Home Delivered Meals
Homemaker Services	Mental Health Outreach	Interim Medical Monitoring and Treatment	Nursing
Nursing Care	Nutritional Counseling	Personal Emergency Response System (PERS)	Prevocational
Respite	Specialized Medical Equipment	Supported Community Living	Certified Practitioners in a Substance Use Disorder Treatment Program
Transportation			

NOTE: North Carolina state law, requires PHPs to include all willing providers in their network, except when a PHP is unable to negotiate rates or when there are quality concerns.

The PHP utilized the PDC's criteria verification methodology to credential and recredential in a non-discriminatory manner, with no attention to the providers' race, ethnic/national identity, gender, age, sexual orientation, or specialty and procedures performed. The PHP must not discriminate against particular providers that serve high-risk populations or specialize in conditions that require costly treatment. The PHP will prohibit discrimination in the participation, reimbursement, or indemnification of any provider who is providing a covered service and who is acting within the scope of his or her license or certification under applicable state law, solely on the basis of that license or certification. The PHP's credentialing/recredentialing criteria and standards are consistent with the individual State requirements and Federal regulations.

The PHP will recredential providers within 36 months of the prior credentialing date and provide verified information to the PHP for presentation to the Provider Network Participation Committee (PNPC).

PHP 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 the PHP's Members and Providers and to ensure the appropriate and legitimate use of the information. The PHP 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.

This policy and procedure will be presented for review and approval on at least an annual basis to both Department and the PHP's PNPC. PHP will submit any significant policy changes to the Department for review and approval at least sixty (60) calendar days prior to implementation.

The PHP is prohibited to employ or contract with providers excluded from participation in federal health care programs under the Social Security Act.

Purpose:

To outline the criteria and processes used to administer the PHP's Credentialing/Recredentialing Program for providers, organizational providers and LTSS contractor/providers.

Definitions:

Allied Health Practitioners – Any non-MD or non-DO practitioner rendering services to our members (i.e., Podiatrists, nurse practitioners, etc.)

Credentialing – The process of collecting and verify provider qualifications. This includes determining whether the provider possesses the proper qualifications to participate in the PHP's network.

Indian Health Care Provider (IHCP) – A health care program operated by the Indian Health Services or by an Indian Tribe, Tribal Organization, or Urban Indian Organization as those terms are defined in Section 4 of the IHCP Improvement Act (25 USC 1603).

Long Term Services and Supports (LTSS) – Provide Members with assistance with activities of daily living and instrumental living in an organizational provider or community-based setting.

Managed Care Organization (MCO) – As defined in 42 CFR 438.2, an entity that has, or is seeking to qualify for, a comprehensive risk contract and meets specified requirements, including the solvency standards of 42 CFR 438.116. North Carolina Medicaid managed care refers to MCOs as PHPs.

Non-Routine/Quality File – A file with malpractice cases, license sanctions, affirmative answers to the disclosure questions, etc. that requires PNPC review and discussion.

Organizational Provider – The umbrella term used for hospitals, ancillaries, facilities, entities, organizations, atypical organizations, and institutions where the facility undergoes credentialing instead of the individual provider.

Provider Data Contractor ("PDC") - An organization that collects data and verifies primary source credentials of providers as part of the credentialing process.

Provider – The umbrella term used to refer to acute, primary care physicians, behavioral, substance abuse disorders, specialist, and allied health practitioners.

Provider Enrollment – The process by which a provider is enrolled in a state's Medicaid program. Credentialing is a component of enrollment. **NOTE:** The 2016 Medicaid Managed Care final rule and 21st Century Cures Act require all Medicaid providers to be screened and enrolled by a state. However, enrollment as a provider by a state does not obligate managed care providers to participate in the state's Fee-For-Service (FFS) program.

Provider Contracting – The process by which the PHP negotiates and secures a contractual agreement with providers that have undergone a quality credentialing determination and are to be included in the PHP's Provider Network.

Provider Network Participating Committee (PNPC) – the internal peer review committee that utilizes verified information as outlined in the P&P from the PDC to determine if a provider meets PHP's internal quality standards to serve as a provider of services to the PHP's members.

Quality Determination - A PHP's decision, made by the PNPC in accordance with the PHP's P&P, as to whether a provider has met objective credentialing quality standards.

Quality Standards – The factors that PHP's may apply to determine if it will move to contracting with a provider.

Routine/Clean File - a file with no issues (i.e., malpractice cases, license sanctions, etc.) and requires only Medical Director review and approval.

Procedure:

Initial Credentialing

1. Providers/Contractors/Organizational Providers will submit a single, electronic application through the Department's NCTracks portal to become a Medicaid-enrolled provider. The application permits providers to submit information once for enrollment in both the Medicaid FFS and PHP programs. The provider must submit a signed and dated application and an attestation/release form. Applications must be filled out correctly, completely and must be legible. Paper applications will not be accepted. Original, faxed, photocopied and electronic signatures by the provider are acceptable. Stamped signatures are not acceptable.

   NOTE: Providers/Contractors/Organizational Providers who are not enrolled with the Department as a North Carolina Medicaid provider consistent with the provider disclosure, screening and enrollment requirements will not be contracted with the PHP.

2. Supplementary information may also be submitted by the provider to the Department as noted below. Applications for participation are not considered complete until the full provider record is received by the PHP via the PDC file:
   - National Certification for CRNP and PA, if applicable;
   - Evidence of unrestricted certification for Contractors/Providers;
   - For Organizational providers:
     - Liability Insurance (copy of certificate, verification of effective and expiration dates, coverage amounts);

    - Evidence of accreditation certificate from a recognized accrediting body;
- If the organizational provider is not accredited:
    - Information on Quality Management Program;
    - Reports on Disciplinary Action from the last 5 years;
    - Letters of Recommendation attesting to quality or cost effectiveness of care;
    - Documented Policies for coverage arrangements or onsite quality assessment on Quality Management Program; and

A provider's application will not be consider a completed application nor will the provider be considered a participating provider until all required documents have been received and those that require verification, verified.

As part of the above providers licensing requirements, they must first be enrolled with Medicaid. Verification of these provider's licenses, via the PDC file, will also be considered their Medicaid enrollment verification.

3. Primary Source Verifications are completed by the PDC on the following and the PHP is required to accept verified information from the PDC and are not permitted to require additional information from the provider or solicit information from any source without the prior written consent from the Department:
    - **Medical License** – will confirm that the provider's license to practice in the State in which they are rendering services to the PHP's members are current, valid, in good standing, and without restrictions or sanctions.
    - **State License** – will confirm that the organizational provider's license to practice in the status in which they are rendering services to the PHP's members is current, valid, in good standing and without restrictions or sanctions.
    - **Accredited Organizational providers**:
        - Liability Insurance (copy of certificate, verification of effective and expiration dates, coverage amounts)
        - Evidence of accreditation certificate from a recognized accrediting body
    - **Non-Accredited Organizational Provider**:
        - Information on Quality Management Program
        - Reports on Disciplinary Action from the last 5 years
        - Letters of Recommendation attesting to quality or cost effectiveness of care
        - Documented Policies for coverage arrangements or onsite quality assessment on Quality Management Program
    - **Business License -** will confirm that the providers/contractor's license to practice in the State in which they are rendering services to the PHP's members is current, valid, in good standing, and without restrictions or sanctions
    - **Education/Training** – will verify the provider's highest level of education and training only if the provider is not Board Certified in the specialty in which they are applying. Highest level of training includes but may not be limited to: graduation from medical school, residency, or Board Certification.
    - **Board Certification** – The PHP does not require providers to be board certified for network participation; however, if a provider reports to be board certified, then current certification will be verified by the PDC.
    - **Certification** – confirm that the contractor/provider's certification to practice in the state is current, valid, in good standings and without restrictions or sanctions (if applicable)
    - **Malpractice Claims** – queries the National Practitioner Data Bank (NPDB) to obtain malpractice claims/sanction history.
    - **Medicare/Medicaid Sanctions** – All providers are reviewed for any Medicare/Medicaid

sanction activity. Provider must not have any current Medicare or Medicaid sanctions, sanctions on the NPDB, or any other reports provided on behalf of other regulatory agencies. Any provider found to be excluded from participation with Medicaid or Medicare will be discontinued/terminated immediately and notification will be sent to the provider.

- **Administrative and Statutory Exclusions** – All provider names will be entered into the System for Award Management (SAM) to identify those parties excluded from receiving Federal contracts, certain subcontracts, and certain types of Federal financial and non-financial assistance and benefits. The SAM database keeps its user community aware of administrative and statutory exclusions across the entire government, and individuals barred from entering the United States.
- **Office of Inspector General (OIG) –** All providers are screened for Medicare and Medicaid Sanctions for exclusions.
- **Federal DEA Certificate** – verifies the existence of a current Federal DEA certificate in each State where the provider renders care to the PHP's members. The DEA certificate must show the address in the State where the PHP's members are being treated. The DEA certificate is non-transferrable by location.
- **CDS/CSC Certificate** – verifies the existence of a current CDS/CSC certificate, if applicable.

The following verifications are completed via NCTracks:

- **Background Checks** – shall be ordered for contractor/providers (if applicable)
- **Social Security Death Master File** - is verified through the enrollment process using NCTracks
- **National Provider Identification Number (NPI)** – verifies the provider's individual NPI number.

There will be no provider outreach made by the PDC or PHP without the Department's written prior approval.

The PHP will ensure 90% of all initial applications are processed within 30 calendar days of receipt of a completed credentialing and verified information for consideration and 100% in 45 calendar days of same.

Information from the Department/PDC's daily NC Medicaid Credentialed Provider File will be saved in the Credentialing database prior to approval by the PHP's Vice President of Corporate Medical Policy (formally Chief Medical Director) or PNPC.

Note: Any provider found through primary source verifications to be suspected of fraud, waste or abuse are referred to the Program Integrity Department immediately upon receipt of this information.

4. The PDC will provide the PHP with a daily NC Medicaid Credentialed Provider File for all providers that have been enrolled and verifications have been completed noting any non-compliant provider in the report.

5. The PHP will enter all of the provider's information from the Department/PDC's NC Medicaid Credentialed Provider File into the Credentialing database.

6. The PHP will update the Credentialing database with Routine/Clean or Non-Routine/ Quality status for submission to the PHP's Vice President of Corporate Medical Policy or PNPC for discussion, review, and approval, denial or termination.

7. Once the Routine/Clean files are approved and signed off by the PHP's Vice President of Corporate Medical Policy or physician designee, the Data Analyst will update the Credentialing database to complete the file and will add the approval and recertification dates to the Credentialing database. An extract of the approved organizational providers is then sent to the Provider Network and Provider Database Maintenance Departments to update the Claims system.

Recredentialing

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

2. Providers/Contractors/Organizational Providers credentials are verified by the PDC within 36 months after the Provider Credentialing Transition period.

3. The PHP will track the Recredentialing Due Status in the Credentialing database. The PHP will complete the recredentialing process based on the updated information received one the daily PDC file

4. Provider performance against quality data, including, quality of care/quality of service concerns will be reviewed at the time of recredentialing. Any derogatory information will be presented to the PNPC for review, discussion, and determination.

5. Primary Source Verifications are completed as noted in the Initial Credentialing Section above.

6. The PDC will provide the PHP with a daily NC Medicaid Credentialed Provider File for all providers that have been enrolled and verifications have been completed noting any non-compliant provider in the report.

7. The PHP will suspend claims payment to any non-compliant provider for Dates of Services after the effective date provided by the Department 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 otherwise failing to meet Department requirements.

8. The PHP will reinstate provider payments upon notice of compliance from the Department. If the provider remains non-compliant post the fifty (50) days of suspension, the Department and PHP will terminate the provider and ACNC will likewise terminate the provider from its network.
   NOTE: The PHP will not be liable for interests or penalties for payment suspension at recredentialing.

9. The PHP will enter all the provider's information from the NC Medicaid Credentialed Provider File into the Credentialing database.

10. The PHP will update the Credentialing database with Routine/Clean or Non-Routine/Quality

status for submission to the PHP's Vice President of Corporate Medical Policy or PNPC for review and/or quality determination.

11. Once the Routine/Clean files are approved and signed off by the PHP's Vice President of Corporate Medical Policy or physician designee, the Data Analyst will update the Credentialing database to complete the file and will add the approval and recertification dates to the Credentialing database. An extract of the approved organizational providers is then sent to the Provider Network and Provider Database Maintenance Departments to update the Claims system.

NOTE: Education, training, and work history are not required elements for collection or verification at the time of recredentialing.

Note: Any provider found through primary source verifications to be suspected of fraud, waste or abuse are referred to the PHP's Program Integrity Department immediately upon receipt of this information.

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

Provider Network Participation Committee (PNPC)

1. The PNPC is a peer review committee staffed with a range of participating providers representing PCP's, Specialists, and Allied Health Practitioners in the PHP's networks. The PHP's Vice President of Corporate Medical Policy or physician designee resides as Chairman of the PNPC and is licensed in the state of North Carolina. The PNPC during new Market implementation shall meet weekly and post "go live" shall move to a monthly meeting to review quality determination. Routine/Clean files are approved by the PHP's Vice President of Corporate Medical Policy on a daily basis.

2. The primary responsibilities of the PNPC include, but may not be limited to:
    - Review of provider credentials that do not meet the PHP's established and approved quality standards to render a determination;
    - Ensure that Credentialing and Recredentialing decisions are made only when all elements are received and verified within the required time frame;
    - Review and revise Credentialing/Recredentialing policies and procedures and modify them as necessary;
    - Ensure that the PHP's Credentialing/Recredentialing policies and procedures are consistently followed; and
    - Communicate committee activities to the appropriate Committee and other departments are directed by the PHP's Vice President of Corporate Medical Policy/physician designee.

NOTE: PHP will review the information processed and verified by the PDC and make a quality determination consistent with our approved quality review policy to decide whether to contract with the provider. This process is based on the PHPs authorizing legislation that provides the PHPs must include all willing providers in their network, except when a PHP is unable to negotiate rates or when there is a quality concern. PHP shall make quality determinations based solely upon the credentialing information provided by the Department.

3. The criteria verification methodology used by PHP is designed to credential and recredential in a non-discriminatory manner, with no attention to the providers' race, ethnic/national identity, gender, age, sexual orientation, or specialty and procedures performed. The PHP must not discriminate against particular providers that serve high-risk populations or specialize in conditions that require costly treatment. The PHP will prohibit discrimination in the participation, reimbursement, or indemnification of any provider who is providing a covered service and who is acting within the scope of his or her license or certification under applicable state law, solely on the basis of that license or certification. The PHP's credentialing/recredentialing criteria and standards are consistent with the individual State requirements and Federal regulations. The PHP will monitor and prevent discrimination by:
    - Requiring each PNPC member to sign an annual affirmation statement that certifies no decisions were made based upon an applicant's race, ethnicity/national identity, gender, age, sexual orientation, type of procedures in which the provider /contractor specializes;
    - Masking the provider/contractor's identity by using an assigned number rather than a name when submitting information to the PNPC; and
    - Conducting an annual review of all providers/contractors/organizational providers who were denied participation by the PNPC. The PNPC will receive a report in aggregate summarizing the applicants and denial reasons in order to identify any potential irregularities.
    - All irregularities will be presented to the PNPC for review, discussion and if applicable next steps.

4. Provider files that contain any of the following will be presented individually to the PHP's Vice President of Corporate Medical Policy and the PNPC for quality review, discussion, and determination:
    - Malpractice claims in the past five (5) years with settlements paid in the amount of $500,000 or more. Providers with pending or closed cases that do not appear on the NPDB reports will be considered "clean" files. These cases will be presented if/when they are settled;
    - Medical/State license sanctions, restrictions, or probation activity; and
    - Adverse information reported by NPDB/HIPDB, OIG, or SAM.

5. Files identified that require a more detailed evaluation, such as those with malpractice claims or other issues that may impact quality of care, may be referred for external review to a same specialty provider as directed by the PHP's Vice President of Corporate Medical Policy /physician designee.

6. Written notification of the PHP's Vice President of Corporate Medical Policy /PNPC's decision is sent to the providers within 5 business days of the decision. (Attachment A – Approval Letter)

7. The PHP's Credentialing department will also notify the Provider Data Maintenance and Provider Network Management departments of those providers approved, denied or terminated by the PHP's Vice President of Corporate Medical Policy /PNPC.

8. The PNPC reserves the right to use discretionary power to arrive at a credentialing decision.

9. The PNPC may approve or deny a provider based only on information received and reviewed.

10. Any provider denied participation or terminated by the PNPC will be sent a denial/ termination letter within 5 calendar days of the PNPC decision. (Attachment B – Denial/Termination Letter)

11. The Department permits Provider appeals related to credentialing or recredentialing. Any denied or terminated Provider will receive appeal rights within their decision notification letter.

    NOTE: Refer to Policy [Confidential information redacted]

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

13. PNPC quality determinations must be completed within 30 calendar days for 90% of providers and 45 calendar days for 100% of providers from the date the PHP receives all PDC verified information.

    NOTE: Provider applicants returned from the PDC with no issues (i.e, malpractice cases, license sanctions, etc.) will be classified as routine/clean files presented to the PHP's Vice President of Corporate Medical Policy /or designee for review and approval and not presented to the PNPC.

Providers/Contractors/Organizational Providers Appeal Rights

1. Providers may be denied participation or terminated with the PHP because they did not meet the Credentialing/Recredentialing quality criteria set forth in this policy above; however, they are afforded the due process and timeframes for filing an appeal as outlined in the PHP's Credentialing/Recredentialing Provider Denial or Termination Appeal Policy.

2. The PHP's Credentialing department will follow the procedures and time frames outlined in the Credentialing/Recredentialing Provider Denial or Termination Appeal Process Policy that is intended to comply with state, federal and accrediting agencies' laws, regulations and/or requirements. The PHP will provide information regarding provider appeals to the Department upon request.

3. Provider appeal rights can be found in [Confidential information redacted].

Credentialing Staff Training

1. The PHP employs an enterprise training program to educate new staff on the PHP's credentialing and recredentialing processes. The Trainers also educate all staff on new processes and procedures as documented by NCQA, State and Federal regulatory bodies. The Trainer creates materials used during the sessions with the staff to ensure comprehension of all policies and procedures.

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 periodically revalidate all PHP network providers as Medicaid Providers.

Provider Network Composition

1. The PHP's Provider Network Management (PNM) team establishes a network of providers necessary to furnish Covered Services, specific to the North Carolina plan that includes adequate access for all enrollees including those with limited English proficiency or physical or mental disabilities. The PHP's PNM team also ensures female enrollees have direct access to women's health specialist 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, 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 PHP's network of contracted, credentialed providers shall include adequate numbers of Providers with the training, experience, and skills necessary to furnish quality care to Members and to do so 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, the PHP will support the arrangement of such services at no cost for the enrollee.

   NOTE: Refer to Policy [Confidential information redacted]

Contract Execution

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

2. Once completed contract packets are received the information from the data intake form is shared with appropriate PHP departments to begin the credentialing process.

3. The PHP 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, or the expiration of one (1) one hundred twenty (120) day period without enrollment of the provider and notify affected Members.

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 PHP's websites.

2. An electronic spreadsheet is generated from the Credentialing database containing credentialing data such as provider education; training, board and specialty certification and accreditation are forwarded daily after routine/clean files are reviewed by the PHP's Vice President of Corporate Medical Policy or designee and/or after each PNPC meeting of provider determinations to the Provider Maintenance department. The information is entered in the Network database from which the provider directory is published. Provider's professional qualifications that are displayed on the directory are gathered from the provider's initial credentialing application and verified at the time of initial credentialing and recredentialing at least every three years by the PDC.

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

Oversight

1. The PHP shall meet with the Department, or designated Department PDC, quarterly and as requested regarding the credentialing process.

2. The PHP will publish all previous versions of this policy on the PHP website including the policy effective date.

Related Policies and Procedures:

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

Attachments:

1. Attachment A – Sample Approval Letter
2. Attachment B – Sample Denial/Termination Letter
3. Attachment C – 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

Attachment A – Sample Approval Letter

Date

[Provider]
Group Name
[Address]
[City, State Zip]

Dear [Provider Name]:

The Provider Network Participation Committee of AmeriHealth Caritas North Carolina would like to congratulate you on successfully completing your credentialing process. Your application has met all requirements and is hereby approved for initial credentialing effective (Date) in the specialty of **[Specialty]**. Your recredentialing cycle will occur within 36 months from the date of this approval.

You are not considered a participating [PHP] provider until you receive your [PHP] provider identification number and participation effective date. Please do not render services to [PHP] members or submit claims for services until you have received confirmation of your participation.

A letter informing you of your provider identification number, a signed provider agreement (if applicable) and provider orientation materials will be sent from the Provider Network Management department. If your practice has not already received an orientation, your Network Management Representative will be calling soon to arrange one. If you have a question in the meantime, please call our Network Management department at [phone number]. We look forward to your participation in the [PHP] Provider Network, and know you share our commitment to provide quality health care services to [State] [Product/s] enrollees.

Sincerely,

[Signature of Vice President, Corporate Medical Policy]
[Vice President, Corporate Medical Policy Name]
Vice President, Corporate Medical Policy
[Plan]

Attachment B – Sample Denial/Termination Letter

[Date]

[Name]
[Address]
[City, State ZIP]

Dear [Name]:

The Provider Network Participation Committee of AmeriHealth Caritas North Carolina has reviewed your application for credentialing with the PHP. After a careful review of your application and credentials, the Provider Network Participation Committee has [denied/terminated] your request for participation with [Plan Name] effective [date] based on the following information obtained during the [credentialing/recredentialing] process:

- [Itemize findings]

If you wish to appeal this [denial/termination], you have 30 calendar days from the date of receipt of this written notice to request, in writing, a hearing before the Professional Review Committee. Should a request for an appeal be received, you will be provided a second written notification within 5 calendar days stating the location, time, and date of the hearing. This hearing can also be attended telephonically. You also have the opportunity to submit supporting evidence within 15 calendar days that may address the reason for [denial/termination] as noted above.

At this hearing, you shall have the right to:

- Appeal in person or telephonically and present evidence relevant to your case.
- Be represented by an attorney or another person of your choice.
- Submit a written statement to the Professional Review Committee at the close of the hearing.
- Review and copy, at the provider's expense, the file materials regarding the [denial/termination] determination.

Limited information can be obtained regarding this decision in writing by contacting the Credentialing department at the address listed below. If applicable, please note that information contained in the National Practitioner Data Bank or any item that would be considered a part of the peer review process cannot be provided to you.

Appeal requests must be submitted through the PHP's North Carolina website, www.amerihealthcaritasnc.com.

If you have any questions, please contact [Associate Name], Credentialing Supervisor, at 1-[Associate Phone Number].

Sincerely,

[Signature of Vice President, Corporate Medical Policy]

[Vice President, Corporate Medical Policy Name]
Vice President, Corporate Medical Policy

Attachment C – 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 (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
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 / 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 ☐ 2 ☐ 3 ☐ 4 ☐ 5 ☐ 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 ☐ 2 ☐ 3 ☐ 4 ☐ 5 ☐ 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 ☐ 2 ☐ 3 ☐ 4 ☐ 5 ☐ 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								

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 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 / 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 / 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									

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								

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 (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
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 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
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
	☐ 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	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									

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
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Cultural Competency Training Completed? ☐ Yes ☐ No									