

**Section 1 Instructions:** Please complete all fields below for the provider

Entity Name (as written on W9):		Category: PCP Specialist FQHC RHC Urgent Care			
IPA name (if applicable):		Billing Type: UB-04/Institutional CMS-1500/Professional			
Name Doing Business As (if applicable):		W-9 TIN/EIN (nine characters):		State Medicaid ID:	
Do you use any Electronic Health Records (EHRs) or Electronic Medical Records (EMRs)? Yes No <i>If Yes, enter EHR/EMR name(s):</i>		Do you participate in any Health Information Exchanges (HIEs)? Yes No <i>If Yes, enter HIE name(s):</i>			
Primary Contact Name:		Primary Contact Email:		Primary Contact Phone:	
		Address Line 1	Address Line 2	City	State
		ZIP + 4 Digits	Telephone (with Area Code)		
Pay to Address					
Recoveries Address <i>Same as Pay To Address</i>					
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.)**

Practice Location #	Facility Name <i>(as appearing in provider directory)</i>	Address Line 1	Address Line 2	City	State	ZIP + 4 Digits	County	Fax <i>(with Area Code)</i>	Telephone <i>(with Area Code)</i>
<b>1</b> <i>Main Location</i>									

<b>Child and Adolescent Needs and Strengths (CANS) Assessors</b> Yes No				<b>Practice Location 1 — Office Hours</b>						
Public Transit Route: Yes No		Location Type:		<i>Telehealth Hours Same as Office</i>			<b>Office Hours</b>		<b>Telehealth Hours</b>	
Facility NPI/Atypical ID:		Qualified Family Planning Providers (QFPs) Yes No		<b>Day</b>	<b>No Set Hours</b>		<b>Start</b>	<b>End</b>	<b>Start</b>	<b>End</b>
Taxonomy Code:		CLIA ID:		Monday	Closed	Open 24 Hours				
Skilled Medical Interpreter? Yes No		Counties Served:		Tuesday	Closed	Open 24 Hours				
Languages Spoken:				Wednesday	Closed	Open 24 Hours				
Arabic ASL Chinese				Thursday	Closed	Open 24 Hours				
Dutch French German				Friday	Closed	Open 24 Hours				
Hindi Russian Spanish				Saturday	Closed	Open 24 Hours				
Other (please list):				Sunday	Closed	Open 24 Hours				



Practice Location #	Facility Name <i>(as appearing in provider directory)</i>	Address Line 1	Address Line 1	City	State	ZIP + 4 Digits	County	Fax <i>(with Area Code)</i>	Telephone <i>(with Area Code)</i>
2									

**Child and Adolescent Needs and Strengths (CANS) Assessors** Yes No

**Public Transit Route:** Yes No  
**Facility NPI/Atypical ID:**  
**Taxonomy Code:**  
**Skilled Medical Interpreter?** Yes No  
**Languages Spoken:**  
 Arabic ASL Chinese  
 Dutch French German  
 Hindi Russian Spanish  
 Other (please list):

**Location Type:**  
**Qualified Family Planning Providers (QFPPs)**  
 Yes No  
**CLIA ID:**  
**Counties Served:**

Practice Location 2 — Office Hours						
Telehealth Hours Same as Office			Office Hours		Telehealth Hours	
Day	No Set Hours		Start	End	Start	End
Monday	Closed	Open 24 Hours				
Tuesday	Closed	Open 24 Hours				
Wednesday	Closed	Open 24 Hours				
Thursday	Closed	Open 24 Hours				
Friday	Closed	Open 24 Hours				
Saturday	Closed	Open 24 Hours				
Sunday	Closed	Open 24 Hours				

Practice Location #	Facility Name <i>(as appearing in provider directory)</i>	Address Line 1	Address Line 1	City	State	ZIP + 4 Digits	County	Fax <i>(with Area Code)</i>	Telephone <i>(with Area Code)</i>
3									

**Child and Adolescent Needs and Strengths (CANS) Assessors** Yes No

**Public Transit Route:** Yes No  
**Facility NPI/Atypical ID:**  
**Taxonomy Code:**  
**Skilled Medical Interpreter?** Yes No  
**Languages Spoken:**  
 Arabic ASL Chinese  
 Dutch French German  
 Hindi Russian Spanish  
 Other (please list):

**Location Type:**  
**Qualified Family Planning Providers (QFPPs)**  
 Yes No  
**CLIA ID:**  
**Counties Served:**

Practice Location 3 — Office Hours						
Telehealth Hours Same as Office			Office Hours		Telehealth Hours	
Day	No Set Hours		Start	End	Start	End
Monday	Closed	Open 24 Hours				
Tuesday	Closed	Open 24 Hours				
Wednesday	Closed	Open 24 Hours				
Thursday	Closed	Open 24 Hours				
Friday	Closed	Open 24 Hours				
Saturday	Closed	Open 24 Hours				
Sunday	Closed	Open 24 Hours				



Practice Location #	Facility Name <i>(as appearing in provider directory)</i>	Address Line 1	Address Line 2	City	State	ZIP + 4 Digits	County	Fax <i>(with Area Code)</i>	Telephone <i>(with Area Code)</i>
4									

Child and Adolescent Needs and Strengths (CANS) Assessors				Practice Location 4 — Office Hours						
Public Transit Route: Yes No		Location Type:		Telehealth Hours Same as Office			Office Hours		Telehealth Hours	
Facility NPI/Atypical ID:		Qualified Family Planning Providers (QFPPs) Yes No		Day	No Set Hours		Start	End	Start	End
Taxonomy Code:		CLIA ID:		Monday	Closed Open 24 Hours					
Skilled Medical Interpreter? Yes No		Counties Served:		Tuesday	Closed Open 24 Hours					
Languages Spoken:				Wednesday	Closed Open 24 Hours					
Arabic ASL Chinese				Thursday	Closed Open 24 Hours					
Dutch French German				Friday	Closed Open 24 Hours					
Hindi Russian Spanish				Saturday	Closed Open 24 Hours					
Other (please list):				Sunday	Closed Open 24 Hours					

Practice Location #	Facility Name <i>(as appearing in provider directory)</i>	Address Line 1	Address Line 2	City	State	ZIP + 4 Digits	County	Fax <i>(with Area Code)</i>	Telephone <i>(with Area Code)</i>
5									

Child and Adolescent Needs and Strengths (CANS) Assessors				Practice Location 5 — Office Hours						
Public Transit Route: Yes No		Location Type:		Telehealth Hours Same as Office			Office Hours		Telehealth Hours	
Facility NPI/Atypical ID:		Qualified Family Planning Providers (QFPPs) Yes No		Day	No Set Hours		Start	End	Start	End
Taxonomy Code:		CLIA ID:		Monday	Closed Open 24 Hours					
Skilled Medical Interpreter? Yes No		Counties Served:		Tuesday	Closed Open 24 Hours					
Languages Spoken:				Wednesday	Closed Open 24 Hours					
Arabic ASL Chinese				Thursday	Closed Open 24 Hours					
Dutch French German				Friday	Closed Open 24 Hours					
Hindi Russian Spanish				Saturday	Closed Open 24 Hours					
Other (please list):				Sunday	Closed Open 24 Hours					



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

ADA Compliance	Group Locations					
Blind/ Visually Impaired (ADA5)	All	1	2	3	4	5
Cognitively Disabled (ADA6)	All	1	2	3	4	5
Deaf or Hard of Hearing (ADA7)	All	1	2	3	4	5
Examination Rooms - Compliant Access (ADA3)	All	1	2	3	4	5

ADA Compliance	Group Locations					
Handicap Accessible Medical Equipment (ADA4)	All	1	2	3	4	5
Rest Rooms - Compliant Access (ADA2)	All	1	2	3	4	5
Service Location - Compliant Access (ADA1)	All	1	2	3	4	5

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

**Habilitative and Rehabilitative Services**

Services	Locations					
Cardiac Rehabilitation	All	1	2	3	4	5
Physical Therapy	All	1	2	3	4	5

**Imaging**

Imaging Center	All	1	2	3	4	5
Mammography	All	1	2	3	4	5
Radiology Service Available	All	1	2	3	4	5
Ultrasound	All	1	2	3	4	5

**Medical Therapies**

Chemotherapy	All	1	2	3	4	5
Hemodialysis	All	1	2	3	4	5
IV Outpatient Services	All	1	2	3	4	5
Peritoneal Dialysis	All	1	2	3	4	5

**Transportation Services**

Mobile Response and Stabilization Services (MRSS)	All	1	2	3	4	5
---	-----	---	---	---	---	---

**Sleep Testing**

Services	Locations					
In-Center Sleep Testing	All	1	2	3	4	5
In-Home Sleep Testing	All	1	2	3	4	5

**Telemedicine**

Telehealth	All	1	2	3	4	5
Telepsychiatry	All	1	2	3	4	5

**Miscellaneous Services**

Care Management Services	All	1	2	3	4	5
Durable Medical Equipment	All	1	2	3	4	5
Family Planning Services	All	1	2	3	4	5
Laboratory Services Available	All	1	2	3	4	5
Nutritional Counseling	All	1	2	3	4	5
Orthotics and Prosthetics	All	1	2	3	4	5
School Based Clinic	All	1	2	3	4	5



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

Unlisted Services	Locations
	All 1 2 3 4 5
	All 1 2 3 4 5
	All 1 2 3 4 5
	All 1 2 3 4 5
	All 1 2 3 4 5

Unlisted Services	Locations
	All 1 2 3 4 5
	All 1 2 3 4 5
	All 1 2 3 4 5
	All 1 2 3 4 5
	All 1 2 3 4 5

**ASAM Levels of Care**

Services	Locations
ASAM Level OTS Outpatient Opioid Treatment	All 1 2 3 4 5
ASAM Level 1 Outpatient Services	All 1 2 3 4 5
ASAM Level 1-WM Ambulatory Detoxification	All 1 2 3 4 5
ASAM Level 2.1 Substance Abuse Intensive Outpatient Program (SAIOP)	All 1 2 3 4 5

Services	Locations
ASAM Level 4 Inpatient Hospital Substance Abuse Treatment	All 1 2 3 4 5
ASAM Level 2.5 Substance Abuse Comprehensive Outpatient Treatment Program (SACOT)	All 1 2 3 4 5
ASAM Level 3.7-WM Non-Hospital Medical Detoxification	All 1 2 3 4 5
ASAM Level 3.9-WM (NC) Medically Supervised or ADATC Detoxification Crisis Stabilization	All 1 2 3 4 5



**Section 5 Instructions:** Please complete all fields below, including practice location number(s) for each practitioner. See Section 2 for corresponding location number. If you have more than 6 practitioners, please attach a roster with the same fields listed in this section.

Category	First Name	Last Name	MI	Degree/Title (e.g. MD, ARNP, MSW, etc.)	Gender	Primary Specialty	Taxonomy Code	Accepting New Patients?	Practice Location		
						Secondary Specialty	Affiliated Hospital w/ Admitting Privileges	Age Range	Loc #	25+ Hrs Worked Per Week	
PCP Specialist Hospital Based					M	Specialty 1:	Taxonomy:	Accepting New Patients? Yes No	All		
					F	Specialty 2:	Hospital(s):	From Age ___ to ___ All Ages	1	Y	N
									2	Y	N
									3	Y	N
									4	Y	N
									5	Y	N

State Medicaid ID: \_\_\_\_\_ CAQH ID: \_\_\_\_\_ Practitioner NPI/Atypical ID: \_\_\_\_\_ Cultural Competency Training Completed? Yes No  
Languages Spoken: Arabic ASL Chinese Dutch French German Hindi Russian Spanish Other (please list): \_\_\_\_\_  
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  
MAT Services (Medication Assisted Treatment)? Yes No Child and Adolescent Needs and Strengths (CANS) Assessors? Yes No Exclude from Directory  
PCP Maximum Panel Capacity (Amount): \_\_\_\_\_

Category	First Name	Last Name	MI	Degree/Title (e.g. MD, ARNP, MSW, etc.)	Gender	Specialty 1:	Taxonomy:	Accepting New Patients?	Practice Location		
						Specialty 2:	Hospital(s):	From Age ___ to ___ All Ages	Loc #	25+ Hrs Worked Per Week	
PCP Specialist Hospital Based					M	Specialty 1:	Taxonomy:	Accepting New Patients? Yes No	All		
					F	Specialty 2:	Hospital(s):	From Age ___ to ___ All Ages	1	Y	N
									2	Y	N
									3	Y	N
									4	Y	N
									5	Y	N

State Medicaid ID: \_\_\_\_\_ CAQH ID: \_\_\_\_\_ Practitioner NPI/Atypical ID: \_\_\_\_\_ Cultural Competency Training Completed? Yes No  
Languages Spoken: Arabic ASL Chinese Dutch French German Hindi Russian Spanish Other (please list): \_\_\_\_\_  
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  
MAT Services (Medication Assisted Treatment)? Yes No Child and Adolescent Needs and Strengths (CANS) Assessors? Yes No Exclude from Directory  
PCP Maximum Panel Capacity (Amount): \_\_\_\_\_

Category	First Name	Last Name	MI	Degree/Title (e.g. MD, ARNP, MSW, etc.)	Gender	Specialty 1:	Taxonomy:	Accepting New Patients?	Practice Location		
						Specialty 2:	Hospital(s):	From Age ___ to ___ All Ages	Loc #	25+ Hrs Worked Per Week	
PCP Specialist Hospital Based					M	Specialty 1:	Taxonomy:	Accepting New Patients? Yes No	All		
					F	Specialty 2:	Hospital(s):	From Age ___ to ___ All Ages	1	Y	N
									2	Y	N
									3	Y	N
									4	Y	N
									5	Y	N

State Medicaid ID: \_\_\_\_\_ CAQH ID: \_\_\_\_\_ Practitioner NPI/Atypical ID: \_\_\_\_\_ Cultural Competency Training Completed? Yes No  
Languages Spoken: Arabic ASL Chinese Dutch French German Hindi Russian Spanish Other (please list): \_\_\_\_\_  
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  
MAT Services (Medication Assisted Treatment)? Yes No Child and Adolescent Needs and Strengths (CANS) Assessors? Yes No Exclude from Directory  
PCP Maximum Panel Capacity (Amount): \_\_\_\_\_

# AmeriHealth Caritas Ohio Practitioner Data Intake Form



Category	First Name	Last Name	MI	Degree/Title (e.g, MD, ARNP, MSW, etc.)	Gender	Primary Specialty	Taxonomy Code	Accepting New Patients?	Practice Location			
						Secondary Specialty	Affiliated Hospital w/ Admitting Privileges	Age Range	25+ Hrs Worked Loc # Per Week			
PCP Specialist Hospital Based					M	Specialty 1:	Taxonomy:	Accepting New Patients? Yes No	All	1	Y	N
					F	Specialty 2:	Hospital(s):	From Age ___ to ___ All Ages				
<u>State Medicaid ID:</u> <u>CAQH ID:</u> <u>Practitioner NPI/Atypical ID:</u> <u>Cultural Competency Training Completed?</u> Yes    No												
<u>Languages Spoken:</u> Arabic    ASL    Chinese    Dutch    French    German    Hindi    Russian    Spanish    Other (please list):												
<u>Provider Training/Experience:</u> 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												
<u>MAT Services (Medication Assisted Treatment)?</u> Yes    No <u>Child and Adolescent Needs and Strengths (CANS) Assessors?</u> Yes    No                      Exclude from Directory												
<u>PCP Maximum Panel Capacity (Amount):</u>												

State Medicaid ID:                      CAQH ID:                      Practitioner NPI/Atypical ID:                      Cultural Competency Training Completed?    Yes    No  
Languages Spoken:    Arabic    ASL    Chinese    Dutch    French    German    Hindi    Russian    Spanish    Other (please list):  
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  
MAT Services (Medication Assisted Treatment)?    Yes    No                      Child and Adolescent Needs and Strengths (CANS) Assessors?    Yes    No                      Exclude from Directory  
PCP Maximum Panel Capacity (Amount):

PCP Specialist Hospital Based					M	Specialty 1:	Taxonomy:	Accepting New Patients? Yes No	All	1	Y	N
					F	Specialty 2:	Hospital(s):	From Age ___ to ___ All Ages				
<u>State Medicaid ID:</u> <u>CAQH ID:</u> <u>Practitioner NPI/Atypical ID:</u> <u>Cultural Competency Training Completed?</u> Yes    No												
<u>Languages Spoken:</u> Arabic    ASL    Chinese    Dutch    French    German    Hindi    Russian    Spanish    Other (please list):												
<u>Provider Training/Experience:</u> 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												
<u>MAT Services (Medication Assisted Treatment)?</u> Yes    No <u>Child and Adolescent Needs and Strengths (CANS) Assessors?</u> Yes    No                      Exclude from Directory												
<u>PCP Maximum Panel Capacity (Amount):</u>												

State Medicaid ID:                      CAQH ID:                      Practitioner NPI/Atypical ID:                      Cultural Competency Training Completed?    Yes    No  
Languages Spoken:    Arabic    ASL    Chinese    Dutch    French    German    Hindi    Russian    Spanish    Other (please list):  
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  
MAT Services (Medication Assisted Treatment)?    Yes    No                      Child and Adolescent Needs and Strengths (CANS) Assessors?    Yes    No                      Exclude from Directory  
PCP Maximum Panel Capacity (Amount):

PCP Specialist Hospital Based					M	Specialty 1:	Taxonomy:	Accepting New Patients? Yes No	All	1	Y	N
					F	Specialty 2:	Hospital(s):	From Age ___ to ___ All Ages				
<u>State Medicaid ID:</u> <u>CAQH ID:</u> <u>Practitioner NPI/Atypical ID:</u> <u>Cultural Competency Training Completed?</u> Yes    No												
<u>Languages Spoken:</u> Arabic    ASL    Chinese    Dutch    French    German    Hindi    Russian    Spanish    Other (please list):												
<u>Provider Training/Experience:</u> 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												
<u>MAT Services (Medication Assisted Treatment)?</u> Yes    No <u>Child and Adolescent Needs and Strengths (CANS) Assessors?</u> Yes    No                      Exclude from Directory												
<u>PCP Maximum Panel Capacity (Amount):</u>												

State Medicaid ID:                      CAQH ID:                      Practitioner NPI/Atypical ID:                      Cultural Competency Training Completed?    Yes    No  
Languages Spoken:    Arabic    ASL    Chinese    Dutch    French    German    Hindi    Russian    Spanish    Other (please list):  
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  
MAT Services (Medication Assisted Treatment)?    Yes    No                      Child and Adolescent Needs and Strengths (CANS) Assessors?    Yes    No                      Exclude from Directory  
PCP Maximum Panel Capacity (Amount):

**ACOH Use Only**