AMERIHEALTH CARITAS FAMILY OF COMPANIES POLICY AND PROCEDURE

Policy No: CP [Confidential information redacted]

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

Department: Enterprise Operations Current Effective Date: 12/12/2019

Management

Last Review Date: 12/4/2020

Original Effective Date: 8/29/2019

Next Review Date: 12/4/2021

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

Lines of Business: North Carolina

Products: Medicaid and Health Choice

Policy:

AmeriHealth Caritas North Carolina is a member of the AmeriHealth Caritas Family of Companies. AmeriHealth Caritas North Carolina, also known as the Prepaid Health Plan "PHP," adheres to the North Carolina Department of Health and Human Services' (the "Department") Medicaid managed care program streamlined approach for the credentialing and recredentialing of providers. AmeriHealth Caritas North Carolina will rely on a provider's presence on the Medicaid Provider Enrollment File (NCTracks extended version) for credentialing/recredentialing purposes. Per the direction of the Department in the email 'NOTIFICATION: Medicaid Credentialed Provider File – Termination' on December 12, 2019 (Attachment E), a provider's presence on the NCTracks extended version replaces the quality determination to be performed by AmeriHealth Caritas North Carolina in accordance with Section V.D.2.b of the RFP. Through this standardized credentialing/recredentialing approach, AmeriHealth Caritas North Carolina will not outreach to in-state, bordering (i.e., providers that reside within forty (40) miles of the North Carolina state line), or out of state providers about credentialing/recredentialing in accordance with the direction from the Department in Section V.D.2.g of the RFP. North Carolina state law and the RFP requires PHPs to negotiate in good faith with, and include in the network, all qualified willing providers, except when the PHP is unable to negotiate rates.

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

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

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

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

Procedure:

Initial Credentialing

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

Recredentialing

- 1. Providers/Contractors/Organizational Providers are recredentialed no less frequently than every 5 years by the Department during the Provider Credentialing Transition period.
- 2. AmeriHealth Caritas North Carolina will suspend claims payments to any non-compliant provider for dates of services after the effective date provided by the Department. Claims payment suspension will occur within one (1) business day of receipt of notice from the Department that Provider payment has been suspended for failing to submit re- credentialing documentation to the Department, or for otherwise failing to meet Department requirements.
- 3. AmeriHealth Caritas North Carolina will reinstate provider payments upon notice of compliance from the Department.
- 4. If the provider remains non-compliant more than fifty (50) days after suspension, the Department and AmeriHealth Caritas North Carolina will terminate the provider and AmeriHealth Caritas North Carolina will likewise terminate the provider from its network.

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

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

Quality Assessment Performance Improvement Committee (QAPIC)

- 1. The QAPIC is staffed with participating providers with the goal of representing the range of North Carolina licensed primary care, specialty and Allied Health Practitioners furnishing care to AmeriHealth Caritas North Carolina members. The AmeriHealth Caritas North Carolina Market Chief Medical Officer or physician designee is Chairman of the QAPIC and is licensed in the state of North Carolina.
- 2. The primary responsibilities of the QAPIC are described more fully in the [Confidential information redacted] (reviewed and approved by the Department). Those responsibilities pertinent to credentialing/re-credentialing include:
 - o Review and revise Credentialing/Recredentialing policies and procedures at least annually and modify them as necessary.
 - Help ensure that AmeriHealth Caritas North Carolina's Credentialing / Recredentialing policies and procedures are consistently followed and aligned with state policies and procedures.
 - o Monitor the credentialing processes to ensure implementation is in accordance with federal, state and NCQA standards.
 - Compare provider performance against quality data, including quality of care and quality of service concerns, and review provider performance at least as often as the NC DHHS recredentialing cycle. Any severity levels reached as outlined in the [Confidential information redacted] will be presented to the QAPIC for review, discussion, and determination.
- 3. Any provider terminated for reasons of suspected fraud, waste, or abuse are reviewed pursuant to the requirements under the Department Contract.

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

Confidentiality

1. The Plan-wide policy [Confidential information redacted], addresses the overall procedure for confidentiality. On an annual basis all associates must read and sign the policies Associate Confidentiality, Privacy, and Security Agreement. In addition, [Confidential information redacted], addresses the specific procedures with regard to the confidentiality of information obtained in the Credentialing/Recredentialing process. All new hires must sign the Affirmation Statement Form in the New Hire Orientation.

On-going Monitoring

- 1. Through the uniform credentialing process, the Department will screen and enroll, and revalidate, all providers as participating and non-sanctioned Medicaid Providers.
- 2. AmeriHealth Caritas North Carolina will reconfirm providers' Medicaid eligibility upon receipt of every NCTracks extended file.
- 3. AmeriHealth Caritas North Carolina will monitor provider performance against Quality data on an ongoing basis, as outlined in the Quality Improvement Program Description.

Provider Network Composition

- 1. The AmeriHealth Caritas North Carolina Provider Network Management (PNM) team establishes a network of providers necessary to furnish Covered Services, specific to the North Carolina plan that meets network adequacy requirements to help ensure access for enrollees, including those with limited English proficiency or physical or mental disabilities. The AmeriHealth Caritas North Carolina PNM team is responsible for validating female enrollees have direct access to women's health specialists to provide women's routine and preventive health services.
- 2. The provider network includes, but is not limited to, hospitals, providers (specialists and primary care), nurse midwives, nurse practitioners, family planning providers, federally qualified health centers, medical specialists, dentists, allied health professionals, ancillary providers, DME providers, home health providers, behavioral health providers, transportation providers, nursing facilities and supportive living facilities, and Long Term Services and Supports, such as adult day programs, home delivered meals and environmental modification services.
- 3. The AmeriHealth Caritas North Carolina network of contracted, credentialed providers includes adequate numbers of Providers with the training, experience, and skills necessary to furnish quality care to Members in a manner that is accessible and culturally competent.
- 4. If the provider network is unable to provide necessary services or the need for a second opinion, AmeriHealth Caritas North Carolina will support the arrangement of such services at no cost to the member.

NOTE: Refer to Policy [Confidential information redacted]

Contract Execution

- 1. The AmeriHealth Caritas North Carolina contract network management team meets with providers interested in joining the AmeriHealth Caritas North Carolina provider network (potential providers) and supplies a copy of the contracting packet including the data intake form. The data intake forms request additional information from the potential providers including but not limited to office hours, ADA compliance information, and provider type. (Attachments A through D AmeriHealth Caritas North Carolina Provider Data Intake forms)
- 2. If the contract negotiation process proceeds to conclusion and completed contract packets are received, the information from the data intake form is shared with appropriate AmeriHealth Caritas North Carolina departments. The data will be validated against the NC Tracks Extended file for participation.

3. AmeriHealth Caritas North Carolina may execute a network provider contract, pending the outcome of the Department screening, enrollment, and revalidation, of up to one hundred twenty days (120), but must terminate a network provider immediately upon notification from the Department that the network provider cannot be enrolled.

Provider Directories

- 1. Directories that list credentialed and participating providers/contractors/organizational providers are made available upon request to the Members. A real time provider directory is also available through the AmeriHealth Caritas North Carolina website.
- 2. The information populated in the provider directory outlines the Provider's professional qualifications that are gathered from the provider's initial intake form and the NC Tracks Extended file.
- 3. Members are informed through the member newsletter and website that they may request the following information on any AmeriHealth Caritas North Carolina primary and/or specialty care provider's professional qualifications:
 - o Medical school attended;
 - Residency completed; and O Board certification status (also included in the Provider Directory)

Oversight

- 1. AmeriHealth Caritas North Carolina will meet with the Department, or designated Department vendor, quarterly and as requested regarding the credentialing process and network contracting process.
- 2. AmeriHealth Caritas North Carolina will publish all previous versions of this policy on the AmeriHealth Caritas North Carolina website including the policy effective date.

Related Policies and Procedures:

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

Attachments:

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

Approved By:

Name:	Date: _	12-17-20

[Confidential information redacted]

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

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

From: [Confidential Information Redacted] Sent: Thursday, December 12, 2019 2:59 PM To: [Confidential Information Redacted]

Subject: NOTIFICATION: Medicaid Credentialed Provider File - Termination

WARNING: This email originated outside of the company.

DO NOT CLICK links or attachments unless you recognize the sender and are expecting the email.

Plans,

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

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

The plans will:

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

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

Please let me know if you have any questions or concerns.

Christina Bunch, CPMSM, CPCS
Associate Director, Provider Operations
NC Medicaid
Division of Health Benefits

NC Department of Health and Human Services

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Attachment B – Sample AmeriHealth Caritas Nort	h Carolina Provider Data Intake Forms



Entity name (as written on W9):

AmeriHealth Caritas North Carolina

Category: ☐ PCP ☐ Specialist ☐ FOHC ☐ RHC ☐ Behavioral health ☐ Urgent care

Provider Data Intake Form

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

(.	,													
IPA name (if a	pplicable):						Billing type: ☐ UB-04/Institutional ☐ CMS-1500/Professional							
Name doing b	ousiness as (if applic	cable):										NCTracks Provider ID:		
Primary conta	act name:				Primary contact em	ail:				Primary con	tact phone	::		
Pay to: Street a	address:			Building or suite	number:	City	y, state, ZIP:							
Recoveries add	dress (if different fr	rom pay to above):					Building or suite number:			City, stat	te, ZIP:			
Organization	website:													
Section 2 in	nstructions: Pl	ease complete each	h sectior	n below for all	locations including	applic	cable NPI o	or Atypica	l ID information	n. (Make add	litional co	opies if needed.)		
Location		up name in provider directory)	Stre	et address	Building or suite number		City	State	ZIP + 4 Digits	County	NF	oup or Facility PI/ Atypical ID xonomy Code	Telephone with Area Code	
Main Practice Location 1											NPI/Atypic Taxonomy			
Languages S	Spoken: □ Engli	ish □ Spanish □ Ch	ninese 🗆] Vietnamese □	Korean 🗆 French	□ Arab	oic 🗆 ASL	□ Other	(please list):					
					Location	n 1 — (Office Hou	rs						
ı	Day	Start		AM/PM	End		AM/PM		Start	AM,	'PM	End	AM/PM	
Me	onday													
	ıesday													
	dnesday													
	ursday riday													
	turday													
	ınday													



Location	Grou (as it will appear i	Ip name 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										ypical ID:	
Location 2									Taxono	my Code:	
Languages S	Spoken: □ Engli	ish □ Spanish □ Ch	inese 🗆 Vietnamese 🛭	☐ Korean ☐ French	☐ Arabic ☐ ASL	□ Other	(please list):				
				Locatio	on 2 — Office Hours						
ı	Day	Start	AM/PM	End	AM/PM		Start	AM	/PM	End	AM/PM
M	onday										
Τι	ıesday										
Wed	dnesday										
Th	ursday										
F	riday										
Sar	turday										
Sı	ınday										
	Grou	ıp name		Building or						Group or Facility NPI/ Atypical ID	Telephone with
Location		in provider directory)	Street address	suite number	City	State	ZIP + 4 Digits	County		Taxonomy Code	Area Code
									NPI/At	ypical ID:	
Practice											
Location 3									Taxono	my Code:	
Languages S	Spoken: 🗆 Engli	ish □ Spanish □ Ch	inese 🗆 Vietnamese 🛭	☐ Korean ☐ French	□ Arabic □ ASL	□ Other	(please list):				
				Locatio	on 3 — Office Hours						
1	Day	Start	AM/PM	End	AM/PM	Π	Start	AM	/PM	End	AM/PM
M	onday					Ī					
Tu	ıesday					Ī					
Wed	dnesday					Ī					
	ursday					Ī					
	riday										
	turday					Ī					
	unday					Ī					



Location		ip name n 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									NPI/At	ypical ID:	
Location 4									Taxono	my Code:	
Languages S	Spoken: 🗆 Engli	ish □ Spanish □ Chi	ninese 🗆 Vietnamese	□ Korean □ French	☐ Arabic ☐ ASL [□ Other	(please list):				
				Locatio	on 4 — Office Hours						
	Day	Start	AM/PM	End	AM/PM		Start	AM	/PM	End	AM/PM
M	onday										
Τι	ıesday										
Wed	dnesday										
Th	ursday										
F	riday										
Sar	turday										
Sı	unday										
Location		i p name n provider directory)	Street address	Building or suite number	City	State	ZIP + 4 Digits	County		Group or Facility NPI/ Atypical ID	Telephone with Area Code
										Taxonomy Code	
Practice									NPI/Aty	ypical ID:	
Location 5									Taxono	my Code:	
Languages S	Spoken: □ Engli	ish □ Spanish □ Chi	ninese 🗆 Vietnamese	□ Korean □ French	☐ Arabic ☐ ASL [□ Other	(please list):		•		
				Locatio	on 5 — Office Hours						
	Day	Start	AM/PM	End	AM/PM	П	Start	AM	/PM	End	AM/PM
M	onday										
	ıesday										
	dnesday					Ī					
Th	ursday					Ī					
F	riday										
Sa	turday					Ĺ					
Sı	undav										



Location	Grou (as it will appear i	I p name n 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									NPI/Atypical ID:	
Location 6									Taxonomy Code:	
Languages S	Languages Spoken: □ English □ Spanish □ Chinese □ Vietnamese □ Korean □ French □ Arabic □ ASL □ Other (please list):									
				Locatio	on 6 — Office Hours	;				
ı	Day	Start	AM/PM	End	AM/PM		Start	AM,	/PM End	AM/PM
Mo	onday									
Tu	ıesday									
Wed	lnesday									
Th	ursday									
Fi	riday									
Sat	turday									
Su	ınday									

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	A	ge 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	A	ge 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						
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	A	ge Range	Locations					
IV Outpatient Services	☐ All Ages	From Age to	□ All □1 □2 □3 □4 □5 □6					
Laboratory Services	□ All Ages	From Age to						
Mammography Services	□ All Ages	From Age to						
Maternal Care Skilled Nurse Home Visit	□ All Ages	From Age to						
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						
Nursing Equipment and Supplies	□ All Ages	From Age to						
Nursing Facility Services	□ All Ages	From Age to						
Nutritional Evaluations and Counseling — Dietary Evaluation and Counseling as Medical	□ All Ages	From Age to						
Nutritional Services	□ All Ages	From Age to						
OB/GYN Services	☐ All Ages	From Age to	□ All □1 □2 □3 □4 □5 □6					
Ophthalmology	□ All Ages	From Age to						
Optical Services — Optometry	□ All Ages	From Age to						
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						
Outpatient Opioid Treatment	□ All Ages	From Age to						
Outpatient Specialized Therapy Services	□ All Ages	From Age to						
Partial Hospitalization	□ All Ages	From Age to						
Personal Care Services	□ All Ages	From Age to						
Physical Rehabilitation Equipment and Supplies	☐ All Ages	From Age to	□ All □1 □2 □3 □4 □5 □6					



Services	A	ge 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						
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	A	ge 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	A	ge 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	A		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]1 🗆 2	□ 3	□ 4	□ 5	□ 6	
	☐ All Ages	From Age to	□ All □]1 🗆 2	□ 3	□ 4	□ 5	□ 6	
	□ All Ages	From Age to]1 🗆 2	□ 3	□ 4	□ 5	□ 6	
	□ All Ages	From Age to]1 🗆 2	□ 3	□ 4	□ 5	□ 6	
	☐ All Ages	From Age to	□ All □]1 🗆 2	□ 3	□ 4	□ 5	□ 6	
	□ All Ages	From Age to]1 🗆 2	□ 3	□ 4	□ 5	□ 6	
	□ All Ages	From Age to]1 🗆 2	□ 3	□ 4	□ 5	□ 6	
	□ All Ages	From Age to]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.

						Specialty	Accepting new patients?	Practitioner NPI/Atypical ID		Location	
Category	First name	Last name	MI	Degree/License	Gender	Taxonomy code	Age Range	Affiliated Hospital with Admitting Privileges		ber for iitioner	
					□М	Specialty:	Accepting New Patients? ☐ Yes ☐ No	NPI/Atypical ID	□ All	□ 4	
☐ Specialist ☐ Hospital Based					□F	Taxonomy:	From Ages to	Affiliated Hospital with Admit Privilege	□ 2 □ 3	□ 5 □ 6	
	Blindness or Visual Impairment										
	-	tal Illness □ Subst		· ·							
Cultural Compete	ency Training Com	pleted? □ Yes	□ No)							
					I						
□РСР					□M	Specialty:	Accepting New Patients? ☐ Yes ☐ No	NPI/Atypical ID	□ All □ 1	□ 4	
☐ Specialist☐ Hospital Based					□ F	Taxonomy:	From Ages to	Affiliated Hospital with Admit Privilege	□ 2 □ 3	□ 5 □ 6	
Provider Training	/Experience:										
	•			· ·	tively Disab	led □ Co-occurring	Disorders	rd of Hearing	ssness		
		tal Illness Subst									
Cultural Compete	ency Training Com	pleted? Yes	□ No)							
□ PCP					□ M	Specialty:	Accepting New Patients? ☐ Yes ☐ No	NPI/Atypical ID	□ All	□ 4	
☐ Specialist☐ Hospital Based					□F	Taxonomy:	From Ages to All Ages	Affiliated Hospital with Admit Privilege	□ 2 □ 3	□ 5 □ 6	
Provider Training	/Experience:										
	-			nic Illness Cogni	tively Disab	led Co-occurring	Disorders 🗆 Deafness or Ha	rd of Hearing □ HIV/AIDS □ Homeles	ssness		
☐ Physical Disabilit	ty 🗆 Serious Ment	tal Illness 🗆 Subst	ance.	Abuse Trauma							
Cultural Compete	ency Training Com	pleted? □ Yes	□ No)							



_						Specialty	Accepting new patients?	Practitioner NPI/Atypical ID		e Location
Category	First name	Last name	MI	Degree/License	Gender	Taxonomy code	Age Range	Affiliated Hospital with Admitting Privileges		ber for titioner
□ PCP □ Specialist					□м	Specialty:	Accepting New Patients? ☐ Yes ☐ No	NPI/Atypical ID	□ All	□ 4
☐ Hospital Based					□F	Taxonomy:	From Ages to All Ages	Affiliated Hospital with Admit Privilege	□ 2 □ 3	□ 5 □ 6
Provider Training	/Experience:									
☐ Blindness or Visu☐ Physical Disabilit	•			· ·	tively Disab	led □ Co-occurring	Disorders Deafness or Ha	rd of Hearing 🔲 HIV/AIDS 🔲 Homele	ssness	
Cultural Compete	ency Training Com	pleted? □ Yes	□ No)						
					ı			I		
□РСР						Specialty:	Accepting New Patients? ☐ Yes ☐ No	NPI/Atypical ID	□ All □ 1	□ 4
☐ Specialist ☐ Hospital Based					□ M □ F	Taxonomy:	From Ages to	Affiliated Hospital with Admit Privilege		□ 5 □ 6
Provider Training	/Experience:									
☐ Blindness or Visu☐ Physical Disabilit	-			_	tively Disab	led Co-occurring	Disorders Deafness or Ha	rd of Hearing □ HIV/AIDS □ Homeles	ssness	
	,									
Cultural Compete	ency Training Com	pieteu? res	□ NO							
□РСР					□м	Specialty:	Accepting New Patients? ☐ Yes ☐ No	NPI/Atypical ID	□ All	□ 4
☐ Specialist☐ Hospital Based					□F	Taxonomy:	From Ages to All Ages	Affiliated Hospital with Admit Privilege	□ 2 □ 3	□ 5 □ 6
Provider Training	/Experience:									
	•			nic Illness Cogni	tively Disab	led Co-occurring	Disorders Deafness or Ha	rd of Hearing □ HIV/AIDS □ Homeles	ssness	
☐ Physical Disabilit Cultural Compete	•									
	,	=								



	_				_	Specialty	Accepting new patients?	Practitioner NPI/Atypical ID		e Location	
Category	First name	Last name	MI	Degree/License	Gender	Taxonomy code	Age Range	Affiliated Hospital with Admitting Privileges		nber for titioner	
					□ M	Specialty:	Accepting New Patients? ☐ Yes ☐ No	NPI/Atypical ID	□ All	□ 4	
☐ Specialist☐ Hospital Based					□F	Taxonomy:	From Ages to All Ages	Affiliated Hospital with Admit Privilege	□ 2 □ 3	□ 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 Compete	ency Training Com	pleted? Yes	□ No)							
				I		0 1		l vinue de l'in			
□РСР					 □ M	Specialty:	Accepting New Patients? ☐ Yes ☐ No	NPI/Atypical ID	□ All □ 1	□ 4	
☐ Specialist☐ Hospital Based					□F	Taxonomy:	From Ages to	Affiliated Hospital with Admit Privilege	□ 2 □ 3	□ 5 □ 6	
Provider Training	/Experience:										
	ual Impairment ty Serious Ment			· ·	tively Disab	led □ Co-occurring	Disorders 🗆 Deafness or Ha	rd of Hearing □ HIV/AIDS □ Homele	ssness		
Cultural Compete	ency Training Com	pleted? Yes	□ No)							
			I	I	<u> </u>	T		T	T		
□ PCP					□ M	Specialty:	Accepting New Patients? ☐ Yes ☐ No	NPI/Atypical ID	□ All □ 1	□ 4	
☐ Specialist☐ Hospital Based					□F	Taxonomy:	From Ages to All Ages	Affiliated Hospital with Admit Privilege	□ 2 □ 3	□ 5 □ 6	
Provider Training	/Experience:										
☐ Blindness or Visu	ıal Impairment 🛛	Child Welfare	Chro	nic Illness 🗆 Cogni	tively Disab	oled Co-occurring	Disorders 🗆 Deafness or Ha	rd of Hearing □ HIV/AIDS □ Homele	ssness		
☐ Physical Disabili	ty 🗆 Serious Ment	tal Illness 🗆 Subst	tance	Abuse □ Trauma							
Cultural Compete	ency Training Com	pleted? □ Yes	□ No)							

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

ACNC-19451343-2



AmeriHealth Caritas North Carolina

Behavioral Health Data Intake Form

City State County Coun	Section 1 in:	structions: Ple	ease complete all fiel	ds below for the Pro	ovider.								
Name doing business as (if applicable):	Entity name (a	as written on W9):					Category: □	Behavior	al health provider/	group 🗆 Bel	navioral hea	alth hospital □ Behavio	ral health facility
Primary contact name: Prim	IPA name (if a	pplicable):					Billing type:	□ UB-04	4/Institutional □	CMS-1500/Pr	ofessional		
Pay to: Street address: Building or suite number: City, state, ZIP: Phone number: City, state, ZIP: City state, ZIP:	Name doing b	usiness as (if applic	cable):				Group/Facili	ty TIN/E ters):	IN#				
Recoveries address (if different from pay to above): Organization website: City, state, ZIP: Organization website: City state vide coverage, please attach spreadsheet or document listing coverage areas. Location (as it will appear in provider directory) (Street address) Street address (Building or suite number: City (State ZIP + 4 Digits County (NPI/Atypical ID) Taxonomy Code: Taxonomy C	Primary conta	ct name:			Primary contact em	ail:				Primary con	tact phone:	:	
Organization website: County Group or Facility State ZIP + 4 Digits County Group or Facility Taxonomy Code	Pay to: Street a	address:	number:	City,	state, ZIP:		,			Phone number:			
City State County County City State City County City County Co	Recoveries add			Buil	ding or su	ite number:		City, stat	te, ZIP:				
City State County Coun	Organization	website:				,	'						
Cocation Coroup name (as it will appear in provider directory) Street address Stree	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.												
Main Practice Location 1	Location			Street address			City	State	ZIP + 4 Digits	County	NP	PI/Atypical ID	
Day Start AM/PM End AM/PM Start AM/PM End AM/PM Monday Tuesday Wednesday Thursday Friday	Main Practice Location 1										NPI/Atypica	al ID:	
DayStartAM/PMEndAM/PMStartAM/PMEndAM/PMMondayImage: Control of the start	Languages S	Spoken: □ Engli	ish □ Spanish □ Chin	nese 🗆 Vietnamese 🗆] Korean □ French [□ Arabi	ic 🗆 ASL	□ Other	(please list):				
Monday Tuesday Wednesday Thursday Friday					Location	n 1 — C	Office Hours						
Tuesday Wednesday Thursday Friday		Day	Start	AM/PM	End		AM/PM	I	Start	AM/	РМ	End	AM/PM
Wednesday Thursday Friday	Мс	onday											
Thursday Friday	Tu	esday											
Friday						\perp		1					
	Thu	ursday											
Saturday													
Sunday		curday				-+							



Location	Grou (as it will appear i	Ip name 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										ypical ID:	
Location 2									Taxono	my Code:	
Languages S	Spoken: □ Engli	ish □ Spanish □ Ch	inese 🗆 Vietnamese 🗆	☐ Korean ☐ French	☐ Arabic ☐ ASL [□ Other	(please list):				
				Locatio	on 2 — Office Hours						
ĺ	Day	Start	AM/PM	End	AM/PM		Start	AM	/PM	End	AM/PM
M	onday										
Τι	ıesday										
Wed	lnesday										
Th	ursday										
F	riday										
Sa	turday										
Sı	ınday										
	,		1		· · · · · · · · · · · · · · · · · · ·					1	
Location	Grou	ıp name	Street address	Building or	City	State	ZIP + 4 Digits	County		Group or Facility NPI/Atypical ID	Telephone with
Location	(as it will appear i	n provider directory)	Street address	suite number	City	State	ZIF + 4 Digits	County		Taxonomy Code	Area Code
									NPI/Aty	ypical ID:	
Practice											
Location 3									Taxono	my Code:	
Languages S	Spoken: 🗆 Engli	ish □ Spanish □ Ch	inese 🗆 Vietnamese 🗆	☐ Korean ☐ French	☐ Arabic ☐ ASL ☐	□ Other	(please list):				
				Locatio	on 3 — Office Hours						
ı	Day	Start	AM/PM	End	AM/PM	П	Start	AM	/PM	End	AM/PM
M	onday										
Τι	ıesday					Ī					
	dnesday					Ī					
	ursday					1					
	riday					ĺ					
	turday					Ī					
	ınday										



Location	Grou (as it will appear i	I p name n 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										ypical ID:	
Location 4									Taxono	omy Code:	
Languages S	Spoken: □ Engli	ish □ Spanish □ Ch	ninese 🗆 Vietnamese 🏾	☐ Korean ☐ French	☐ Arabic ☐ ASL ☐	□ Other	(please list):				
				Locatio	on 4 — Office Hours						
i	Day	Start	AM/PM	End	AM/PM		Start	AM	/PM	End	AM/PM
M	onday										
Τι	ıesday										
Wed	dnesday										
Th	ursday										
F	riday										
Sar	turday										
Sı	unday										
										Group or Facility	
Location		p name n provider directory)	Street address	Building or suite number	City	State	ZIP + 4 Digits	County		NPI/Atypical ID	Telephone with Area Code
										Taxonomy Code	
Due eties									NPI/Aty	ypical ID:	
Practice Location 5									Taxono	omy Code:	_
Languages S	Spoken: □ Engli	ish □ Spanish □ Ch	ninese 🗆 Vietnamese 🏾	☐ Korean ☐ French	☐ Arabic ☐ ASL ☐	□ Other	(please list):				
				Locatio	on 5 — Office Hours						
1	Day	Start	AM/PM	End	AM/PM	П	Start	AM	/PM	End	AM/PM
M	onday										
Τι	ıesday										
Wed	dnesday										
Th	ursday										
F	riday										
Sa	turday								· ·		
Sı	unday										



Location	Gro u (as it will appear i	IP name n 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									NPI/Aty	pical ID:	
Location 6									Taxono	my Code:	
Languages S	Languages Spoken:										
Location 6 — Office Hours											
ı	Day	Start	AM/PM	End	AM/PM		Start	AM,	/PM	End	AM/PM
Me	onday										
Tu	ıesday										
Wed	lnesday										
Th	ursday										
F	riday										
Sat	turday										
Su	ınday										

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	A	ge 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	A	ge 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							
Non-Peer Recovery Support	□ All Ages	From Age to	□ All □1 □2 □3 □4 □5 □6						



Services	A	ge 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								
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	A	ge 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	А	ge 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	A	ge 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.

		Last name				Specialty	Accepting new patients?	Practitioner NPI/Atypical ID		Location		
Category	ory First name Las		MI	Degree/License	Gender	Taxonomy code	Age Range	Affiliated Hospital with Admitting Privileges	number for practitioner			
					□М	Specialty:	Accepting New Patients? ☐ Yes ☐ No	NPI/Atypical ID	□ All	□ 4		
☐ Specialist ☐ Hospital Based					□F	Taxonomy:	From Ages to All Ages	Affiliated Hospital with Admit Privilege	□ 2 □ 3	□ 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 Disabilit	ty 🗆 Serious Ment	tal Illness 🗆 Subst	ance.	Abuse □ Trauma								
Cultural Compete	ency Training Com	pleted? □ Yes	□ No	,								
□ PCP					□ M	Specialty:	Accepting New Patients? ☐ Yes ☐ No	NPI/Atypical ID	□ All □ 1 □ 4			
☐ Hospital Based					□F	Taxonomy:	From Ages to ☐ All Ages	Affiliated Hospital with Admit Privilege	□ 2 □ 3	□ 5 □ 6		
Provider Training	/Experience:											
☐ Blindness or Visu☐ Physical Disabilit	•			· ·	tively Disab	led □ Co-occurring	Disorders	rd of Hearing 🔲 HIV/AIDS 🗆 Homeles	ssness			
Cultural Compete												
		-										
□РСР					□М	Specialty:	Accepting New Patients? ☐ Yes ☐ No	NPI/Atypical ID	□ All □ 1	□ 4		
☐ Specialist ☐ Hospital Based					□F	Taxonomy:	From Ages to All Ages	Affiliated Hospital with Admit Privilege	□ 2 □ 3	□ 5 □ 6		
Provider Training	/Experience:				•							
☐ Blindness or Visu	ıal Impairment 🛛	Child Welfare	Chro	nic Illness 🗆 Cognit	tively Disab	led □ Co-occurring	Disorders	rd of Hearing \Box HIV/AIDS \Box Homeles	ssness			
☐ Physical Disabilit	ty 🗆 Serious Ment	tal Illness 🗆 Subst	ance.	Abuse □ Trauma								
Cultural Compete	ency Training Com	pleted? Yes	□ No	1								



				_ ".		Specialty	Accepting new patients?	Practitioner NPI/Atypical ID		Location	
Category	First name	Last name	MI	Degree/License	Gender	Taxonomy code	Age Range	Affiliated Hospital with Admitting Privileges		ber for titioner	
□ PCP □ Specialist					□ M	Specialty: Taxonomy:	Accepting New Patients? Yes No From Ages to	NPI/Atypical ID Affiliated Hospital with Admit Privilege	□ All □ 1 □ 2	□ 4 □ 5	
☐ Hospital Based Provider Training	/Experience:						☐ All Ages		□ 3	□ 6	
☐ Blindness or Visu☐ Physical Disabilit	Provider Training/Experience: Blindness or Visual Impairment										
☐ PCP					□ M	Specialty:	Accepting New Patients? ☐ Yes ☐ No	NPI/Atypical ID	□ All □ 1 □ 2	□ 4 □ 5	
☐ Hospital Based					□F	Taxonomy:	From Ages to ☐ All Ages	Affiliated Hospital with Admit Privilege		□ 6	
Provider Training	/Experience:										
☐ Blindness or Visu☐ Physical Disabilit	•			· ·	tively Disab	led □ Co-occurring	Disorders Deafness or Ha	rd of Hearing	ssness		
Cultural Compete	ency Training Com	pleted? □ Yes	□ No	•							
□РСР					□ M	Specialty:	Accepting New Patients? ☐ Yes ☐ No	NPI/Atypical ID	□ All	□ 4	
☐ Specialist ☐ Hospital Based					□F	Taxonomy:	From Ages to All Ages	Affiliated Hospital with Admit Privilege	□ 2 □ 3	□ 5 □ 6	
Provider Training	/Experience:										
☐ Blindness or Visu☐ Physical Disabilit	_			_	tively Disab	led □ Co-occurring	Disorders	rd of Hearing □ HIV/AIDS □ Homele	ssness		
Cultural Compete	ency Training Com	pleted? Yes	□ No)							



						Specialty	Accepting new patients?	Practitioner NPI/Atypical ID		e Location	
Category	First name	Last name	MI	Degree/License	Gender	Taxonomy code	Age Range	Affiliated Hospital with Admitting Privileges		nber for ctitioner	
☐ PCP ☐ Specialist					□М	Specialty:	Accepting New Patients? ☐ Yes ☐ No	NPI/Atypical ID	□ All	□ 4	
☐ Hospital Based					□F	Taxonomy:	From Ages to All Ages	Affiliated Hospital with Admit Privilege	□ 2 □ 3	□ 5 □ 6	
Provider Training/Experience:											
	ual Impairment □ ty □ Serious Ment			J	tively Disab	led □ Co-occurring	Disorders □ Deafness or Ha	rd of Hearing □ HIV/AIDS □ Homele:	sness		
Cultural Compete	ency Training Com	pleted? □ Yes	□ No)							
				I			I	I vinya.			
□РСР					□M	Specialty:	Accepting New Patients? ☐ Yes ☐ No	NPI/Atypical ID	□ All	□ 4	
☐ Specialist☐ Hospital Based					□F	Taxonomy:	From Ages to	Affiliated Hospital with Admit Privilege	□ 2 □ 3	□ 5 □ 6	
Provider Training	/Experience:										
	ual Impairment Userious Ment			· ·	tively Disab	oled Co-occurring	Disorders 🗆 Deafness or Ha	rd of Hearing □ HIV/AIDS □ Homele:	ssness		
Cultural Compete	ency Training Com	pleted? Yes	□ No)							
						Specialty:	Accepting New Patients?	NPI/Atypical ID			
□ РСР					□M	specialty.	☐ Yes ☐ No	INTITACYPICAL ID		□ 4	
☐ Specialist☐ Hospital Based☐					□F	Taxonomy:	From Ages to	Affiliated Hospital with Admit Privilege	□ 2 □ 3	□ 5 □ 6	
Provider Training	/Experience:					•					
☐ Blindness or Visu	ıal Impairment 🛛	Child Welfare □	Chro	nic Illness 🗆 Cogni	tively Disab	oled Co-occurring	g Disorders □ Deafness or Ha	rd of Hearing □ HIV/AIDS □ Homele	ssness		
☐ Physical Disabili	ty 🛘 Serious Ment	tal Illness 🗆 Subst	tance	Abuse □ Trauma							
Cultural Compete	ency Training Com	pleted? □ Yes	□ No)							

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



Entity name (as written on W9):

AmeriHealth Caritas North Carolina

Category: ☐ PCP ☐ Specialist ☐ FQHC ☐ RHC ☐ Behavioral health ☐ Urgent care

Facility Data Intake Form

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

IPA name (if applicable):				Billing t	ype: □ UB-0	4/Institutional □	CMS-1500/Pi	ofessional			
Name doing business as (if applied	cable):			Group/I	Facility TIN/E	IN # (nine charact	ers):		NCTracks Provider	ID:	
Primary contact name:			Primary contact emai	il:			Primary con	act phone:	:		
Pay to: Street address:		Building or suite	e number:	City, state, ZII	D:			Phone number:			
Recoveries address (if different fi	rom pay to above):	- 1			Building or s	uite number:		City, state, ZIP:			
Organization website:				-							
Section 2 instructions: Pl	ease complete each sec	tion below for all	locations including a	applicable NP	l or Atypica	l ID information	n. (Make add	itional co	ppies if needed.)		
Location Facili	ity name in provider directory)	treet address	Building or suite number	City	State	ZIP + 4 Digits	County		y NPI/Atypical ID konomy Code	Phone with Area Code	
								NPI/Atypica	al ID:		
Location 1								Taxonomy (Code:		
Languages Spoken: □ Engl	ish □ Spanish □ Chinese	□ Vietnamese □	☐ Korean ☐ French ☐] Arabic □ AS	SL □ Other	(please list):					
			Location	1 — Office Ho	ours						
Day	Start	AM/PM	End	AM/P	м	Start	AM/	РМ	End	AM/PM	
Monday											
Tuesday											
Wednesday											
Thursday											
Friday											
Saturday											
Sunday											

AmeriHealth Caritas North Carolina Facility Data Intake Form



Location	Facili (as it will appear	ity name in provider directory)	Street address	Building or suite number	City	State	ZIP + 4 Digits	County		ility NPI/ Atypical ID Taxonomy Code ypical ID:	Telephone with Area Code
Location 2									Taxonomy Code:		
Languages	Spoken: □ Engl	ish □ Spanish □ Chi	inese □ Vietnamese □	l Korean □ French	□ Arabic □ ASL [□ Other	(please list):				
				Location	n 2 — Office Hours						
	Day	Start	AM/PM	End	AM/PM		Start	AM,	/PM	End	AM/PM
M	londay										
Τι	uesday										
Wee	dnesday										
Th	nursday										
F	riday										
Sa	turday										
Sı	unday										
Location	Facili (as it will appear	ity name in provider directory)	Street address	Building or suite number	City	State	ZIP + 4 Digits	County		ility NPI/ Atypical ID Taxonomy Code	Telephone with Area Code
									NPI/At	ypical ID:	
Location 3									Taxono	my Code:	
										· 	
Languages :	Spoken: □ Engl	ish □ Spanish □ Ch	inese □ Vietnamese □] Korean □ French	□ Arabic □ ASL [□ Other	(please list):				
				Location	n 3 — Office Hours						
	Day	Start	AM/PM	End	AM/PM		Start	AM,	/PM	End	AM/PM
M	londay										
Tu	uesday										
Wee	dnesday										
Th	ıursday										
F	riday										
Sa	turday										

Sunday



Location	Facili	ity name	Street address	Building or	City	State	ZIP + 4 Digits	County	Faci	lity NPI/ Atypical ID	Telephone with
	(as it will appear i	in provider directory)	Street daaress	suite number	City	June		country		Taxonomy Code	Area Code
									NPI/Aty	pical ID:	
Location 4									Taxonor	my Code:	
Languages	Spoken: □ Engli	ish □ Spanish □ Cł	ninese 🗆 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
	londay		,					,			,
	uesday				1						
-	dnesday				1						
	nursday										
F	Friday										
Sa	iturday				T I						
Sı	unday										
								·			
Location	Facili	ity name in provider directory)	Street address	Building or suite number	City	State	ZIP + 4 Digits	County		lity NPI/ Atypical ID	Telephone with Area Code
	(as it will appear	in provider directory)		Suite Hullibel						Taxonomy Code	Area Coue
									NPI/Aty	picai iD:	
Location 5									Taxonor	ny Code:	
Languages	Snoken:	ish □ Snanish □ Ch	ninese 🗆 Vietnamese 🗆	Korean □ French □	□ Arabic □ ASI [□ Other	(nlease list):				
Lunguages	Spoken: Lings	ізіі 🗆 бранізіі 🗀 Сі	micse in victianiese in	- Rorean - French -			(picase fist).				
				Location	5 — Office Hours						
	Day	Start	AM/PM	End	AM/PM		Start	AM,	/PM	End	AM/PM
M	londay										
Tı	uesday										
We	dnesday										
Th	nursday										
	-										

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:	
Location o								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			Fac	cility Loc	ations		
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	A	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	
Facility-Based Crisis Service for Adults		From Age to	



Services	A	ge Range		Locations
Facility-Based Crisis Service for Children and Adolescents		From Age to	□ All □ 1	2
Family Care Homes	□ All Ages	From Age to		2
Family Planning and Reproductive Health Services	□ All Ages	From Age to		□ 2 □ 3 □ 4 □ 5 □ 6
Family Support (Behavioral Health)	☐ All Ages	From Age to		2
Habilitative and Rehabilitative Services — Occupational Therapy	☐ All Ages	From Age to		2
Habilitative and Rehabilitative Services — Physical Therapy	☐ All Ages	From Age to		2
Habilitative and Rehabilitative Services — Speech Therapy	☐ All Ages	From Age to		2
Health and Behavior Intervention	☐ All Ages	From Age to		2
Health Department Services	☐ All Ages	From Age to		2
Hearing Aids and Related Evaluations	☐ All Ages	From Age to		2
Hemophilia Services	☐ All Ages	From Age to		2
Home Delivery Meals	□ All Ages	From Age to		2
Home Health Aide	□ All Ages	From Age to		□ 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		2
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
Inpatient Behavioral Health Services	□ All Ages	From Age to	□ All □ 1	2
Intermediate Care Facilities for Individuals with Intellectual Disabilities	☐ All Ages	From Age to		2



Services	A	ge Range	Locations				
IV Outpatient Services	☐ All Ages	From Age to	□ All □1 □2 □3 □4 □5 □6				
Laboratory Services	□ All Ages	From Age to					
Mammography Services	□ All Ages	From Age to					
Maternal Care Skilled Nurse Home Visit	□ All Ages	From Age to					
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					
Nursing Equipment and Supplies	□ All Ages	From Age to					
Nursing Facility Services	□ All Ages	From Age to					
Nutritional Evaluations and Counseling — Dietary Evaluation and Counseling as Medical	□ All Ages	From Age to					
Nutritional Services	□ All Ages	From Age to					
OB/GYN Services	□ All Ages	From Age to	□ All □1 □2 □3 □4 □5 □6				
Ophthalmology	□ All Ages	From Age to					
Optical Services — Optometry	□ All Ages	From Age to					
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					
Outpatient Opioid Treatment	□ All Ages	From Age to					
Outpatient Specialized Therapy Services	□ All Ages	From Age to					
Partial Hospitalization	□ All Ages	From Age to					
Personal Care Services	□ All Ages	From Age to					
Physical Rehabilitation Equipment and Supplies	☐ All Ages	From Age to	□ All □1 □2 □3 □4 □5 □6				



Services	A	ge 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	A	ge 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	A	ge 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	A	ge 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.

						Specialty	Accepting new patients?	Practitioner NPI/Atypical ID		e Location
Category	First name	Last name	MI	Degree/License	Gender	Taxonomy code	Age Range	Affiliated Hospital with Admitting Privileges		nber for ctitioner
						Specialty:	Accepting New Patients?	NPI/Atypical ID	□ All	
☐ PCP ☐ Specialist					\square M		□ Yes □ No		□1	\Box 4
☐ Hospital Based					□F	Taxonomy:	From Ages to	Affiliated Hospital with Admit Privilege	□ 2	□ 5
							□ All Ages		□ 3	□ 6
Provider Training	g/Experience:									
□ Blindness or Visual Impairment □ Child Welfare □ Chronic Illness □ Cognitively Disabled □ Co-occurring Disorders □ Deafness or Hard of Hearing □ HIV/AIDS □ Homelessness										
☐ Physical Disabili	ty 🗆 Serious Ment	tal Illness □ Subs	tance	Abuse □ Trauma						
Cultural Compete	ency Training Com	pleted? Yes	□No)						
□ PCP						Specialty:	Accepting New Patients?	NPI/Atypical ID	□ All	
☐ Specialist					□ M		□ Yes □ No			□ 4
☐ Hospital Based					□F	Taxonomy:	From Ages to	Affiliated Hospital with Admit Privilege	$\Box 2$	□ 5 □ 6
							☐ All Ages			
Provider Training	g/Experience:									
☐ Blindness or Visi	ual Impairment 🛭	Child Welfare □	Chro	nic Illness 🗆 Cogni	tively Disab	oled Co-occurring	g Disorders □ Deafness or Ha	ard of Hearing \Box HIV/AIDS \Box Homele	ssness	
☐ Physical Disabili	ty 🗆 Serious Ment	tal Illness □ Subs	tance	Abuse □ Trauma						
Cultural Compete	ency Training Com	pleted? Yes	□ No)						
						Specialty:	Accepting New Patients?	NPI/Atypical ID	□ All	
□ PCP					□М		□ Yes □ No		□1	\Box 4
☐ Specialist ☐ Hospital Based					□F	Taxonomy:	From Ages to	Affiliated Hospital with Admit Privilege	□ 2	□ 5
□ Hospital Baseu							□ All Ages		□ 3	□ 6
Provider Training	g/Experience:									
☐ Blindness or Visi	ual Impairment 🛚	Child Welfare □	Chro	nic Illness 🗆 Cogni	tively Disab	oled Co-occurring	g Disorders 🔲 Deafness or Ha	ard of Hearing \Box HIV/AIDS \Box Homele	ssness	
☐ Physical Disabili	ty 🛘 Serious Ment	tal Illness 🔲 Subs	tance	Abuse □ Trauma						
Cultural Compete	Cultural Competency Training Completed?									



_						Specialty	Accepting new patients?	Practitioner NPI/Atypical ID		e Location
Category	First name	Last name	MI	Degree/License	Gender	Taxonomy code	Age Range	Affiliated Hospital with Admitting Privileges		ber for titioner
☐ PCP ☐ Specialist					□м	Specialty:	Accepting New Patients? ☐ Yes ☐ No	NPI/Atypical ID	□ All	□ 4
☐ Hospital Based					□F	Taxonomy:	From Ages to All Ages	Affiliated Hospital with Admit Privilege	□ 2 □ 3	□ 5 □ 6
Provider Training	/Experience:									
☐ Blindness or Visu☐ Physical Disabilit	•			· ·	tively Disab	led □ Co-occurring	Disorders Deafness or Ha	rd of Hearing 🔲 HIV/AIDS 🔲 Homele	ssness	
Cultural Compete	ency Training Com	pleted? □ Yes	□ No)						
					ı			I		
□РСР						Specialty:	Accepting New Patients? ☐ Yes ☐ No	NPI/Atypical ID	□ All □ 1	□ 4
☐ Specialist ☐ Hospital Based					□ M □ F	Taxonomy:	From Ages to	Affiliated Hospital with Admit Privilege		□ 5 □ 6
Provider Training	/Experience:									
☐ Blindness or Visu☐ Physical Disabilit	-			_	tively Disab	led Co-occurring	Disorders Deafness or Ha	rd of Hearing □ HIV/AIDS □ Homeles	ssness	
	,									
Cultural Compete	ency Training Com	pieteu? res	□ NO							
□РСР					□м	Specialty:	Accepting New Patients? ☐ Yes ☐ No	NPI/Atypical ID	□ All	□ 4
☐ Specialist☐ Hospital Based					□F	Taxonomy:	From Ages to All Ages	Affiliated Hospital with Admit Privilege	□ 2 □ 3	□ 5 □ 6
Provider Training	/Experience:									
	•			nic Illness Cogni	tively Disab	led Co-occurring	Disorders Deafness or Ha	rd of Hearing □ HIV/AIDS □ Homeles	ssness	
☐ Physical Disabilit Cultural Compete	•									
	,	=								



						Specialty	Accepting new patients?	Practitioner NPI/Atypical ID	Practic	e Location
Category	First name	Last name	МІ	Degree/License	Gender	Taxonomy code	Age Range	Affiliated Hospital with Admitting Privileges	num	ber for titioner
					□м	Specialty:	Accepting New Patients? ☐ Yes ☐ No	NPI/Atypical ID	□ All	□ 4
☐ Specialist☐ Hospital Based					□F	Taxonomy:	From Ages to All Ages	Affiliated Hospital with Admit Privilege	□ 2 □ 3	□ 5 □ 6
Provider Training/Experience:										
	ual Impairment □ ty □ Serious Men			J	tively Disab	lled □ Co-occurring	Disorders Deafness or Ha	rd of Hearing	ssness	
Cultural Compete	ency Training Com	pleted? 🗆 Yes	□ No)						
□РСР						Specialty:	Accepting New Patients? ☐ Yes ☐ No	NPI/Atypical ID	□ All	
☐ Specialist ☐ Hospital Based					□ M □ F	Taxonomy:	From Ages to	Affiliated Hospital with Admit Privilege	$ \begin{array}{ c c c } \hline $	□ 4 □ 5 □ 6
Provider Training	/Experience:	l .			ı	1			ı	
	ual Impairment □ ty □ Serious Men			=	tively Disab	led □ Co-occurring	Disorders Deafness or Ha	rd of Hearing	ssness	
Cultural Compete	ency Training Com	pleted? □ Yes	□ No)						
□РСР					□м	Specialty:	Accepting New Patients? ☐ Yes ☐ No	NPI/Atypical ID	□ All	□ 4
☐ Specialist ☐ Hospital Based					□F	Taxonomy:	From Ages to All Ages	Affiliated Hospital with Admit Privilege	□ 2 □ 3	□ 5 □ 6
Provider Training	/Experience:									
	•			· ·	tively Disab	led Co-occurring	Disorders Deafness or Ha	rd of Hearing □ HIV/AIDS □ Homeles	ssness	
•	ty Serious Men									
Cultural Compete	ency Training Com	pleted? □ Yes	□ No)						

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



Saturday Sunday

AmeriHealth Caritas North Carolina

Ancillary Data Intake Form

Section I instructions: Pi	ease complete all fields i	below for the P	rovider.									
Entity name (as written on W9):				Catego	ry: 🗆 Ancillar	y 🗆 Behavioral h	ealth □ Urg	ent care				
IPA name (if applicable):				Billing	type: □ UB-0	4/Institutional □	CMS-1500/Pr	ofessional				
Name doing business as (if appli	cable):				Facility TIN/E		NCTracks Provider ID:					
Primary contact name:			Primary contact ema	Primary contact email: Prim					mary contact phone:			
Pay to: Street address: Building or suite			e number:	City, state, ZI	P:				Phone number:			
Recoveries address (if different f	rom pay to above):			Building or s	uite number:		City, state	te, 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 Facil	lity name in provider directory)	reet address	Building or suite number	City	State	ZIP + 4 Digits	County		y NPI/Atypical ID xonomy Code	Phone with Area Code		
								NPI/Atypica	al ID:			
Location 1							-	Taxonomy (Code:			
Languages Spoken: ☐ Engi	lish Spanish Chinese	☐ Vietnamese [□ Korean □ French □	□ Arabic □ A	SL □ Other	(please list):			1			
			Location	1 — Office H	ours							
Day	Start	AM/PM	End	AM/I	РМ	Start	AM/	РМ	End	AM/PM		
Monday												
Tuesday												
Wednesday												
Thursday												
Friday	1			1				1				



Location	Facili (as it will appear	ity name in provider directory)	Street address	Building or suite number	City	State	ZIP + 4 Digits	County		ility NPI/ Atypical ID Taxonomy Code	Telephone with Area Code	
										ypical ID:		
Location 2									Tayono	omy Code:		
								Taxonomy Code:				
Languages	Snoken: □ Engl	ish □ Snanish □ Ch	inese □ Vietnamese □	Korean □ French	☐ Arabic ☐ ASI. 「	□ Other	(nlease list):					
	- Politon - 21181	— оралион — оп					(preude fide).					
				Locatio	n 2 – Office Hours							
	Day	Start	AM/PM	End	AM/PM		Start	AM/	/PM	End	AM/PM	
M	onday											
Τι	ıesday											
Wed	dnesday											
Th	ursday											
F	riday											
	turday											
Sı	unday											
	Facili	ity nama		Building or					Fac	ility NPI/ Atypical ID	Telephone with	
Location	(as it will appear	ity name in provider directory)	Street address	suite number	City	State	ZIP + 4 Digits	County		Taxonomy Code	Area Code	
										ypical ID:		
Location 3									Т	my Code:		
									тахопо	my Code:		
	-							,				
Languages !	Spoken: □ Engl	ish □ Spanish □ Ch	inese 🗆 Vietnamese 🗆	Korean French	☐ Arabic ☐ ASL [□ Other	(please list):					
				Locatio	n 3 — Office Hours							
	Day	Start	AM/PM	End	AM/PM		Start	AM/	/PM	End	AM/PM	
M	onday											
Τι	ıesday					Ī						
Wed	dnesday											
Th	ursday											
F	riday											

Sunday



Location	Facili	ity name	Street address	Building or	City	State	ZIP + 4 Digits	County		ility NPI/ Atypical ID	Telephone with
	(as it will appear	in provider directory)	Street address	suite number	City	Julio		country		Taxonomy Code	Area Code
									NPI/Aty	ypical ID:	
Location 4									Taxonomy Code:		
Languages :	Spoken: □ Engl	ish □ Spanish □ Ch	inese 🗆 Vietnamese 🗆	Korean French	□ Arabic □ ASL □	□ Other	(please list):				
				Locatio	on 4 — Office Hours						
	Day	Start	AM/PM	End	AM/PM	П	Start	AM,	PM	End	AM/PM
	londay		,		,			,			,
	uesday										
	dnesday										
	ıursday										
F	riday										
Sa	turday										
Sı	unday										
								·			
Location	Facili	ity name in provider directory)	Street address	Building or suite number	City	State	ZIP + 4 Digits	County		ility NPI/ Atypical ID	Telephone with Area Code
	(as it will appear	in provider directory)		suite Hullibel						Taxonomy Code	Area Coue
_									NPI/Aty	ypical ID:	
Location 5									Taxono	my Code:	
Languages	Spoken: □ Engl	ish □ Spanish □ Ch	iinese □ Vietnamese □	Korean □ French	☐ Arabic ☐ ASI. 「	Other	(please list):				
8800		opunion _ 0					(preuse inse).				
				Locatio	on 5 — Office Hours						
	Day	Start	AM/PM	End	AM/PM		Start	AM,	/PM	End	AM/PM
M	londay										
Ti	uesday										
Wee	dnesday										
Th	nursday										
F	Friday										
1	turdav										

Sunday



Location 6 NPI/Atypical ID:	
Location 6	
Taxonomy Code:	

Languages Spoken: 🗆 🗈	English	☐ Spanish	☐ Chinese	□ Vietnamese	☐ Korean	☐ 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	A	ge 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	A	ge 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	A	ge 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	A	ge 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	А	ge 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	А	ge Range	Locations					
	□ All Ages	From Age to	□ All □ 1					
	□ All Ages	From Age to	□ All □ 1					
	☐ All Ages	From Age to	□ All □ 1					
	☐ All Ages	From Age to	□ All □ 1					
	☐ All Ages	From Age to	□ All □ 1					
	☐ All Ages	From Age to	□ All □ 1					
	☐ All Ages	From Age to	□ All □ 1					
	☐ All Ages	From Age to	□ All □ 1					
	□ All Ages	From Age to	□ All □ 1					
	☐ All Ages	From Age to	□ All □ 1					
	□ All Ages	From Age to	□ All □ 1					
	☐ All Ages	From Age to	□ All □ 1					
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.

						Specialty	Accepting new patients?	Practitioner NPI/Atypical ID		Location		
Category	First name	Last name	MI	Degree/License	Gender	Taxonomy code	Age Range	Affiliated Hospital with Admitting Privileges		ber for titioner		
					□М	Specialty:	Accepting New Patients? ☐ Yes ☐ No	NPI/Atypical ID	□ All	□ 4		
☐ Specialist ☐ Hospital Based					□F	Taxonomy:	From Ages to All Ages	Affiliated Hospital with Admit Privilege	□ 2 □ 3	□ 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 Disabilit	ty 🗆 Serious Ment	tal Illness 🗆 Subst	ance.	Abuse □ Trauma								
Cultural Compete	ency Training Com	pleted? □ Yes	□ No	•								
□ PCP							□ M	Specialty:	Accepting New Patients? ☐ Yes ☐ No	NPI/Atypical ID	□ All □ 1	□ 4
☐ Hospital Based					□F	Taxonomy:	From Ages to □ All Ages	Affiliated Hospital with Admit Privilege	□ 2 □ 3	□ 5 □ 6		
Provider Training	/Experience:											
☐ Blindness or Visu☐ Physical Disabilit	•			· ·	tively Disab	led □ Co-occurring	Disorders Deafness or Ha	rd of Hearing □ HIV/AIDS □ Homeles	ssness			
Cultural Compete												
		-										
□РСР					□М	Specialty:	Accepting New Patients? ☐ Yes ☐ No	NPI/Atypical ID	□ All □ 1	□ 4		
☐ Specialist ☐ Hospital Based					□F	Taxonomy:	From Ages to All Ages	Affiliated Hospital with Admit Privilege	□ 2 □ 3	□ 5 □ 6		
Provider Training	/Experience:				•							
☐ Blindness or Visu	ıal Impairment 🛚	Child Welfare	Chro	nic Illness 🗆 Cognit	tively Disab	led □ Co-occurring	Disorders	rd of Hearing □ HIV/AIDS □ Homeles	ssness			
☐ Physical Disabilit	ty 🗆 Serious Ment	tal Illness 🗆 Subst	ance.	Abuse □ Trauma								
Cultural Competency Training Completed?												



Category	First name			Degree/License	Gender	Specialty	Accepting new patients?	Practitioner NPI/Atypical ID	Practice Locatio	
		Last name	MI			Taxonomy code	Age Range	Affiliated Hospital with Admitting Privileges		nber for titioner
☐ PCP ☐ Specialist					□М	Specialty:	Accepting New Patients? ☐ Yes ☐ No	NPI/Atypical ID	□ All	□ 4
☐ Hospital Based					□F	Taxonomy:	From Ages to All Ages	Affiliated Hospital with Admit Privilege	□ 2 □ 3	□ 5 □ 6
Provider Training/Experience:										
	ual Impairment □ ty □ Serious Ment			· ·	tively Disab	led □ Co-occurring	Disorders 🗆 Deafness or Ha	rd of Hearing	ssness	
Cultural Compete	ency Training Com	pleted? Yes	□ No)						
				I			I			
□ РСР					□м	Specialty:	Accepting New Patients? ☐ Yes ☐ No	NPI/Atypical ID	□ All	□ 4
☐ Specialist ☐ Hospital Based					□ F	Taxonomy:	From Ages to	Affiliated Hospital with Admit Privilege		□ 5 □ 6
Provider Training	/Experience:									
	ıal Impairment □ ty □ Serious Ment			=	tively Disab	oled □ Co-occurring	g Disorders 🗆 Deafness or Ha	rd of Hearing □ HIV/AIDS □ Homele	ssness	
Cultural Compete	ency Training Com	pleted? Yes	□ No)						
					□М	Specialty:	Accepting New Patients? ☐ Yes ☐ No	NPI/Atypical ID	□ All	□ 4
☐ Specialist ☐ Hospital Based					□ F	Taxonomy:	From Ages to All Ages	Affiliated Hospital with Admit Privilege	□ 2 □ 3	□ 5 □ 6
Provider Training	/Experience:	1			•					
☐ Blindness or Visu	ual Impairment □	Child Welfare □	Chro	nic Illness 🗆 Cogni	tively Disab	oled Co-occurring	g Disorders □ Deafness or Ha	rd of Hearing □ HIV/AIDS □ Homele	ssness	
☐ Physical Disabili	ty 🛘 Serious Ment	tal Illness 🗆 Subst	tance	Abuse □ Trauma						
Cultural Competency Training Completed?										



	Category First name Last name MI Degree/License					Specialty	Accepting new patients?	Practitioner NPI/Atypical ID	Practice Location	
Category		Gender	Taxonomy code	Age Range	Affiliated Hospital with Admitting Privileges		nber for ctitioner			
□ PCP □ Specialist					□М	Specialty:	Accepting New Patients? ☐ Yes ☐ No	NPI/Atypical ID	□ All	□ 4
☐ Hospital Based					□F	Taxonomy:	From Ages to □ All Ages	Affiliated Hospital with Admit Privilege	□ 2 □ 3	□ 5 □ 6
Provider Training/Experience:										
	-	Child Welfare □ tal Illness □ Subst		J	tively Disab	led □ Co-occurring	Disorders Deafness or Ha	rd of Hearing	ssness	
Cultural Compete	ency Training Com	pleted? □ Yes	□ No							
									1	
□ PCP					□ M	Specialty:	Accepting New Patients? \Box Yes \Box No	NPI/Atypical ID	□ All □ 1	□ 4
☐ Specialist ☐ Hospital Based					□F	Taxonomy:	From Ages to All Ages	Affiliated Hospital with Admit Privilege	□ 2 □ 3	□ 5 □ 6
Provider Training	/Experience:									
	•			o .	tively Disab	oled Co-occurring	Disorders Deafness or Ha	rd of Hearing \Box HIV/AIDS \Box Homeles	ssness	
☐ Physical Disabilit	y 🗆 Serious Ment	tal Illness Subst	ance.	Abuse Trauma						
Cultural Compete	ency Training Com	pleted? □ Yes	□ No							
□ РСР					□ M	Specialty:	Accepting New Patients? ☐ Yes ☐ No	NPI/Atypical ID	□ All	□ 4
☐ Specialist ☐ Hospital Based					□ M	Taxonomy:	From Ages to	Affiliated Hospital with Admit Privilege	□ 2 □ 3	□ 5 □ 6
Provider Training	/Experience:									
☐ Blindness or Visu	ıal Impairment 🛛	Child Welfare	Chro	nic Illness Cogni	tively Disab	oled □ Co-occurring	Disorders □ Deafness or Ha	rd of Hearing □ HIV/AIDS □ Homeles	ssness	
☐ Physical Disabilit	y 🗆 Serious Ment	tal Illness 🛮 Subst	ance.	Abuse □ Trauma						
Cultural Competency Training Completed?										

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