

Practitioner Demographic Information



Group Practice Name:

Date:

Billing Tax ID:

Group NPI:

PRACTITIONER INFORMATION

Professional Category: MD DO DPM DC NP PA Other:

Applying As: PCP Specialist (non-PCP) PCP/Specialist

Practitioner First Name: Practitioner Last Name:

Specialty: Subspecialty:

CAQH Number: Practitioner NPI Number:

If practitioner is not registered with CAQH, please provide a current TDI Credentialing application with a current date and signature.

Is the practitioner hospital based? Yes No Note: A yes response indicates the practitioner only practices in a hospital.

Practice Restrictions: Ages to Male Only Female Only Accepting New Patients Yes No

Credentialing Contact Name: Contact Email:

PRACTITIONER SPECIFIC QUESTIONS

For each question below, please check all that apply.

Does the practitioner perform Advanced Imaging Services (CT/CTA, MRI/MRA, PET Scan)? Yes No

Has the practitioner completed cultural competence training for the following:

African American Alaskan Native Asian
American Indian Hispanic/Latino Pacific Islander

Has the practitioner completed cultural competence training for the following:

Physical disabilities Substance abuse Blindness or visual impairment
HIV/AIDS Homelessness Co-occurring disorders
Chronic illness Deafness or hard-of-hearing Serious mental illness

Intellectual and developmental disabilities (IDD)

STAR HEALTH (foster care) PRACTITIONERS ONLY

Does the practitioner have experience in treating any of the following:

Children with Post-traumatic Stress Disorder Children with sexual abuse
Children with developmental disabilities Children with physical abuse

Members with Special Health Care Needs (MSHCN)

Does the practitioner have experience with:

Evidence-based practices (EBPs) modalities or promising practices such as TIC?

Medicare and Ambetter Data Element Requirements for Practice Locations

| Street Address, City and Zip | Phone Number | Ext |
|------------------------------|--------------|-----|
| Primary | | |
| Practice 2 | | |
| Practice 3 | | |
| Practice 4 | | |

| Primary | Practice 2 | Practice 3 | Practice 4 |
|---------|------------|------------|------------|
|---------|------------|------------|------------|

1. Does this location offer non-English languages (including ASL) on site by qualified healthcare interpreters?

| | | | |
|------------------------|--|--|--|
| American Sign Language | | | |
| Arabic | | | |
| Cantonese | | | |
| French | | | |
| German | | | |
| Haitian | | | |
| Hindi | | | |
| Italian | | | |
| Japanese | | | |
| Korean | | | |
| Mandarin | | | |
| Polish | | | |
| Portuguese | | | |
| Russian | | | |
| Spanish | | | |
| Tagalog | | | |
| Vietnamese | | | |

2. Does this location supply translation services for written materials?

3. What accessibility options does this location offer for individuals with physical disabilities?

| | | | |
|--|--|--|--|
| Parking spaces, curb ramps, or loading zones at building entrance | | | |
| Doorways wide enough to ensure safe passage by individuals using mobility aids | | | |
| Wheelchair accessible restrooms with grab bars and accessible | | | |
| ASL Signage and raised tactile text characters at office or elevator | | | |
| Medical equipment accessible to patients using mobility aids | | | |
| Exam rooms accessible to patients using mobility aids | | | |

4. Is this location an accessible public transportation route?

| | | | | |
|---|----------------|----------------|----------------|----------------|
| 5. What are the location days and hours of operation? | S M T W T F S | S M T W T F S | S M T W T F S | S M T W T F S |
| | _____ to _____ | _____ to _____ | _____ to _____ | _____ to _____ |

Medicare and Ambetter Data Element Requirements for Additional Locations

| Street Address, City and Zip | Phone Number | Ext |
|------------------------------|--------------|-----|
| Practice 5 | | |
| Practice 6 | | |
| Practice 7 | | |
| Practice 8 | | |

| Practice 5 | Practice 6 | Practice 7 | Practice 8 |
|------------|------------|------------|------------|
|------------|------------|------------|------------|

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| Japanese | | | |
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| _____ to _____ | _____ to _____ | _____ to _____ | _____ to _____ |