

Iowa Total Care Practitioner Data Form

Instructions:

- Information on this Data Form must be provided in its entirety for **each participating Practitioner** (in your individual practice, group practice, or facility-based group).
- Please submit a copy of the Provider's W-9 (one per tax entity) if not previously submitted with request to contract.
- If needed, attach additional location pages. Location pages must be provided for each practitioner.
- Please be sure to include the Medicaid ID number.
- If a Practitioner participates with CAQH, please provide information on Page 2 and allow Centene Corporation access to your application information. (Must be attested within 120 days)
- If a Practitioner **does not** participate with CAQH, please complete the Iowa Statewide Universal Practitioner Credentialing Application **instead** of this form.
- Behavioral Health Providers must complete Behavioral Health Addendum (one per tax entity.)
- We have a Roster template available which is required for a group of 30 or more practitioners, please provide the practitioner details through that form instead, the CAQH and/or Iowa Statewide Universal Practitioner Credentialing Application requirements still apply on the Roster.

Disability Access Definitions:

- **Parking (P)**: Parking spaces, including van-accessible space(s), are accessible. Pathways have curb ramps between the parking lot, office and at drop-off locations.
- **Exterior Building (EB)**: There is an accessible ramp to the building. Curb ramps and other ramps to the building are wide enough for a wheelchair/scooter. Handrails are provided on both sides of the ramp. Doors are wide enough to allow entrance for a wheelchair/scooter and the doors have handles that are easily opened
- **Interior Building (IB)**: Doors are wide enough for a wheelchair/scooter and have handles that are easily opened. There are interior ramps available and the ramps have handrails. If an elevator is present, it must be available for use by the public and members. The elevator has easy-to-hear sounds and Braille buttons within reach. The elevator is large enough for a wheelchair/scooter to turn around. If a chair lift is present, it can be utilized without help.
- **Programmatic Access (PA)**: Programmatic access includes, but is not limited to: methods of communicating with member for the provision of individual medical information and general health information; appointment scheduling procedures and time slots; and system-wide coordination and flexibility to enable access.

Please return this form along with any supporting documentation (CAQH application or the Iowa Statewide Universal Credentialing Application, Behavioral Health Addendum, dated and signed W9, etc.) to Iowa Total Care via email at NetworkManagement@IowaTotalCare.com or via fax to 1-833-208-1397. You may also send a copy by USPS to Attn: Network Management c/o Iowa Total Care, 1080 Jordan Creek Parkway, Suite 100 S., West Des Moines, IA 50266. Please keep your set of originals for reference.

Date Completed:		Individual NPI:	
Are you registered with CAQH? LI Yes LI No (If No, then must complete Universal Practitioner Application <u>if not hospital-based</u>)		If yes, CAQH Provider ID:	
Last Name:		First Name:	Middle Initial:
Date of Birth:		Social Security #:	Medicaid ID:
Medicare #		Are you a hospital-based practitioner, not practicing in an office setting? Yes No	
Title/Degree (MD, DO, PhD, LCSW, LPC, NP, etc.):			
Practitioner Primary Specialty:			
Has Provider completed Cultural Competency Training? LI Yes LI No			
If Yes, did the training include the following? African American Yes No Asian Yes No Alaskan Native Yes No Hispanic/Latino Yes No American Indian Yes No Pacific Islander Yes No Other Yes No			
License Number:		License State:	Exp. Date:
Are you board certified? LI Yes LI No		If yes, board name:	Exp. Date:

Billing Information (Complete this section if different than the W9):

Pay to Name (Issue Check to): Note: May be different than the name on the 1099.		
Pay to Address (Send remittance to):	City State, Zip:	Phone Number :
Billing Contact Name:	Billing Contact Email:	Fax Number:

Location Information 1 of _____

Location Name:		Group NPI: (If none, please indicate N/A)		Tax ID:			
Location Street Address:		Location City/State:		Location Zip Code:			
Location County:		Primary Phone:		Primary Fax:			
Email Address:			Website URL: (www.)				
Credentialing Contact Information (Name, Address, E-mail, Phone Number):							
Applying as: <input type="checkbox"/> Specialist <input type="checkbox"/> Primary Care Provider (Provider Types that may serve as PCP: Family practitioner, General practitioner, Internal Medicine, Pediatrician, Advanced Registered Nurse Practitioner, OBGYN, and Physician Assistant)							
Display in Find-A-Provider Portal? <input type="checkbox"/> Yes <input type="checkbox"/> No			Languages Spoken (including American Sign Language):				
Office Hours	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
<input type="checkbox"/> 24 Hours <input type="checkbox"/> 8 – 5 Monday - Friday							
If PCP, are you accepting <u>new</u> patients? <input type="checkbox"/> Yes <input type="checkbox"/> No			Gender or Age restrictions? Gender: <input type="checkbox"/> None <input type="checkbox"/> Female Only <input type="checkbox"/> Male Only Age: <input type="checkbox"/> None <input type="checkbox"/> Age Limits: Lowest Age Highest Age				
Hospital Services Offered (Check all that apply) Emergency Setting Post Stabilization Services							
Disability Access? (Check all that apply). Are you in compliance with Iowa Total Care’s minimum standard of disability access related to Parking, Exterior and Interior Building, and Programmatic access? For a list of minimum standards, contact 1-855-688-6589. Parking Yes No Exterior Building Yes No Interior Building Yes No Programmatic Access Yes No If you check “Yes”, you certify you meet all of the minimum standards.							
Does this location provide Laboratory Services? <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, Accrediting/Certifying program (CLIA, COLA, MLE, etc.) ID Number:							

Location Information 2 of _____

Location Name:		Group NPI: (If none, please indicate N/A)		Tax ID:			
Location Street Address:		Location City/State:		Location Zip Code:			
Location County:		Primary Phone:		Primary Fax:			
Email Address:			Website URL: (www.)				
Credentialing Contact Information (Name, Address, E-mail, Phone Number):							
Applying as: <input type="checkbox"/> Specialist <input type="checkbox"/> Primary Care Provider (Provider Types that may serve as PCP: Family practitioner, General practitioner, Internal Medicine, Pediatrician, Advanced Registered Nurse Practitioner, OBGYN, and Physician Assistant)							
Display in Find-A-Provider Portal? <input type="checkbox"/> Yes <input type="checkbox"/> No			Languages Spoken (including American Sign Language):				
Office Hours	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
<input type="checkbox"/> 24 Hours <input type="checkbox"/> 8 – 5 Monday - Friday							
If PCP, are you accepting <u>new</u> patients? <input type="checkbox"/> Yes <input type="checkbox"/> No			Gender or Age restrictions? Gender: <input type="checkbox"/> None <input type="checkbox"/> Female Only <input type="checkbox"/> Male Only Age: <input type="checkbox"/> None <input type="checkbox"/> Age Limits: Lowest Age Highest Age				
Hospital Services Offered (Check all that apply) Emergency Setting Post Stabilization Services							
Disability Access? (Check all that apply). Are you in compliance with Iowa Total Care’s minimum standard of disability access related to Parking, Exterior and Interior Building, and Programmatic access? For a list of minimum standards, contact 1-855-688-6589. Parking Yes No Exterior Building Yes No Interior Building Yes No Programmatic Access Yes No If you check “Yes”, you certify you meet all of the minimum standards.							
Does this location provide Laboratory Services? <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, Accrediting/Certifying program (CLIA, COLA, MLE, etc.) ID Number:							