AmeriHealth Caritas
District of Columbia

To: AmeriHealth Caritas DC Providers

Date: March 7, 2022

Subject: **Updating Your Demographic Information**

AmeriHealth Caritas District of Columbia (DC) needs your help to ensure that the information on file for network providers is up-to-date. AmeriHealth Caritas DC enrollees depend on the accuracy of the information in the Provider Directory to access their health care. Please review your information in AmeriHealth Caritas DC's Provider Directory located at https://www.amerihealthcaritasdc.com/pdf/member/medicaid/medicaid-provider-directory.pdf.

If your information in the directory is not accurate, please complete the Provider Data Intake Form and **email it to DLACFCProviderUpdates@amerihealthcaritas.com or fax it to 202-408-1277**. The fillable form is attached and also located on our website at https://www.amerihealthcaritasdc.com/pdf/provider/forms/provider-data-intake-form.pdf.

Thank you for your assistance with this important task. If you have any questions about this communication, please contact your Provider Account Executive or call Provider Services at 202-408-2237.

AmeriHealth Caritas
District of Columbia

Provider Data Intake Form

Note to all providers:

To finalize the credentialing process, you must complete four online provider orientation modules located on our website at **www.amerihealthcaritasdc.com/provider/resources/training.aspx**. At the end of each module, there is a form you must complete attesting to the fact that you finished the module. Provider credentials from this form must match the information used to complete the attestation form.

Primary care providers (PCPs) treating members under age 21 must also complete the District's HealthCheck Training Module before the credentialing process can be completed. The HealthCheck training module can be found at **www.dchealthcheck.net**.

Internal use only Network need: ☐ Yes ☐ No ☐ Medicaid ☐ Alliance

Please type or print.

Today's date:	Provider type: ☐ PCP ☐ Specialist ☐ Ancillary ☐ Facility
Include in directory: ☐ Yes ☐ No	☐ Open panel ☐ Closed panel Maximum panel size:

Practitioner/clinician information

Last name:	First:	Middle:
Board certified: ☐ Yes ☐ No	License:	Birthdate:
Board specialty (services you have a license to perform):		
Provider's languages:		

Race*:

☐ Black or African American
☐ Native Hawaiian or other Pacific Islander
☐ White
☐ Asian
☐ American Indian or Alaska Native
☐ Middle Eastern or North African
☐ Some other race
Please specify:

Ethnicity*:

☐ Hispanic or Latino ☐ Not Hispanic or Latino

Are you affiliated with one of the following:

☐ Indian tribe (I) ☐ Urban Indian Organization (U) ☐ Tribal organization (T) ☐ Not applicable

Type of services:	Taxonomy code:

*This information will be used upon request by our members to select a culturally and linguistically appropriate provider. It will only be provided to members upon request. It will not be printed in our online or paper directories.

Provider Data Intake Form

Practice information

Group or facility name: (as it will appear in provider directory)			
Website:			
Seeing new patients: ☐ Yes ☐ No	Ages seen:	Office manager:	
Languages spoken by clinical staff at facility:			
Address:			Suite number:
City:	State:		ZIP:
Phone: (The office phone number listed is the primary method for patients to use when scheduling an appointment.)	Fax:		
Email:	Cell:		

Office hours:	Monday:	Tuesday:	Wednesday:	Thursday:	Friday:	Saturday:

Billing information

Billing address:		Suite number:
City:	State:	ZIP:
Phone:	Fax:	
Legal business name:	Tax ID:	
Group NPI:	Individual NPI:	
Medicaid number:	Medicare number:	

Council for Affordable Quality Healthcare (CAQH) data

Do you have a CAQH number: ☐ Yes ☐ No	CAQH number:

Additional location

Street address:		Suite number:
City:	State:	ZIP:
Languages spoken by clinical staff at facility:		
Phone:	Fax:	

Office hours:	Monday:	Tuesday:	Wednesday:	Thursday:	Friday:	Saturday:

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Additional location		
Street address:		Suite number:
City:	State:	ZIP:
Languages spoken by clinical staff at facility:		
Phone:	Fax:	

Office hours:	Monday:	Tuesday:	Wednesday:	Thursday:	Friday:	Saturday: