

<b>Data Elements - OUT OF NETWORK AGREEMENT</b>		
<b>Item</b>	<b>Content of Question</b>	<b>Item Needed to Process the Out of Network Agreement</b>
Date of Request		Y
Funding Requested	Medicaid or IPRS/State	Y
Provider Type	Agency; LIP; Group Practice; CABHA, Facility Only; Agency/Licensed Facility	N
Provider Legal Name		Y
DBA Name		Y
Mailing Address		Y
Telephone Number		Y
Primary Contact Name		Y
Primary Contact Mailing Address		Y
Primary Contact Telephone Number		Y
Primary Contact Email		Y
Federal Tax ID		Y
Billing Contact		Y
Billing Address		Y
Organization Legal Entity Type	C-Corp, S-Corp, LLC, General Partnership, Sole Proprietorship, Limited Liability Partnership, Cooperative, Not-for-Profit, Government	Y
CEO Director/Owner Name	Included in Managing Partners Section	Y
Primary Clinical Contact		N
NPI Number	Included in Service Location Section	Y
List of all of the provider's associated NPI numbers	Included in Licensed Clinician Section	Y
Requested Service Begin Date		Y
Requested Service End Date		N
MCO Approved Begin Date	Included in Service Location Section	Y
MCO Approved End Date	Included in Service Location Section	N
Accredited Agency?	Accrediting Organization, Number of Years Accredited, Accreditation Expiration Date	Y
Current contracts with other MCOs?		Y
Has applicant been sanctioned, placed on probation, lost accreditation/certification?		Y

<b>Data Elements - OUT OF NETWORK AGREEMENT</b>		
<b>Item</b>	<b>Content of Question</b>	<b>Item Needed to Process the Out of Network Agreement</b>
<b>Insurance Coverage</b>		
Professional Liability Insurance		Y
Professional Liability Insurance (continued)	Any claims against provider?	N
	Any current or unsettled claims?	N
	Any circumstances that may result in a claim against the provider?	N
	Policy canceled?	N
Commercial General Liability Insurance		Y
Worker's Comp. Insurance		Y
<b>Investigation and Sanction Attestation Questions</b>		
Any action or investigation against you, any owner, or QP in your organization	License, certification, registration, privileges, billing organizations, sanctions	Y
Have any adverse actions been filed against you?	Medicaid, Medicare, other insurance	Y
Has anyone in your company who has an ownership, managerial, or clinical role, ever been sanctioned by any professional organization or government organization for violation of ethics, professional misconduct, unprofessional conduct, incompetence or negligence in any state or country?		Y
Are you aware of any circumstances that may result in such action?		Y
Have you ever had a contract canceled by another LME-MCO, Area Authority, County Program in NC or a similar entity in another state?		Y
Listing of shareholders/partners with 5% or more ownership <b>AND</b> officers, directors, managers, EFT authorized individuals	Name, Demographic information, SSN, etc.	Y

<b>Data Elements - OUT OF NETWORK AGREEMENT</b>		
<b>Item</b>	<b>Content of Question</b>	<b>Item Needed to Process the Out of Network Agreement</b>
<b>Service</b>		
Service location information	Address, license type, service description, service code, NPI, taxonomy number, start date, service end date, rate	Y
<b>Licensed Clinician information (only for required services)</b>		
Legal Name		Y
Address		N
Social Security Number		N
Date of Birth		N
Gender		N
Professional Schools Attended		N
Graduation		N
License Type, Number, Date Issued, Expiration, DEA Number, NPI Number, Taxonomy Number		N
Felony/Misdemeanor/Investigation		Y
<b>Client Information</b>		
Full Name		Y
Medicaid Number		Y
Date of Birth		Y
<b>Attachments</b>		
EFT Agreement		N
Trading Partner Agreement		N
Certificate of Insurance, or ACCORD-25, or an associated form		Y
Copies of Required Licenses		N
Credentialing Initiation Form		N
W-9		Y
<p><b>Note: All urgent requests will be processed with written notification to the provider within 2 business days. Non-urgent requests will be processed with written notification to the provider within 7 business days.</b></p>		