

GRHHN Care Management Provider Profile

Date of Profile Completion: _____

Name of Care Management Organization (Official Name & DBA if any): _____

Mailing Address: _____

Key Contact Name: _____ Phone: _____

e-mail address: _____

Fax Number: _____

NPI Number: _____ (Must contain 10 characters)

MMIS Number: _____

Operating Certificate Number, if any: _____

NYS License Number, if any: _____

NYS License Type, if any: _____

Certification Type, if any: _____

1. Desire to partner with GRHHN in providing care management services:

a. For Children: Yes No

b. For Adults: Yes No

2. Service Counties: (please check all that apply)

Children:

- Allegany
- Cayuga
- Chemung
- Genesee
- Livingston
- Monroe
- Ontario
- Orleans
- Seneca
- Steuben
- Wayne
- Wyoming
- Yates

Adults:

- Allegany
- Cayuga
- Chemung
- Genesee
- Livingston
- Monroe
- Ontario
- Orleans
- Seneca
- Steuben
- Wayne
- Wyoming
- Wyoming

3. Desire to partner with GRHHN in providing services, other than care management: Yes No

4. Services provided by your organization: (Please check Yes or No for each item).

- Yes No Medical Services Provider
- Yes No Hospital
- Yes No OASAS Services
- Yes No OMH Services
- Yes No HIV/AIDS Provider
- Yes No ACT
- Yes No Community Services and Supports
- Yes No Corrections
- Yes No Housing
- Yes No Local Government Unit (LGU)/Single Point of Access (SPOA)
- Yes No Social Service District Office
- Yes No DDSO
- Yes No Residence
- Yes No OPWDD Services
- Yes No Pediatric Provider
- Yes No Early Intervention Provider
- Yes No OT/PT/Speech
- Yes No Foster Care
- Yes No TBI/NHTD Waiver

5. Services provided to adults/families: _____

6. Services provided to children/families: _____

7. Special certification/training of care managers: _____

8. Qualifications/Credentials required of care managers: _____

9. Diagnosis/condition expertise of Care Managers: (i.e. SMI, HIV, Medical, SA, DD, etc.)

10. Level of complexity of adults service (high/medium/low/none): _____

11. Level of complexity of children served (high/medium/low/none): _____

12. Average Case load size/care manager: _____

13. Age range of client/patient service target: No restriction; Restricted to ages: _____

14. Languages spoken by service staff (other than English): _____

15. Languages spoken by care managers (other than English): _____

16. Health System affiliation(s), if any: _____

Affiliated with all; No specific affiliations

17. Managed Care Organization contracts in place which may restrict service to only those members:

None; Blue Choice Option/Excellus;

Fidelis Care; MVP Option/MVP Healthcare

United Healthcare; Wellcare; Other: _____

Number of Health Home slots/ capacity for purposes of estimating assignment of new members:

Capacity/Slots:	Total Current Capacity	Future Planned Capacity	Current Available Capacity	Desired Rate of Assignments
Populations:	Total # Slots	Total Slots Planned by 12/31/15	Available Or Open Slots	Number of New Members per Month
High Need				
Intermediate Need				
Low Need				

Contract Signatory Information for purposes of preparing a contract for review:

Contract signatory name: _____

Contract signatory title: _____

Contract signatory phone number: _____

Contract signatory fax number: _____

Contract signatory e-mail address: _____

Contract signatory mailing address: _____

Key Contacts:

	Name	e-mail address	Telephone
Billing Office Contact:			
Care Manager Supervisor:			
Medicaid Data Access Tracking:			

Medicaid Data Access Tracking: Individual contact who provides a list of all individuals who access MCD/PHI and maintain it accurately as staff join/leave employment as well as a list of the (*) Technical Staff Responsible for

technical handling, data security, storage of the Medicaid Confidential Data/Protected Health Information (MCD/PHI)