



1441 Main Street
 Suite 900
 Columbia, SC 29201

Medicare-Medicaid Provider Directory Required Data Survey

CMS has provided guidance on data elements which will be required for tracking purposes and will be published in our Provider Directory as well as our online Find A Provider tool (FAP). These data elements need to be collected and will be required to be updated regularly. This brief questionnaire has been designed to easily collect this information by location.

Please answer the questionnaire to the best of your ability and knowledge. Please ensure you answer every question and nothing is left blank. The information you report will be presented in the Provider Directory and on FAP.

Provider Identification Numbers

Tax ID:

NPI:

Legal Entity Name:

Location Address:

City: , State: Zip code:

Practice Location Phone:

Practice Location Contact Person:

Practice Email:

Practice Location Hours of Operation:

Monday		AM to		PM
Tuesday		AM to		PM
Wednesday		AM to		PM
Thursday		AM to		PM
Friday		AM to		PM
Saturday		AM to		PM
Sunday		AM to		PM

Would you like this location displayed in our online directory? Yes or No:

For this practice location, please specify which accessibility options you have for individuals with physical disabilities:	YES	NO
ADA Parking spaces, curb ramps, or loading zones at building entrance	<input type="checkbox"/>	<input type="checkbox"/>
Doorways wide enough to ensure safe passage by individuals using mobility aids Wheelchair accessible restrooms with grab bars and accessible lavatories	<input type="checkbox"/>	<input type="checkbox"/>
ASL Signage and raised tactile text characters at office, elevator, and restroom doors	<input type="checkbox"/>	<input type="checkbox"/>
ADA Exam Table/Scale	<input type="checkbox"/>	<input type="checkbox"/>
Medical equipment accessible to patients using mobility aids	<input type="checkbox"/>	<input type="checkbox"/>
Exam rooms accessible to patients using mobility aids	<input type="checkbox"/>	<input type="checkbox"/>

Is the provider's location on an accessible public transportation route?

Type	YES	NO
Bus	<input type="checkbox"/>	<input type="checkbox"/>
Train	<input type="checkbox"/>	<input type="checkbox"/>

Does this location offer non-English languages (including ASL) on-site by qualified Healthcare interpreters? Yes or No:

If above is yes, which non-English languages are provided on-site at this location?

	YES	NO
American Sign Language (ASL)	<input type="checkbox"/>	<input type="checkbox"/>
Arabic	<input type="checkbox"/>	<input type="checkbox"/>
Cantonese	<input type="checkbox"/>	<input type="checkbox"/>
French	<input type="checkbox"/>	<input type="checkbox"/>
German	<input type="checkbox"/>	<input type="checkbox"/>
Haitian	<input type="checkbox"/>	<input type="checkbox"/>
Hindi	<input type="checkbox"/>	<input type="checkbox"/>
Italian	<input type="checkbox"/>	<input type="checkbox"/>
Japanese	<input type="checkbox"/>	<input type="checkbox"/>
Korean	<input type="checkbox"/>	<input type="checkbox"/>
Mandarin	<input type="checkbox"/>	<input type="checkbox"/>

Polish	<input type="checkbox"/>	<input type="checkbox"/>
Portuguese	<input type="checkbox"/>	<input type="checkbox"/>
Russian	<input type="checkbox"/>	<input type="checkbox"/>
Spanish	<input type="checkbox"/>	<input type="checkbox"/>
Tagalog	<input type="checkbox"/>	<input type="checkbox"/>
Vietnamese	<input type="checkbox"/>	<input type="checkbox"/>
Other (Please specify)		

Does this location offer translation services for written materials? Yes or No:

Please provide the following information for each Physician that works at this location:		
Provider First Name	Provider Last Name	Individual NPI

Do any providers listed above have specialized training in treating the following?			
Specialized Training Area	YES	NO	Provider Last Name
Physical disabilities	<input type="checkbox"/>	<input type="checkbox"/>	
Intellectual and developmental disabilities	<input type="checkbox"/>	<input type="checkbox"/>	
Chronic illness	<input type="checkbox"/>	<input type="checkbox"/>	
HIV/AIDS	<input type="checkbox"/>	<input type="checkbox"/>	
Serious mental illness	<input type="checkbox"/>	<input type="checkbox"/>	
Substance abuse	<input type="checkbox"/>	<input type="checkbox"/>	
Homelessness	<input type="checkbox"/>	<input type="checkbox"/>	
Deafness or hard-of-hearing	<input type="checkbox"/>	<input type="checkbox"/>	
Blindness or visual impairment	<input type="checkbox"/>	<input type="checkbox"/>	
Co-occurring disorders	<input type="checkbox"/>	<input type="checkbox"/>	
Other (Please specify)			

Do any providers listed above have specialized training in treating the following?			
Cultural Competency Training	YES	NO	Provider Last Name
African American	<input type="checkbox"/>	<input type="checkbox"/>	
Alaskan Native	<input type="checkbox"/>	<input type="checkbox"/>	
American Indian	<input type="checkbox"/>	<input type="checkbox"/>	
Asian	<input type="checkbox"/>	<input type="checkbox"/>	
Hispanic/Latino	<input type="checkbox"/>	<input type="checkbox"/>	
Pacific Islander	<input type="checkbox"/>	<input type="checkbox"/>	
Other (Please specify)			

Please send completed survey to:

Absolute Total Care
 Attention: Provider Relations
 1441 Main Street
 Suite 900
 Columbia, SC 29201

Fax: 1-866-912-3605
atcprime@centene.com

You may also contact your Provider Network Specialist to have the document picked up from your office.

Our partnership is vital in providing our members with quality healthcare. If you have any questions please do not hesitate to call us at 1-866-433-6041, Monday through Friday from 8 a.m. to 6 p.m.

Sincerely,

Absolute Total Care