



Due to the new requirements from all payors. Please answer the following questions below.

Provider Name: _____

Ethnicity: (Check all that apply)

- American Indian/ Alaska Native
- Native Hawaiian/Pacific Islander
- Hispanic/Latino
- Prefer not to answer
- Black or African American
- White /Caucasian
- Asian

Facility Name: _____

1. Is your provider a PCP? _____ YES _____ NO

If your provider is a specialist, what is his/her specialty? _____

2. Is there an age limit on patients seen at the practice? _____ YES _____ NO

If YES, what limits? _____
(example: 18 and under; 5 and older)

3. Has your provider completed DSNP (Dual Special Needs Plan) Training? _____ YES _____ NO

4. Has your provider completed Culture Competency Training? _____ YES _____ NO

5. Which EMR does the practice currently use? _____

6. Does the practice have the capabilities of electronic billing? _____ YES _____ NO

7. Is your provider enrolled on the PRSS portal for compliance with DMAS? _____ YES _____ NO

Signature

Date

Please return by mail or fax.

Please be sure to have the provider complete his/her CAQH in its entirety to include office hours.