

APPENDIX X

CCN-S Network Provider Subcontractor Listing Spreadsheet Requirements

CCN-S NETWORK PROVIDER SUBCONTRACTOR LISTING SPREADSHEET REQUIREMENTS

Please provide the following information regarding all Medicaid enrolled network providers:

1. **Practitioner Last Name, First Name and Title** - For types of service such as primary care providers and specialists, list the practitioner's name and practitioner title such as MD, NP (Nurse Practitioner), PA (Physician Assistant), etc.
2. **Practice Name/Provider Name** - Indicate the name of the provider. For practitioners indicate the professional association/group name, if applicable.
3. **Business Location Address** - Indicate the business location address where services are provided including but not limited to, 1st line of address, 2nd line of address, City, State, Postal Code and Telephone Numbers (office and fax).
4. **License Number** - Indicate the provider/practitioner license number, if appropriate.
5. **Medicaid Provider Number** - Indicate the provider/practitioner's Medicaid provider number, if they are a Medicaid provider.
6. **Provider Type and Specialty Code** - Indicate the practitioner's specialty using the attached Medicaid Provider Type and Specialty Codes.
7. **New Patient** - Indicate whether or not the provider is accepting new patients.
8. **Age Restriction** - Indicate any age restrictions for the provider's practice. For instance, if a physician only sees patients up to age 19, indicate < 19; if a physician only sees patients age 13 or above, indicate ≥ 13.
9. **Contract Name/Number** - Indicate which CCN subcontract the physician is associated with. Example: If the contract is for a group practice, all physicians within the group will have the same contract name/number.
10. **Contract Begin Date** - Indicate the date the contract became effective.
11. **Contract Termination Date** - Indicate the date the contract ended.
12. **Parish Served** - Indicate which parish or parishes the provider serves. Do so by listing all 64 parishes in alphabetical order (one column per parish) and placing an "X" in each appropriate column, indicating that the provider serves that parish. For example, if the provider has offices in 3 parishes, but is used by the CCN to provide services in 6 parishes, place an "X" in the columns of each of the 6 parishes served.

On separate tabs to the spreadsheet, please provide listings of all 1) new and 2) terminated providers for the month. For these tabs, please provide the information requested in items 1-12 above.