BCW Provider Information Form Procedures

Directions for Completing the Provider Information Form (PIF):

- **Provider name:** Enter provider's first name and last name (Do <u>not</u> use nicknames).
- **Date:** Enter the date you complete this form.
- **Company/Agency Name:** If applicable, enter the name of the provider's company or agency.
- **Company/Agency Representative Name:** If applicable, enter the name of the provider's company or agency representative.
- **Provider or Company/Agency Address**:
  - **If an independent contractor, sole proprietors or corporate entity employing one (1) service provider:** Enter provider's business address/Street address or Post Office Box number.
  - **If a Company/Agency provider:** Enter agency's business address/Street address or Post Office Box number.
- **Email Address:**
  - **If an independent contractor, sole proprietors or corporate entity employing one (1) service provider:** Enter email address of provider where BCW correspondence should be sent.
  - **If a Company/Agency provider:** Enter email address of agency or agency representative, if agency doesn't want each individual agency provider to receive BCW emails)
- **Provider Phone Number:** Enter phone number where provider can be reached or a message left).
- **Specialty:** Enter provider's specialty or discipline (e.g. SLP, PT, OT, etc.). Check all that apply.
- **Provider Type:** Check the box that represents the type of provider you are:
  - Independent provider
  - Sole proprietor or corporate entity employing one (1) service provider. (This includes "Single-member" LLC agency providers.)
  - Agency provider
- **Provider Status:** Check the box that represents the provider's BCW status:
  - New BCW Provider or Company/Agency

    - or -

  - Existing BCW Provider or Company/Agency
  - o For existing providers or existing BCW Companies/Agencies, enter the last year (in YYYY format) that the provider worked with BCW Program.
- **Georgia FFS Medicaid #:** Enter the FFS Medicaid # if the provider's specialty is listed below:
  - AUD – Audiologist
  - MD – Physician
  - PA – Physician Assistant
  - OT – Occupational Therapy
  - PT – Physical Therapy

- PSYCH– Psychologist
- SLP – Speech & Language Pathologist
- OPT – Optometrist
- OPH – Ophthalmologist
- NP – Licensed Nurse Practitioner
- SC – Service Coordinator
- IC – Intake Coordinator
- SW – Social Worker
- FTSWL – Family Training: Social Worker – Licensed Provider
- FTSLPL – Family Training: SLP – Licensed Provider

Date of satisfactory BCW Applicant Eligibility Letter: Date on Provider's last OIG Applicant Eligibility Letter that indicates a satisfactory criminal history check conducted by GAPS. Note: Date cannot be more than 2 years old.

- **CMO Enrollment:**
    - Check the box of all CMOs that provider is enrolled in.
    - Enter provider's CMO provider #.
- **Private Insurance Enrollment:**
    - Check the box of all private insurance companies that provider is enrolled in.
    - If private insurance company isn't listed, enter the name of the insurance company on the line next to the word "Other".
- **Are BIBS enrollment forms provided with contract?** Check the box that represents the provider's BIBS enrollment forms status:
    - Yes – I am a new BCW provider
    - Yes – I am an existing BCW provider working in new district(s)
    - Yes – I am an existing BCW provider changing contact information (Name, phone #, address, etc.)
    - No – My BIBS enrollment forms are already on file with CSC
- **Districts and Counties Served**
    - Check all of the districts and counties in the district where Service Provider will provide approved services.
    NOTE: If provider will only do an evaluation in a county, Do NOT check that county.

Georgia Department of Public Health Babies Can't Wait Program

Provider Information Form

(Please print or type all information)

Provider Name: _____   **Date**: _____

Company/Agency Name: _____

Company/Agency Representative Name: _____

Provider or Company/Agency Address:

_____

_____

_____

Email Address (Provider or Company/Agency): _____
(Enter email address of agency or agency rep, if agency doesn't want each individual agency provider to receive BCW emails)

Provider Phone Number (# where you can be reached or a message left): _____

Specialty: **(Check all that apply)**

Assistance Technology Services
   ☐ Assistance Technology Provider
Audiology Services
   ☐ Audiologist
Family Training (FT) and Counseling Services
   ☐ FT: Counseling - Licensed Provider
   ☐ FT: Social Worker - Licensed Provider
   ☐ FT: Speech Pathologist - Licensed Provider
   ☐ FT: Early Interventionist - Non-Licensed Provider
Health Services
   ☐ Physician
   ☐ Physician Assistant
Language Interpretation/Translation Services
   ☐ Interpreters for the Deaf
   ☐ Translator – Non Spanish Foreign Language
   ☐ Translator – Spanish Language
Nursing Services
   ☐ Registered Nurse
   ☐ Licensed Practical Nurse
   ☐ Licensed Nurse Practitioner
Nutrition Services
   ☐ Dietitian
Occupational Therapy Services
   ☐ Occupational Therapy

Physical Therapy Services
   ☐ Physical Therapy
Psychological Services
   ☐ Psychologist
Service Coordination Services
   ☐ Service Coordinator
   ☐ Intake Coordinator
Social Work Services
   ☐ Social Worker
Special Instruction Services
   ☐ Early Intervention Assistant
   ☐ Early Interventionist
   ☐ Early Intervention Specialist
Speech-Language Pathology Services
   ☐ Speech and Language Pathologist
   ☐ Clinical Fellowship Year (CFY)
Transportation Services
   ☐ Transportation Company Provider
Vision Services
   ☐ Optometrist
   ☐ Ophthalmologist
   ☐ Vision Teacher
   ☐ Vision Educator

Internet Browser Requirement: (Check all that apply**)**

_____ Internet Explorer/Edge   version 11 or above
_____ Firefox   version 44.0.2 or above
_____ Google Chrome   version 49.0.2623.75 or above
_____ Safari Mac   version 9 in OS X 10.11
_____ Safari iPhone/iPad   version 9 in IOS 9

Provider Type: **(Check only one (1) box)**
- ☐ Independent provider
- ☐ Sole proprietor or corporate entity employing one (1) service provider. (This includes "Single-member" LLC agency providers.)
- ☐ Agency provider

Provider Status: **(Check only one (1) box)**
- ☐ New BCW Provider or Company/Agency
- ☐ Existing BCW Provider or Company/Agency
- o Last year worked with BCW Program: _____

Georgia FFS Medicaid #: _____

<u>**Required**</u> **for the following providers**:

AUD – Audiologist	OPH – Ophthalmologist
MD – Physician	NP – Licensed Nurse Practitioner
PA – Physician Assistant	SC – Service Coordinator
OT – Occupational Therapy	IC – Intake Coordinator
PT – Physical Therapy	SW – Social Worker
PSYCH– Psychologist	FTSWL – Family Training: Social Worker – Licensed Provider
SLP – Speech & Language Pathologist	FTSLPL – Family Training: SLP – Licensed Provider
OPT – Optometrist	

Date of satisfactory BCW Applicant Eligibility Letter: **(MM/DD/YYYY)** _____

CMO Enrollment: **(Check all you are enrolled in <u>and</u> enter your CMO provider #)**
- ☐ Amerigroup   Amerigroup Provider #: _____
- ☐ Peach State   Peach State Provider #: _____
- ☐ Wellcare/TNGA   WellCare/TNGA Provider #: _____

<u>**Required**</u> **for the following providers**:

AUD – Audiologist	OPT – Optometrist
MD – Physician	OPH – Ophthalmologist
PA – Physician Assistant	NP – Licensed Nurse Practitioner
OT – Occupational Therapy	SW – Social Worker
PT – Physical Therapy	FTSWL – Family Training: Social Worker – Licensed Provider
PSYCH– Psychologist	FTSLPL – Family Training: SLP – Licensed Provider
SLP – Speech & Language Pathologist	

Private Insurance Enrollment: **(Check all you are enrolled in)**
- ☐ Aetna
- ☐ Blue Cross Blue Shield
- ☐ Cigna
- ☐ Tricare
- ☐ United Healthcare
- ☐ Other _____

Are BIBS enrollment forms provided with contract?   **(Check all that apply)**
- ☐ Yes – I am a new BCW provider
- ☐ Yes – I am an existing BCW provider working in new district(s)
- ☐ Yes – I am an existing BCW provider changing contact information (Name, phone #, address, etc.)
- ☐ No – My BIBS enrollment forms are already on file with CSC

Districts and Counties Served

Check all of the districts and counties in the district where Service Provider will provide approved services.
NOTE: If you will only do an evaluation in a county, Do **NOT** check that county.

☐ **1-1 Northwest (Rome)**
  ☐ All Counties
    ☐ Bartow
    ☐ Catoosa
    ☐ Chattooga
    ☐ Dade
    ☐ Floyd
    ☐ Gordon
    ☐ Haralson
    ☐ Paulding
    ☐ Polk
    ☐ Walker
☐ **1-2 North Georgia (Dalton)**
  ☐ All Counties
    ☐ Cherokee
    ☐ Fannin
    ☐ Gilmer
    ☐ Murray
    ☐ Pickens
    ☐ Whitfield
☐ **2 North (Gainesville)**
  ☐ All Counties
    ☐ Banks
    ☐ Dawson
    ☐ Forsyth
    ☐ Franklin
    ☐ Habersham
    ☐ Hall
    ☐ Hart
    ☐ Lumpkin
    ☐ Rabun
    ☐ Stephens
    ☐ Towns
    ☐ Union
    ☐ White
☐ **3-1 (Cobb/Douglas)**
  ☐ All Counties
    ☐ Cobb
    ☐ Douglas
☐ **3-2 Fulton**
☐ **3-3 Clayton**
☐ **3-4 East Metro (Gwinnett)**
  ☐ All Counties
    ☐ Gwinnett
    ☐ Newton
    ☐ Rockdale
☐ **3-5 DeKalb**
☐ **4 LaGrange**
  ☐ All Counties
    ☐ Butts
    ☐ Carroll
    ☐ Coweta
    ☐ Fayette
    ☐ Heard
    ☐ Henry
    ☐ Lamar
    ☐ Meriwether
    ☐ Pike
    ☐ Spalding
    ☐ Troup
    ☐ Upson

☐ **5-1 South Central (Dublin)**
  ☐ All Counties
    ☐ Bleckley
    ☐ Dodge
    ☐ Johnson
    ☐ Laurens
    ☐ Montgomery
    ☐ Pulaski
    ☐ Telfair
    ☐ Treutlen
    ☐ Wheeler
    ☐ Wilcox
☐ **5-2 North Central (Macon)**
  ☐ All Counties
    ☐ Baldwin
    ☐ Bibb
    ☐ Crawford
    ☐ Hancock
    ☐ Houston
    ☐ Jasper
    ☐ Jones
    ☐ Monroe
    ☐ Peach
    ☐ Putnam
    ☐ Twiggs
    ☐ Washington
    ☐ Wilkinson
☐ **6 East Central (Augusta)**
  ☐ All Counties
    ☐ Burke
    ☐ Columbia
    ☐ Emanuel
    ☐ Glascock
    ☐ Jefferson
    ☐ Jenkins
    ☐ Lincoln
    ☐ Mcduffie
    ☐ Richmond
    ☐ Screven
    ☐ Taliaferro
    ☐ Warren
    ☐ Wilkes
☐ **7 West Central (Columbus)**
  ☐ All Counties
    ☐ Chattahoochee
    ☐ Clay
    ☐ Crisp
    ☐ Dooly
    ☐ Harris
    ☐ Macon
    ☐ Marion
    ☐ Muscogee
    ☐ Quitman
    ☐ Randolph
    ☐ Schley
    ☐ Stewart
    ☐ Sumter
    ☐ Talbot
    ☐ Taylor
    ☐ Webster

☐ **8-1 South (Valdosta)**
  ☐ All Counties
    ☐ Ben Hill
    ☐ Berrien
    ☐ Brooks
    ☐ Cook
    ☐ Echols
    ☐ Irwin
    ☐ Lanier
    ☐ Lowndes
    ☐ Tift
    ☐ Turner
☐ **8-2 Southwest (Albany)**
  ☐ All Counties
    ☐ Baker
    ☐ Calhoun
    ☐ Colquitt
    ☐ Decatur
    ☐ Dougherty
    ☐ Early
    ☐ Grady
    ☐ Lee
    ☐ Miller
    ☐ Mitchell
    ☐ Seminole
    ☐ Terrell
    ☐ Thomas
    ☐ Worth
☐ **9-1 Coastal (Savannah)**
  ☐ All Counties
    ☐ Bryan
    ☐ Camden
    ☐ Chatham
    ☐ Effingham
    ☐ Glynn
    ☐ Liberty
    ☐ Long
    ☐ McIntosh
☐ **9-2 Southeast (Waycross)**
  ☐ All Counties
    ☐ Appling
    ☐ Atkinson
    ☐ Bacon
    ☐ Brantley
    ☐ Bulloch
    ☐ Candler
    ☐ Charlton
    ☐ Clinch
    ☐ Coffee
    ☐ Evans
    ☐ Jeff Davis
    ☐ Pierce
    ☐ Tattnall
    ☐ Toombs
    ☐ Ware
    ☐ Wayne
☐ **10 Northeast (Athens)**
  ☐ All Counties
    ☐ Barrow
    ☐ Clarke
    ☐ Elbert
    ☐ Greene
    ☐ Jackson
    ☐ Madison
    ☐ Morgan
    ☐ Oconee
    ☐ Oglethorpe
    ☐ Walton