

# Facility/Agency Change Form



- ✓ If you need to make update/changes to practitioners not related to a Facility/Agency please go to <https://www.buckeyehealthplan.com/providers/resources/forms-resources/address-change.html>
- ✓ Submit a Facility/Agency Change Form per TIN. Do not submit changes for multiple TINs on one form.
- ✓ The preferred method for completing the form is electronically. Hand written changes may result in delayed or inaccurate processing.
- ✓ Return form to [OhioContracting@centene.com](mailto:OhioContracting@centene.com) by clicking on the submit button at the end of this form.

What change do you need to make?	Sections and Attachments to Complete:	
<input type="checkbox"/> Change/delete an address, email, telephone, and/or fax number	✓ SECTION A ✓ SECTION B	✓ ATTACHMENT F for practitioners this affects
<input type="checkbox"/> Change of billing address, telephone, and or fax number	✓ SECTION A ✓ SECTION D	✓ Attach an updated W-9 if the address is filed with the IRS on your 1099.
<input type="checkbox"/> Change of mailing address, telephone, and or fax number	✓ SECTION A ✓ SECTION B (Ia. and Ic. only)	
<input type="checkbox"/> Adding a location under an NPI currently credentialed with Buckeye	✓ SECTION A ✓ SECTION B	✓ SECTION C ✓ ATTACHMENT F
<input type="checkbox"/> Adding a location for a new NPI that is <i>not</i> currently credentialed with Buckeye	✓ Submit a Join-Our-Network request <a href="https://www.buckeyehealthplan.com/providers/become-a-provider/join-our-network">www.buckeyehealthplan.com/providers/become-a-provider/join-our-network</a>	
<input type="checkbox"/> Change Taxonomy	✓ SECTION A	✓ SECTION E
<input type="checkbox"/> Discontinue/Terminate Participation	✓ Contact your Provider Relations Representative or call the provider services department at 1-866-296-8731	
<input type="checkbox"/> Changing ownership		
<input type="checkbox"/> Adding/Changing TIN	✓ Submit changes at <a href="https://www.buckeyehealthplan.com/providers/resources/forms-resources/change-npi-irs-information.html">https://www.buckeyehealthplan.com/providers/resources/forms-resources/change-npi-irs-information.html</a>	
<input type="checkbox"/> Adding a Level of Care for Behavioral Health	✓ SECTION A	✓ SECTION B

## SECTION A REQUIRED INFORMATION

Today's Date		Effective Date of Change	
Facility/Agency Name as it appears on W9		Type of Facility/Agency	
Medicaid Number	Medicare Number	Phone	
Facility/Agency NPI	TIN	Taxonomy	
Main Contact Name		Main Contact Email	
Credentialing Contact Name		Credentialing Contact Email	

## SECTION B CHANGE IN LOCATION INFO

<input type="checkbox"/>	Delete location	Complete Ia and Ib
<input type="checkbox"/>	Update Current Location	Complete Ia, and Ic, and complete II and III as applicable
<input type="checkbox"/>	Add location	Complete Ic, II and III

### Ia. Previous/Discontinued Practice Location

Facility/Agency Display Name			Facility Type	
NPI	Medicaid #	Taxonomy		Total IP Beds
Address		City	State	Zip
Contact Person			Phone	
Contact Email			Fax	

### Ib. Provider your reason for deleting this location

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*NOTE: Must be a street address (not a PO Box)*

### Ic. Updated/New Practice Location

This is location #	<input type="checkbox"/>	DO NOT Display in Directory	<input type="checkbox"/>	This location is the Mailing Address
Facility/Agency Display Name			Facility Type	
NPI	Medicaid #	Taxonomy		Total IP Beds
Address		City	State	Zip
Contact Person			Phone	
Contact Email			Fax	

*If the Updated/New location above is also the Billing address please also fill out SECTION D*

### II. Levels of Care offered at this location

Age Category	Mental Health						Substance Abuse						
	Inpatient	Partial	IOP	Residential	Observation	Other: _____	I/P Detox	I/P Rehab	Partial	IOP	Residential	Ambulatory Detox	Other: _____
Child													
Adol													
Adult													
Geri													
	ECT		I/P		O/P			Methadone			Suboxone		
								ACT			IHBT Services		

### III. Accessibility and Demographic Information

Is this location handicap accessible?  Yes  No    Are there gender limitations?  M  F

Age limitations:  to   All ages are accepted at this location

Please list up to two languages other than English provided at this location: 1.  2.

Is this location currently accepting new patients?  Yes  No

Office Hours:  Open 24 hours  By appt. only

Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
_____ to _____	_____ to _____	_____ to _____	_____ to _____	_____ to _____	_____ to _____	_____ to _____

### SECTION C ACCREDITATION AND LICENSE/CERTIFICATION

I have Accreditation certificates to attach     I have a copy of my license to attach     I have a site visit or survey to attach

Agency Name	Acronym	Issue Date	Expiration Date
Accreditation Commission for Health Care, Inc.	ACHC		
American Association of Ambulatory Health Centers	AAAHC		
American Osteopathic Hospital Association	AOHA		
Commission on Accreditation for Rehab Facilities	CARF		
Community Health Accreditation Program	CHAP		
Healthcare Quality Association on Accreditation	HQAA		
Joint Commission on Accreditation of Healthcare Organizations	JCAHO		
National Committee for Quality Assurance	NCQA		
Utilization Review Accreditation Commission/ Accreditation HealthCare Commission, Inc.	URAC		
State Facility Operating License	N/A		
Others (please list):			

	Issuing Entity	Type of Lic. or Cert.	License Number	Expiration Date
1.				
2.				
3.				

### SECTION D CHANGE IN BILLING ADDRESS OR BILLING INFO

Please update my 1099 Address (*a new W-9 is required*)

<b>Facility/Agency Name as it appears on W9</b>		<b>TIN</b>	<b>Medicaid Number</b>
<b>New Billing Address</b>			<b>NPI</b>
<b>Phone</b>	<b>Fax</b>		
<b>Contact Person</b>	<b>Contact Email</b>		

## SECTION E CHANGE IN TAXONOMY

NPI associated with Taxonomy Change	
Current Taxonomy	Current Taxonomy Description
New Taxonomy	New Taxonomy Description

Signature	Date
Name	Title

**Feel free to use the space below if you would like to further describe the changes being made:**

Changes affect all practitioners

Changes affect only the practitioners listed below

First Name	Last Name	NPI	Section(s) of this change form that apply to the practitioner