



SmartCareMCO Provider Agency Request/Change Form Completion Instructions v 1.1

PURPOSE

This document contains instructions related to the creation or modification of a provider agency in a production SmartCareMCO environment.

INSTRUCTIONS

The SmartCareMCO Provider Agency Request/Change Form is designed to be viewed and completed electronically. However, if the form is completed by hand, it is imperative for the person completing it to print legibly. Handwritten forms should never be completed in cursive script except in the appropriate signature fields.

It is highly encouraged to use a dedicated .pdf reader, such as Adobe Acrobat, Adobe Reader, or Foxit Reader, when opening and using the electronic SmartCareMCO Provider Agency Request/Change Form. Attempting to open the form in any other program, such as an internet browser, will likely result in potential problems or the form being nonfunctional.

All completed SmartCareMCO Provider Agency Request/Change Form must include, at minimum, responses for all of the required fields and their defined values. Required fields should never be left blank or incomplete, nor should any values be submitted for required fields other than the ones outlined in italics in this document.

Any questions pertaining to this document or the provider agency request/change process should be directed towards SmartCareSupport@StarkMHAR.org. In addition, completed forms should be emailed to SmartCareSupport@StarkMHAR.org.

1. **Board Name – Required.** Enter the name of the primary PartnerSolutions board that does business with the provider agency submitting the form.
2. **Date Requested – Required.** Enter the date that the form was sent to PartnerSolutions.
3. **Form Type – Required.** Enter whether the form is being completed for the purposes of creating a new provider agency, consolidating two or more separate provider agencies, modifying an already existing provider agency, or terminating a provider agency.

- *Create New Provider*: Select if the form is being submitted for a new provider agency that needs to be created in SmartCareMCO.
- *Consolidate Provider*: Select if the form is being submitted for a provider agency that needs to be consolidated in SmartCareMCO.
- *Modify Provider*: Select if the form is being submitted for a provider agency that needs to be modified in SmartCareMCO.
- *Terminate Provider*: Select if the form is being submitted for a provider agency that needs to be terminated or end-dated in SmartCareMCO.

REQUESTER CONTACT INFORMATION

This section pertains to the requester or primary contact at the provider agency submitting the form.

4. **First Name – Required.** Enter the requester’s full, legal first name.
5. **Middle Name** – Enter the requester’s full middle name.
6. **Last Name – Required.** Enter the requester’s last or family name.
7. **Suffix** – Enter the requester’s name suffix (e.g., Jr., II, etc.).
8. **Phone No. – Required.** Enter the phone number at which the requester may be reached during normal business hours.
9. **Fax No. – Required.** Enter the fax number at which the requester may be reached during normal business hours.
10. **Email Address – Required.** Enter the requester’s professional/work email address.

BILLING PROVIDER INFORMATION

Entering at least one NPI number is required.

11. **Provider UPI #1 – Required.** Enter the provider agency’s primary five-digit Universal Provider ID. If none exists, enter “N/A.”

Note: If the provider agency submitting the form does not possess a UPI number, registering for one with the Ohio Department of Mental Health and Addiction Services may be required.

12. **Mental Health NPI #1** – Enter the provider agency’s Type-2 National Provider Identifier for mental health treatment/services that is associated with Provider UPI #1. If none exists, enter “N/A.”
13. **Substance Use Disorder NPI #1** – Enter provider agency’s Type-2 National Provider Identifier for substance use disorder treatment/services that is associated with Provider UPI #1. If none exists, enter “N/A.”
14. **Tax ID #1 – Required.** Enter the provider agency’s nine-digit Employer Identification Number that is associated with Provider UPI #1.
15. **Provider UPI #2** – Enter the provider agency’s secondary five-digit Universal Provider ID.
16. **Mental Health NPI #2** – Enter the provider agency’s Type-2 National Provider Identifier for mental health treatment/services that is associated with Provider UPI #2.
17. **Substance Use Disorder NPI #2** – Enter provider agency’s Type-2 National Provider Identifier for substance use disorder treatment/services that is associated with Provider UPI #2.
18. **Tax ID #2** – Enter the provider agency’s nine-digit Employer Identification Number that is associated with Provider UPI #2.
19. **Provider UPI #3** – Enter the provider agency’s tertiary five-digit Universal Provider ID.
20. **Mental Health NPI #3** – Enter the provider agency’s Type-2 National Provider Identifier for mental health treatment/services that is associated with Provider UPI #3.
21. **Substance Use Disorder NPI #3** – Enter provider agency’s Type-2 National Provider Identifier for substance use disorder treatment/services that is associated with Provider UPI #3.
22. **Tax ID #3** – Enter the provider agency’s nine-digit Employer Identification Number that is associated with Provider UPI #3.
23. **Provider UPI #4** – Enter the provider agency’s quaternary five-digit Universal Provider ID.
24. **Mental Health NPI #4** – Enter the provider agency’s Type-2 National Provider Identifier for mental health treatment/services that is associated with Provider UPI #4.

25. **Substance Use Disorder NPI #4** – Enter provider agency’s Type-2 National Provider Identifier for substance use disorder treatment/services that is associated with Provider UPI #4.
26. **Tax ID #4** – Enter the provider agency’s nine-digit Employer Identification Number that is associated with Provider UPI #4.
27. **Billing Provider Name** – **Required**. Enter the provider agency’s name as it will be created in SmartCareMCO.
28. **Ownership Type** – **Required**. Enter the business structure of the provider agency.
 - *Private For-Profit*: Select if the provider agency is a private for-profit organization.
 - *Private Non-Profit*: Select if the provider agency is a private non-profit organization.
 - *State Government*: Select if the provider agency is a state governmental organization.
 - *Local/County Government*: Select if the provider agency is a local or county governmental organization.
 - *Federal Government*: Select if the provider agency is a federal governmental organization.
29. **Billing Effective Date** – **Required**. Enter the effective date of when the provider agency may begin submitting claims in SmartCareMCO.

Note: Member enrollment and claims adjudication for the provider agency submitting the form cannot occur prior to this date.

30. **Address 1** – **Required**. Enter the first line of the provider agency’s primary address as it relates to doing business with any PartnerSolutions board.
31. **Address 2** – Enter the second line of the provider agency’s primary address as it relates to doing business with any PartnerSolutions board (e.g., Suite 100).
32. **City** – **Required**. Enter the city of the provider agency’s primary address as it relates to doing business with any PartnerSolutions board.
33. **State** – **Required**. Enter the state of the provider agency’s primary address as it relates to doing business with any PartnerSolutions board.
34. **ZIP** – **Required**. Enter the ZIP code of the provider agency’s primary address as it relates to doing business with any PartnerSolutions board.

35. **County – Required.** Enter the county of the provider agency’s primary address as it relates to doing business with any PartnerSolutions board.
36. **Phone No. – Required.** Enter the phone number of the provider agency’s primary address as it relates to doing business with any PartnerSolutions board.
37. **Fax No. – Required.** Enter the fax number of the provider agency’s primary address as it relates to doing business with any PartnerSolutions board.
38. **Hotline Number** – Enter the hotline number of the provider agency as it relates to doing business with any PartnerSolutions board.
39. **Security Category – Required.** Enter how the provider agency will be set up and organized in SmartCareMCO, which will affect user account security and claims submission.
 - *Security Category 1:* Select if the provider agency provides mental health OR substance use disorder treatment/services while having one UPI number. Claims will need to be submitted using the applicable NPI number. User accounts will be able to see all claims and enrollment-related data for their agency so long as they have the proper permissions.
 - *Security Category 2:* Select if the provider agency provides both mental health and substance use disorder treatment/services while having one UPI number. Mental health claims will need to be submitted using the agency’s mental health-associated NPI number, while substance use disorder claims will need to be submitted using the agency’s substance use disorder-associated NPI number. User accounts will be able to see all claims and enrollment-related data for their agency so long as they have the proper permissions.
 - *Security Category 3:* Select if the provider agency provides mental health AND/OR substance use disorder treatment/services while having more than one UPI number. Claims will need to be submitted using the applicable UPI number and NPI number combination. User accounts will be able to see all claims and enrollment-related data for their agency so long as they have the proper permissions.
 - *Security Category 4:* Select if the provider agency provides mental health AND/OR substance use disorder treatment/services while having more than one UPI number and desiring location-specific security. Claims will need to be submitted using the applicable UPI number and NPI number combination. User accounts will be restricted to seeing claims and enrollment-related data for only the UPI number(s) that they are permissioned to access.

- *Security Category 5*: Select if the provider agency provides mental health AND/OR substance use disorder treatment/services while having one UPI number and desiring location-specific security. A new UPI or other identifying number will need to be assigned for every additional location that is created. Claims will need to be submitted using the applicable UPI number and NPI number combination. User accounts will be restricted to seeing claims and enrollment-related data for only the UPI number(s) that they are permitted to access.

REMITTANCE INFORMATION

Complete this section only if it differs from Billing Provider Information.

40. **Address 1** – Enter the first line of the provider agency’s remittance address.
41. **Address 2** – Enter the second line of the provider agency’s remittance address.
42. **City** – Enter the city of the provider agency’s remittance address.
43. **State** – Enter the state of the provider agency’s remittance address.
44. **ZIP** – Enter the ZIP code of the provider agency’s remittance address.
45. **County** – Enter the county of the provider agency’s remittance address.

ADDITIONAL INFORMATION

46. **Other Comments** – Enter any additional comments or instructions intended for PartnerSolutions.

SIGNATURES

Signatures must be handwritten rather than electronically signed.

47. **Executive Director Signature** – **Required**. The provider agency’s executive director’s handwritten signature should go here.
48. **Signature Date** – **Required**. Enter the date the executive director’s signature was signed.