

### MMP Provider Directory Required Data Survey

CMS has provided guidance on data elements which will be required for tracking and which will be published in our Provider Directory. These data elements need to be collected at this time and will be required to be updated regularly. This brief questionnaire has been designed to easily collect this information by location.

Provider Tax ID Number (TIN): \_\_\_\_\_

Provider Group NPI: \_\_\_\_\_

Practice Location Name: \_\_\_\_\_

Practice Location Address: \_\_\_\_\_

Practice Location Phone: \_\_\_\_\_

Practice Email: \_\_\_\_\_

Practice Website: \_\_\_\_\_

Practice Location Contact Person: \_\_\_\_\_

Practice Location Hours of Operation:

Monday	_____AM	to	_____PM
Tuesday	_____AM	to	_____PM
Wednesday	_____AM	to	_____PM
Thursday	_____AM	to	_____PM
Friday	_____AM	to	_____PM
Saturday	_____AM	to	_____PM
Sunday	_____AM	to	_____PM

For this practice location, please specify which accessibility options you have for individuals with physical disabilities:

	Yes	NO
Parking spaces, curb ramps, or loading zones at building entrance	<input type="radio"/>	<input type="radio"/>
Doorways wide enough to ensure safe passage by individuals using mobility aids	<input type="radio"/>	<input type="radio"/>
Wheelchair accessible restrooms with grab bars and accessible lavatories	<input type="radio"/>	<input type="radio"/>
ASL Signage and raised tactile text characters at office, elevator, and restroom doors	<input type="radio"/>	<input type="radio"/>

Medical equipment accessible to patients using mobility aids	<input type="radio"/>	<input type="radio"/>
Exam rooms accessible to patients using mobility aids	<input type="radio"/>	<input type="radio"/>
Other	<input type="radio"/>	<input type="radio"/>

Is the provider's location on an accessible public transportation route?

	Yes	No
Bus	<input type="radio"/>	<input type="radio"/>
Rail	<input type="radio"/>	<input type="radio"/>
Other	<input type="radio"/>	<input type="radio"/>

Does this location offer non-English languages (including ASL) on-site by qualified healthcare interpreters?

Yes       No

If the answer is yes, which non-English languages are provided on-site by qualified healthcare physicians, office staff and or interpreters at this location?

	Yes	No
American Sign Language (ASL)	<input type="radio"/>	<input type="radio"/>
Arabic	<input type="radio"/>	<input type="radio"/>
Cantonese	<input type="radio"/>	<input type="radio"/>
French	<input type="radio"/>	<input type="radio"/>
German	<input type="radio"/>	<input type="radio"/>
Haitian	<input type="radio"/>	<input type="radio"/>
Hindi	<input type="radio"/>	<input type="radio"/>
Italian	<input type="radio"/>	<input type="radio"/>
Japanese	<input type="radio"/>	<input type="radio"/>
Korean	<input type="radio"/>	<input type="radio"/>
Mandarin	<input type="radio"/>	<input type="radio"/>
Polish	<input type="radio"/>	<input type="radio"/>
Portuguese	<input type="radio"/>	<input type="radio"/>
Russian	<input type="radio"/>	<input type="radio"/>
Spanish	<input type="radio"/>	<input type="radio"/>
Tagalog	<input type="radio"/>	<input type="radio"/>
Vietnamese	<input type="radio"/>	<input type="radio"/>
Other	<input type="radio"/>	<input type="radio"/>

Has the provider completed cultural competence training? If the answer is Yes, Please complete the below chart.

Yes                       No

Cultural Competence	YES	NO
African American	<input type="radio"/>	<input type="radio"/>
Alaskan Native	<input type="radio"/>	<input type="radio"/>
American Indian	<input type="radio"/>	<input type="radio"/>
Asian	<input type="radio"/>	<input type="radio"/>
Hispanic/Latino	<input type="radio"/>	<input type="radio"/>
Pacific Islander	<input type="radio"/>	<input type="radio"/>
Other	<input type="radio"/>	<input type="radio"/>

**Does the provider have specialized training and experience in treating the following?** If the answer is Yes, Please complete the below chart.

Yes                       No

Specialized Training and Experience	YES	NO
Physical disabilities	<input type="radio"/>	<input type="radio"/>
Intellectual and developmental disabilities	<input type="radio"/>	<input type="radio"/>
Chronic illness	<input type="radio"/>	<input type="radio"/>
HIV/AIDS	<input type="radio"/>	<input type="radio"/>
Serious mental illness	<input type="radio"/>	<input type="radio"/>
Substance abuse	<input type="radio"/>	<input type="radio"/>
Homelessness	<input type="radio"/>	<input type="radio"/>
Deafness or hard-of-hearing	<input type="radio"/>	<input type="radio"/>
Blindness or visual impairment	<input type="radio"/>	<input type="radio"/>
Co-occurring disorders	<input type="radio"/>	<input type="radio"/>
Other	<input type="radio"/>	<input type="radio"/>

Does the provider support electronic prescribing?

Yes                       No

Does the provider supply translation services for written materials?

Yes                       No

Does the provider support Telehealth services?

Yes                      No

If yes, list the Telehealth service

Is the provider accepting new patients?

Yes

No

Please provide the following information for each of the physicians that work at this practice location:

Provider First Name	Provider Last Name	Provider Individual NPI

**I hereby certify the above information to be true and correct to the best of my knowledge.**

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Title

Please fax this completed document to Provider Relations: 844-276-9874

Or

Mail to Michigan Complete Health

Attn: Provider Relations

1 Campus Martius, Suite 700

Detroit, MI 48226

Or

Contract your Provider Network Specialist to have the document picked up

Thank you.