



Behavioral Health Provider Data Intake Form Instructions

Definitions:

Facility — an accredited/deemed community mental health center, licensed substance abuse entity and/or freestanding psychiatric hospital. These entities will be credentialed as organizations and will use the Iowa State Standard Facility Credentialing Application with custom supplements that provide specific information about service locations and services offered at each location. Providers will be credentialed as an organization and will bill as an organization — individual employed clinicians are **not** credentialed individually. We will respect State rules per applicable Medicaid billing manuals relative to the use of unlicensed and supervised staff.

Unlicensed group practices — a group of two or more like-licensed practitioners working as a group and collecting revenue under singular tax id and not under the auspices of an accredited / deemed clinic, licensed entity or freestanding psych hospital. Each licensed clinician needs to be individually credentialed and Medicaid enrollment rules apply.

Individually practicing behavioral health clinician — individual practitioner practicing solo who collects revenue under his/her own social security number or a designated tax id. Each licensed clinician will be individually credentialed and Medicaid enrollment rules apply.

To complete the form:

For accredited/deemed community mental health centers, licensed substance abuse facilities and/or freestanding psychiatric hospitals:

1. Mark the form as “Facility.”
2. Complete the first page only.

For licensed practitioners in a group and individual practitioners:

1. Mark the form as “Specialist.”
2. Complete the top portion of the first page of the form, only.
3. Complete the second page.