

Provider Contact Information

The following information is being collected to update contract services information and the ACBH Contract Units Resource Directory. You must provide a contact for each contact type, i.e., Compliance Lead, Quality Assurance, OIG. A contact may be assigned to multiple contact types.

Today's Date: _____
Provider Name: _____
Main Address: _____
Main Phone #: _____

Contract Year _____
Fax #: _____
Agency Website: _____
Email Address: _____

Executive Director:
Name: _____
Title: _____
Phone: _____
Email: _____

Financial Officer:
Name: _____
Title: _____
Phone: _____
Email: _____

Billing:
Person who will submit monthly Claims or Invoices to ACBH
Add to General Mailing List? ☐ Yes ☐ No
Name: _____
Title: _____
Phone: _____
Email: _____

OIG/Exclusion Attestation:
Person who will submit Monthly Staff Update Attestations to ACBH
Add to General Mailing List? ☐ Yes ☐ No
Name: _____
Title: _____
Phone: _____
Email: _____

Quality Assurance:
Person of high-level responsibility and sufficient authority to review, investigate and respond to Quality Assurance matters
Add to General Mailing List? ☐ Yes ☐ No
Name: _____
Title: _____
Phone: _____
Email: _____

Compliance Lead:
Person of high-level responsibility and sufficient authority to review, investigate and respond to non-compliance matters
Add to General Mailing List? ☐ Yes ☐ No
Name: _____
Title: _____
Phone: _____
Email: _____

Administrative:
Additional staff in organization who is authorized to receive all ACBH correspondence
Add to General Mailing List? ☐ Yes ☐ No
Name: _____
Title: _____
Phone: _____
Email: _____

Other Contact:
Additional contact such as Authorized Signer whose title is not listed on this form.
Add to General Mailing List? ☐ Yes ☐ No
Name: _____
Title: _____
Phone: _____
Email: _____

Other Contact:
Add to General Mailing List? ☐ Yes ☐ No
Name: _____
Title: _____
Phone: _____
Email: _____

Other Contact:
Add to General Mailing List? ☐ Yes ☐ No
Name: _____
Title: _____
Phone: _____
Email: _____

Note: Those added to the General Mailing List will receive a copy of memos that pertain to your organization's service type.

Please continue to next page for Program contacts.

Provider Contact Information

Please provide information for each **Program**.

ACBH Contracted Programs

Add to General Mailing List? ☐ Yes ☐ No

Program Name: _____

Director/Lead: _____

Phone: _____

Email: _____

Add to General Mailing List? ☐ Yes ☐ No

Program Name: _____

Director/Lead: _____

Phone: _____

Email: _____

Add to General Mailing List? ☐ Yes ☐ No

Program Name: _____

Director/Lead: _____

Phone: _____

Email: _____

Add to General Mailing List? ☐ Yes ☐ No

Program Name: _____

Director/Lead: _____

Phone: _____

Email: _____

Add to General Mailing List? ☐ Yes ☐ No

Program Name: _____

Director/Lead: _____

Phone: _____

Email: _____

Add to General Mailing List? ☐ Yes ☐ No

Program Name: _____

Director/Lead: _____

Phone: _____

Email: _____

Please continue to next page for Board of Directors.

Provider Contact Information

Please provide information about your **Board of Directors**.

ACBH is requesting additional information from our contracted providers about Board Membership per our recent audits. The information you provide below will help ACBH to meet current audit requirements and help ACBH to evaluate whether a more comprehensive policy is needed at some point in the future.

Board

President Name:

Title

Email:

Phone:

Address:

Voting Board Member:

☐ Yes

☐ No

Paid Staff:

☐ Yes

☐ No

Related to another Board Member/ Owner: *

☐ Yes

☐ No

Other Interested Party: **

☐ Yes

☐ No

Board

Member Name:

Title

Email:

Phone:

Address:

Voting Board Member:

☐ Yes

☐ No

Paid Staff:

☐ Yes

☐ No

Related to another Board Member/ Owner: *

☐ Yes

☐ No

Other Interested Party: **

☐ Yes

☐ No

Board

Member Name:

Title

Email:

Phone:

Address:

Voting Board Member:

☐ Yes

☐ No

Paid Staff:

☐ Yes

☐ No

Related to another Board Member/ Owner: *

☐ Yes

☐ No

Other Interested Party: **

☐ Yes

☐ No

Board

Member Name:

Title

Email:

Phone:

Address:

Voting Board Member:

☐ Yes

☐ No

Paid Staff:

☐ Yes

☐ No

Related to another Board Member/ Owner: *

☐ Yes

☐ No

Other Interested Party: **

☐ Yes

☐ No

Board

Member Name:

Title

Email:

Phone:

Address:

Voting Board Member:

☐ Yes

☐ No

Paid Staff:

☐ Yes

☐ No

Related to another Board Member/ Owner: *

☐ Yes

☐ No

Other Interested Party: **

☐ Yes

☐ No

Board

Member Name:

Title

Email:

Phone:

Address:

Voting Board Member:

☐ Yes

☐ No

Paid Staff:

☐ Yes

☐ No

Related to another Board Member/ Owner: *

☐ Yes

☐ No

Other Interested Party: **

☐ Yes

☐ No

Board

Member Name:

Title

Email:

Phone:

Address:

Voting Board Member:

☐ Yes

☐ No

Paid Staff:

☐ Yes

☐ No

Related to another Board Member/ Owner: *

☐ Yes

☐ No

Other Interested Party: **

☐ Yes

☐ No

Board

Member Name:

Title

Email:

Phone:

Address:

Voting Board Member:

☐ Yes

☐ No

Paid Staff:

☐ Yes

☐ No

Related to another Board Member/ Owner: *

☐ Yes

☐ No

Other Interested Party: **

☐ Yes

☐ No

* Please check yes if spouse, parent, child or sibling of another Board Member/Owner within this organization.

Provider Contact Information

*** Please see definition of Interested Party on Internal Revenue Service (IRS) website*

**** If you require more space for programs or board members, please add them on additional sheets.*

Please continue to next page for Ownership, For-Profit Organizations Only.

Provider Contact Information

For-Profit Organizations Only: Please provide information about **Ownership**.

ACBH is requesting additional information from our contracted providers about individuals with an ownership interest in your organization (as defined under 42 CFR sec. 455.104) per our recent audits. The information you provide below will help ACBH to meet current audit requirements.

Name of Owner: _____
Title _____
Email: _____
Phone: _____
Address: _____
Paid Staff: ☐ Yes ☐ No
Related to another Board Member/ Owner: * ☐ Yes ☐ No
Other Interested Party: ** ☐ Yes ☐ No

Name of Owner: _____
Title _____
Email: _____
Phone: _____
Address: _____
Paid Staff: ☐ Yes ☐ No
Related to another Board Member/ Owner: * ☐ Yes ☐ No
Other Interested Party: ** ☐ Yes ☐ No

Name of Owner: _____
Title _____
Email: _____
Phone: _____
Address: _____
Paid Staff: ☐ Yes ☐ No
Related to another Board Member/ Owner: * ☐ Yes ☐ No
Other Interested Party: ** ☐ Yes ☐ No

Name of Owner: _____
Title _____
Email: _____
Phone: _____
Address: _____
Paid Staff: ☐ Yes ☐ No
Related to another Board Member/ Owner: * ☐ Yes ☐ No
Other Interested Party: ** ☐ Yes ☐ No

Name of Owner: _____
Title _____
Email: _____
Phone: _____
Address: _____
Voting Board Member: ☐ Yes ☐ No
Paid Staff: ☐ Yes ☐ No
Related to another Board Member/ Owner: * ☐ Yes ☐ No
Other Interested Party: ** ☐ Yes ☐ No

Name of Owner: _____
Title _____
Email: _____
Phone: _____
Address: _____
Voting Board Member: ☐ Yes ☐ No
Paid Staff: ☐ Yes ☐ No
Related to another Board Member/ Owner: * ☐ Yes ☐ No
Other Interested Party: ** ☐ Yes ☐ No

Name of Owner: _____
Title _____
Email: _____
Phone: _____
Address: _____
Voting Board Member: ☐ Yes ☐ No
Paid Staff: ☐ Yes ☐ No
Related to another Board Member/ Owner: * ☐ Yes ☐ No
Other Interested Party: ** ☐ Yes ☐ No

Name of Owner: _____
Title _____
Email: _____
Phone: _____
Address: _____
Voting Board Member: ☐ Yes ☐ No
Paid Staff: ☐ Yes ☐ No
Related to another Board Member/ Owner: * ☐ Yes ☐ No
Other Interested Party: ** ☐ Yes ☐ No

** Please check yes if spouse, parent, child or sibling of another Board Member/Owner within this organization.*

*** Please see definition of Interested Party on Internal Revenue Service (IRS) website*

**** If you require more space for programs or board members, please add them on additional sheets.*