



Provider Directory Intake Form

As a health plan, we are committed to regularly reviewing our provider directory for our Medicare and Medicaid (Washington Apple Health and Integrated Managed Care) products to ensure that we are compliant with state and federal regulations that require current, accurate, and complete online provider directories.

CHPW needs your help to ensure we have the correct provider information for you. We know that you already provide some of this information on the Washington Practitioner Application (WPA) form. In addition, governing agencies (HCA, CMS, NCQA) are requiring us to display more information in our Provider Directory. We ask that you complete this form as part of your CHPW Contracting Welcome Packet and again at the time of credentialing or recredentialing with CHPW.

Clinic website (URL)		
Float providers If yes, indicate any providers that are float providers. A float or floating provider is one who provides temporary care by “floating” within a clinic or facility or from one location to one or more additional locations to cover for other providers.	Yes	No
ADA features If yes, indicate exam rooms, interior building, exterior building, lobby, parking, restroom, wheelchair access, etc.	Yes	No
Telemedicine availability If yes, indicate specific telemedicine specialties (dermatology, etc.)	Yes	No
Languages spoken by clinic staff		
Language assistance/translation services	Yes	No
Areas of expertise (Autism, depression, eating disorders, learning disabilities, pain management, sleep disorders, trauma, etc.)		
Children’s behavioral health services If yes, specify age range	Yes	No
Autism Applied Behavior Analysis (ABA) therapy	Yes	No
Cultural and Linguistically Appropriate Services (CLAS) training	Yes	No

Please note: We audit community health centers (CHCs) twice per year and all other providers annually (roster review process). This ensures that 100% of our provider network data is collected and reviewed annually. You can send updates at any time, you do not need to wait for us to reach out. Please submit all additions, changes, or terminations to CHPW via the [Provider Add Change Term \(PACT\) form](#) or [Clinic and Group Add Change Term Form](#) on our website under Forms and Tools or email Provider.Changes@chpw.org.