



CORE Service Initiation Notification Form

The purpose of this notification is to ensure enrollees are not receiving duplicative services. This information must be shared via secure, electronic communication.

- CORE providers submit this information to an enrollee’s Health and Recovery Plan (HARP) or HIV Special Needs Plan (HIV SNP) within three business days of the first CORE service visit.
• Submission of this form enables the HARP and/or HIV SNP to prepare systems to receive claims. Claims submitted prior to this notification submission may lead to payment delay or denial.
• Within three business days of being notified of CORE Service initiation, the HARP or HIV SNP must inform the CORE provider of any issues preventing further service provision and reimbursement.

Enrollee information

Enrollee Name \_\_\_\_\_ DOB \_\_\_\_\_

Enrollee CIN \_\_\_\_\_

Managed Care Plan \_\_\_\_\_ Plan ID # \_\_\_\_\_

Enrollee Phone (optional) \_\_\_\_\_ Email (optional) \_\_\_\_\_

Enrollee Address (optional) \_\_\_\_\_

Health Home / Care Manager Contact (if applicable) \_\_\_\_\_

CORE Provider Agency Information

CORE Provider Agency \_\_\_\_\_

Agency Address \_\_\_\_\_

Agency NPI # \_\_\_\_\_ Tax ID # \_\_\_\_\_

Agency Contact Person Name \_\_\_\_\_

Phone \_\_\_\_\_ Email \_\_\_\_\_

Alternate Contact \_\_\_\_\_

Phone \_\_\_\_\_ Email \_\_\_\_\_

Secure Electronic Communication Contact Information

Secure Email \_\_\_\_\_ Fax \_\_\_\_\_

Other (if applicable) \_\_\_\_\_

