



We use provider contacts for a variety of roles in the Includa business system, both at the Company/Agency level and for individual Service Locations. This information is critical for effective communication and directing information to appropriate personnel in your organization.

## Required and Optional Contacts

Some contact roles are required. Others are optional, and yours to assign as appropriate.

- Some of the required contacts can be only at Company/Agency or Service level; some can be at either level depending on the needs of your organization.
- For most roles, you can assign more than one person to the role at a particular level. Some roles can only be assigned to a single individual.

## One Person, Multiple Roles

- An individual person is entered into our contact database once, and various roles are assigned to that person.
- There can only be one set of contact details for each person in the system (e.g., phone number, address, email address). Those details will be applied to all roles assigned to that person.

## Contacts Quick Reference Chart

<b>Company/Agency Contacts</b> Apply to all Service Locations	<b>Service Location Contacts</b> Apply to a specific Service Location
<b>Required Company/Agency Contacts</b> <ol style="list-style-type: none"> <li>1. <b>Contract</b> (1)</li> <li>2. <b>Credentialing</b> (1)</li> <li>3. <b>Directory</b> (1)</li> <li>4. <b>Payment/Remittance</b> (1)</li> </ol> <p><b>Required Contact</b> – can be at Company/Agency and/or Service Location level</p> <ol style="list-style-type: none"> <li>1. <b>Disenrollment</b> (1+)</li> <li>2. <b>Notifications</b> (1+)</li> <li>3. <b>Quality</b> (1+)</li> </ol> <p>Optional Contacts</p> <ol style="list-style-type: none"> <li>1. Billing</li> <li>2. Medical Records</li> <li>3. Newsletter</li> <li>4. Supervising RN</li> <li>5. 1-2 Bed AFH Certification/Re-Certification (1)</li> </ol>	<b>Required Service Location Contacts</b> <ol style="list-style-type: none"> <li>1. <b>Program/Facility</b> (1)</li> <li>2. <b>Rate Agreement</b> (1) (Residential: AFH, CBRF, or RCAC only)</li> <li>3. <b>Referral</b> (1+)</li> </ol> <p><b>Required Contact</b> – can be at Service Location and/or Company/Agency level</p> <ol style="list-style-type: none"> <li>1. <b>Disenrollment</b> (1+)</li> <li>2. <b>Notifications</b> (1+)</li> <li>3. <b>Quality</b> (1+)</li> </ol> <p>Optional Contacts</p> <ol style="list-style-type: none"> <li>1. Billing</li> <li>2. Medical Records</li> <li>3. Newsletter</li> <li>4. Supervising RN</li> <li>5. 1-2 Bed AFH Certification/Re-Certification (1)</li> </ol>

### Three groups of contact roles:

- Required at **Company/Agency** or **Service Location** level
- **Required, can be at either or both levels**
- Optional, can be at either or both levels

### Number of people that can be assigned to a role:

- (1) – Required, may only have one person
- (1+) – Required, must have at least one person, may have more than one
- Optional contacts can be assigned to more than one person and level

## Contact Role Definitions & Details

Role	Definition	Level	Requirement	Number Allowed
<b>Contract</b>	Receives contracts and updates to contracting requirements or processes.	Company/Agency	Required	1
<b>Credentialing</b>	Receives notices regarding credentialing documentation such as insurance, licenses, and W-9 forms.	Company/Agency	Required	1
<b>Directory</b>	Provides the phone number that is published in our provider directory, and is applied to all of the Service Location entries in the directory. The remaining information for each directory entry comes from the Service Location demographic information in our system and is not from a contact. If the desired directory number is a general/reception number and is not the number for a specific contact person, create contact as First Name: "Front" Last Name: "Desk."	Company/Agency	Required	1
<b>Payment/ Remittance</b>	Location where payments are received if mailed. This is often also the person who is the billing and claims contact. If payment remittance address is not the address of a specific contact person, create contact as First Name: "Accounts," Last Name: "Receivable."	Company/Agency	Required	1
<b>Program/Facility</b>	Manager or person responsible for this location.	Service Location	Required	1
<b>Rate Agreement</b>	Receives rate agreements for this location.	Service Location (Residential: AFH, CBRF, or RCAC only)	Required	1
<b>Referral</b>	Receives referral and authorization forms and inquiries about referrals for this location.	Service Location	Required	1 or more
<b>Disenrollment</b>	Receives disenrollment notices.	Company/Agency or Service Location	Required	1 or more
<b>Notifications</b>	Receives updates, newsletters, and other notifications from Inclusa (applicable DHS memos, provider newsletter, informational notices, etc.).	Company/Agency or Service Location	Required	1 or more
<b>Quality</b>	Receives notices and inquiries regarding quality.	Company/Agency or Service Location	Required	1 or more
<b>Billing</b>	Additional claims & billing contact (Payment/Remittance is primary billing contact). Email address is required. Receives updates specific to claims & billing processes.	Company/ Agency or Service Location	Optional	1 or more
<b>Medical Records</b>	Contact for functional screeners and others who might require medical records.	Company/Agency or Service Location	Optional	1 or more
<b>Newsletter</b>	Receives provider newsletter and no other notices (unless other roles are assigned to this person and a role-specific notice is sent). To receive all general communications, including newsletters, updates, and other notices, use the Notifications role.	Company/Agency or Service Location (Email address is required)	Optional	1 or more
<b>Supervising RN</b>	RN contact when services are being performed requiring RN Supervision.	Company/Agency or Service Location	Optional	1 or more
<b>1-2 Bed AFH Certification/ Re-Certification</b>	Receives notices and inquiries regarding 1-2 Bed AFH certification/re-certification.	Company/Agency or Service Location (1-2 Bed AFH only)	Optional	1