

**HIV CASE MANAGEMENT PROVIDER
RECERTIFICATION APPLICATION: INSTRUCTIONS**

**INSTRUCTIONS:
RECERTIFICATION APPLICATION**

Policy References in this document are in regard to Clinical Coverage Policy No: 12B HIV Case Management.

GENERAL INSTRUCTIONS

1. A separate application must be filled out for each physical location seeking recertification.
2. A Recertification Application must be submitted as an electronic document via email. The *Recertification Application* must meet the following criteria:
 - a. Title Page: The front cover should be a page containing the name and address of the agency/organization.
 - b. Include the completed, signed *Recertification Application*.
3. Submission must:
 - i. Include the application and all required documents.
 - ii. All attached documents must be separated by divider pages labeled with the appropriate section and document name.
 - iii. Email the entire submission to: HIV_CaseMgt@dhhs.nc.gov . Include your Agency Name and "Completed HIV CM Recertification Application" in the Subject Line of the Email.

Section 1: DEMOGRAPHIC INFORMATION

1. *Application Date* is the date the application is completed.
2. Under *Agency Name* in "Provider Contact Information" include the agency's name, not a person's name. Include the associated provider number (NPI) in the space provided.
3. *Certification Site Address* should be the physical address for the location wishing to be certified.
4. A *Mailing Address* should be entered if different from *Certification Site Address*. Enter "Same" if the mailing address is the same as the *Certification Site Address*.
5. Under *Point of Contact (POC)*, provide the information of the person with whom NC Medicaid should communicate.
6. Under *Owner/Director Contact*, provide the information for the *Owner/Director*. If the information is the same as *Point of Contact*, write "Same as POC".
7. Under *Preparer Information*, provide the information for the person preparing the application. If the information is the same as *Point of Contact*, write "Same as POC", if same as *Owner/Director*, write "Same as Owner".

Section 2: GENERAL REQUIREMENTS

1. Complete each section by using the space provided; a separate sheet may be used if extra space is needed.

Section 3: ATTACHED DOCUMENTS

1. 3:1 - Complete each section, A – K, by submitting only those Policies that have changed since the last certification. If a policy has not changed, list the relevant policy effective date and describe the policy change in the *Comments* of the *Recertification Application* space.
2. 3:2 - Complete each section, a – d, by submitting only the specified Plans and information that has changed since the last certification. If a plan has not changed, enter N/A in the effective date column and describe the plan change(s) in the *Comments* of the *Recertification Application* space.
3. 3:3 - Complete each section, 1 – 5, by submitting only the specified Other Documents and information that has changed since the last certification. If a document has not changed, enter N/A in the effective date column and describe the document change in the *Comments* of the *Recertification Application* space.
4. The application and all attached documents, must be submitted as a complete electronic file.

Section 4: COMPLIANCE

1. Read this section very carefully.
2. To remain in compliance, it is required that the names, of both preparer and agency owner/director, be printed, signed, and dated. This may be completed via *DocuSign* or by print the compliance page, signing and scanning the signed paged for the submission.