



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) _____

