PHC4 New Facility Questionnaire

Please take a few minutes to review this questionnaire. We ask that you complete all items. Completing this questionnaire will enable us to correspond with your facility more effectively and process your data more efficiently. Please provide a valid e-mail address since e-mail will be the most commonly used source of communication. All questions concerning this questionnaire should be directed to PHC4's Information Services Department at (717) 232-8958.

Please list the name of the person who has completed this survey. Your signature gives us permission to update the necessary information in the PHC4 data providers contact database.

Name: _____Title: _____

Phone: _____ Extension: _____ Date: _____

Pennsylvania Health Care Cost Containment Council
225 Market Street, Suite 400
Harrisburg, PA 17101
(717) 232-8958 (phone)
dataservices@phc4.org

Facility Name:			PAF
Facility Address:			
Facility Type:	County:		Region:
Operated By:		Fiscal Year End:	

Primary Administrative/Clinical Contact Person

There can only be one Primary Administrative/Clinical Contact Person. This person is responsible for all contact with PHC4 concerning submission and correction of all administrative claims data as well as laboratory test data.

Name: ☐ Mr. ☐ Ms. ☐ Mrs. ☐ Dr. ☐ Sr.			
Title:			
Address:			
City:	State:	Zip Code + 4	
Phone Number: Extension:	Fax Number:		
E-Mail:			

Chief Executive Officer

The Chief Executive Officer/President is the most senior corporate officer, executive, leader, or administrator in charge of managing your facility.

Name: ☐ Mr. ☐ Ms. ☐ Mrs. ☐ Dr. ☐ Sr.		
Title:		
Address:		
City:	State:	Zip Code + 4
Phone Number: Extension:	Fax Number:	
E-Mail:		

Chief Financial Officer

The Chief Financial Officer is kept abreast of the Council's financial data process and any financial data issues concerning their facility.

Name: ☐ Mr. ☐ Ms. ☐ Mrs. ☐ Dr. ☐ Sr.		
Title:		
Address:		
City:	State:	Zip Code + 4
Phone Number: Extension:	Fax Number:	
E-Mail:		

Primary Financial Contact Person

There can only be <u>one</u> Primary Financial Contact Person. This person is responsible for all contact with the PHC4 Financial Department concerning submission and correction of all financial data.

Name: ☐ Mr. ☐ Ms. ☐ Mrs. ☐ Dr. ☐ Sr.		
Title:		
Address:		
City:	State:	Zip Code + 4
Phone Number: Extension:	Fax Number:	
E-Mail:		

Public Relations Contact

There can only be one Public Relations Contact Person. **This person will be kept abreast of PHC4 publications, including receiving advanced notification of public releases.** Please note that the CEO always receives copies of all public release information.
Please check here if your facility does not have a Public Relations Department. ☐

Name:	☐ Mr.	☐ Ms.	☐ Mrs.	☐ Dr.	☐ Sr.
Title:					
Address:					

City:	State:	Zip Code + 4
Phone Number: Extension:	Fax Number:	
E-Mail:		

Patient Safety Contact Person

Please disregard this section if your facility is a Psychiatric Hospital.

The Patient Safety Contact will receive individualized data on patient safety indicators, including information related to complications, medical misadventures, etc. The data is intended to provide the patient safety committee of each hospital with information necessary to assist in conducting patient safety analysis.

Name:	☐ Mr.	☐ Ms.	☐ Mrs.	☐ Dr.	☐ Sr.
Title:					
Address:					

City:	State:	Zip Code + 4
Phone Number: Extension:	Fax Number:	
E-Mail:		

National Provider Identifier

Please list the current National Provider Identifier(s) (NPI) that is assigned by the Centers for Medicare and Medicaid Services (CMS). If your facility has more than one NPI number, please identify the primary. This number is needed to correctly process your submission.

_____ _____ _____
_____ _____ _____
_____ _____ _____
_____ _____ _____

Federal Tax Number

The number assigned to the provider by the federal government for tax reporting purposes. Also known as a tax identification number (TIN) or employer identification number (EIN). This number is needed to identify the facility for payer verification.

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Vendor Information

Vendor information is important when trying to diagnose submission problems. It is advantageous to notify them of proposed data collection initiatives in order to gather feedback on the possible barriers to implementation. Please provide us with information on your current vendor.

Will you use software created by an outside vendor? ☐ Yes ☐ No		
Vendor Name:		
Contact Name:		
Address:		
City:	State:	Zip Code + 4:
Phone Number: Extension:	Fax Number:	