



DEPARTMENT OF SOCIAL SERVICES
 MISSOURI MEDICAID AUDIT AND COMPLIANCE UNIT
 MISSOURI MEDICAID IN-HOME SERVICES PROVIDER PROFILE

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| SECTION 1: VENDOR INFORMATION – MAIN OFFICE INFORMATION | | | |
| LEGAL BUSINESS NAME AS FILED WITH THE IRS: – (sole <u>member</u> name should <u>not</u> be listed here as it’s not the same as a sole proprietor) | | | |
| DBA NAME AS FILED WITH THE MO SECRETARY OF STATE, IF APPLICABLE: | | | |
| PHYSICAL ADDRESS | | | |
| CITY | STATE | ZIP | |
| MAILING ADDRESS, IF DIFFERENT FROM ABOVE: | | | |
| CITY | STATE | ZIP | |
| FEDERAL EIN: | MO EIN: | NPI: | |
| BUSINESS PHONE: | | BUSINESS FAX: | |
| BUSINESS E-MAIL ADDRESS: | | | |
| SECTION 2: PERSONNEL INFORMATION – INCLUDE A CURRENT FCSR SCREENING FOR ALL PERSONS LISTED BELOW | | | |
| EXECUTIVE DIRECTOR NAME: | | | |
| ALIASES: | | | |
| DATE OF HIRE: | DATE OF BIRTH: | SSN: | |
| DESIGNATE MANAGER NAME: | | | |
| ALIASES: | | | |
| DATE OF HIRE: | DATE OF BIRTH: | SSN: | |
| OFFICE ADDRESS WHERE DESIGNATED MANAGER WORKS: | | | |
| RN SUPERVISOR NAME: | | | |
| ALIASES: | | | |
| DATE OF HIRE: | DATE OF BIRTH: | SSN: | LICENSE #: |
| OFFICE ADDRESS WHERE RN SUPERVISOR WORKS: | | | |
| SECTION 3: OTHER UPDATES: | | | |
| IF CHANGES HAVE OCCURRED FOR ANY OF THE FOLLOWING, EXCEPT EVV, SUBMIT A CHANGE REQUEST: https://mmac.mo.gov/providers/provider-enrollment/home-and-community-based-services/provider-contracts-forms/ | | | |
| HCBS CARE PLAN OR OTHER E-MAIL ADDRESS AND PHONE | | | |
| DAYS AND HOURS OF OPERATION | | | |
| COUNTIES SERVICED – THIS ALSO REQUIRES A COMMITMENT FORM | | | |
| SATELLITE OFFICE UPDATES – MUST SUBMIT A LEASE AGREEMENT, DEED AND BUSINESS LICENSE FOR THE LOCATION | | | |
| FISCAL YEAR | | | |
| EVV VENDOR: DO NOT SEND A CHANGE REQUEST - NOTIFY SANDATA OF THE CHANGE BY E-MAIL AT: MOAltevv@sandata.com | | | |

VENDOR PROFILE FORM INSTRUCTIONS

SECTION 1: VENDOR INFORMATION

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| Legal Business Name | Enter the name as filed with the Internal Revenue Service (IRS) and Missouri Secretary of State, This name must match the legal name as filed with the Missouri Secretary of State, Internal Revenue Service (IRS) and Missouri Department of Revenue (DOR). |
| Doing Business As Name | DBA name, if applicable. Sole Proprietors include DBA name. |
| Physical Address | Enter the physical location of the main office. |
| Mailing Address | Enter the mailing address for the main office, if different from the physical address. |
| Federal Tax ID | Enter the Federal Employer Identification Number (FEIN) assigned to the business by the IRS. |
| Missouri Tax ID | Enter the State Employer Identification Number (SEIN) assigned to the business by DOR |
| National Provider Identification Number | Enter the National Provider Identification Number (NPI). The NPI must be in the business name and the entity type should be 02-Organizational |
| Telephone Number | Enter the primary business telephone number. |
| Fax Number | Enter the fax number for the main office. |
| E-mail Address | Enter the e-mail address for the main office |

SECTION 2: PERSONNEL INFORMATION – INCLUDE A CURRENT FCSR SCREENING FOR ALL PERSONS LISTED BELOW

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| Executive Director Name | List the name of the executive director – this person will also need to be listed on the BOS form |
| Aliases | List any aliases |
| Date Of Hire | List the date of hire |
| Date Of Birth | List the executive director's date of birth for screening purposes |
| SSN | List the executive director's ssn for screening purposes |
| Designated Manager Name | List the name of the Designated Manager – this person is considered a managing employee and must be listed appropriately on the BOS. |
| Aliases | List any aliases |
| Date Of Hire | List the date of hire |
| Date Of Birth | List the Designated Manager's date of birth for screening purposes |
| SSN | List the Designated Manager's ssn for screening purposes |
| Address Where Designated Manager Works | List the address where the coordinator will mainly work from. |
| RN Supervisor Name | List the name of the RN Supervisor – this person is considered a managing employee and must be listed appropriately on the BOS. |
| Aliases | List any aliases |
| Date Of Hire | List the date of hire |
| Date Of Birth | List the RN Supervisor's date of birth for screening purposes |
| SSN | List the RN Supervisor's ssn for screening purposes |
| License Number | List the RN Supervisor's license number. |
| Address Where RN Supervisor Works | List the address where the RN Supervisor will mainly work from. |

SECTION 3: OTHER UPDATES:

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| Alternate e-mails or phone numbers | Submit a change request by following the link provided. |
| Days and Hours of Operation | Submit a change request by following the link provided. |
| Counties serviced | Submit a change request by following the link provided. |
| Satellite office updates | Submit a change request by following the link provided. |
| Fiscal Year changes | Submit a change request by following the link provided. |
| EVV Vendor changes | Send an e-mail to MOAltevv@sandata.com |