

## Provider demographics

As a participating plan of the South Carolina Healthy Connections Prime Medicare-Medicaid program, we are required to provide our Healthy Connections Prime members with access to medical programs and services. We are required to reasonably accommodate enrollees and ensure programs and services are as accessible (including physical and geographic access) to individuals with disabilities as they are to individuals without disabilities. Accordingly, we will inform enrollees of a provider's ability to accommodate special needs through the provider directory. Through a system of icons in the provider directory, enrollees will be able to identify specific levels of accommodations at provider sites. Please visit our website and verify that your provider demographics are correct in our online provider directory at [www.firstchoicevipcareplus.com](http://www.firstchoicevipcareplus.com).

### All questions must be completed.

1. Practice name and tax ID number:

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2. I have confirmed that all provider information (including group name, provider's name, address and phone numbers) in the online provider directory (accessible from [www.firstchoicevipcareplus.com](http://www.firstchoicevipcareplus.com)) is correct for all providers associated with this tax ID number.

All information is correct.

Information is incorrect or information is missing.

Please identify incorrect information:

3. Practice fax number:

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4. Practice web address:

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5. Individual completing the survey:

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6. Email address the office would like to receive electronic communications:

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7. Please confirm the practice hours of operations. (Click on the opening and closing time for each day.)

	24/7	Closed	6 a.m.	7 a.m.	8 a.m.	9 a.m.	10 a.m.	11 a.m.	12 a.m.	1 p.m.	2 p.m.	3 p.m.	4 p.m.	5 p.m.	6 p.m.	7 p.m.	8 p.m.
Sunday																	
Monday																	
Tuesday																	
Wednesday																	
Thursday																	
Friday																	
Saturday																	

8. Do/can you provide alternative appointment scheduling for those who need extra time, extended hours or home visits?

Alternative appointment scheduling

Home visits

Extended hours

Not applicable

# ADA Survey for South Carolina Healthy Connections Prime

9. Please list the specific languages spoken by the provider(s) or staff.

- |                              |                               |
|------------------------------|-------------------------------|
| American Sign Language (ASL) | Korean                        |
| Arabic                       | Polish                        |
| Chinese                      | Portuguese                    |
| French                       | Russian                       |
| French-Creole                | Spanish                       |
| German                       | Vietnamese                    |
| Greek                        | Other (please specify): _____ |
| Italian                      | Not applicable                |
| Japanese                     |                               |

Provider's name(s): \_\_\_\_\_

10. Do any of the providers in your office have special experience, skill, expertise, or training in treating persons with trauma, substance use, physical disabilities, chronic illness, HIV/AIDS, serious mental illness, homelessness, deafness or hard of hearing, blindness or visual impairment, co-occurring disorders or other area of specialty? Select all that apply:

- |                        |                                |
|------------------------|--------------------------------|
| Trauma                 | Homelessness                   |
| Substance use          | Deafness or hard of hearing    |
| Physical disabilities  | Blindness or visual impairment |
| Chronic illness        | Co-occurring disorders         |
| HIV/AIDS               | Other (please specify): _____  |
| Serious mental illness | Not applicable                 |

Provider's name(s): \_\_\_\_\_

11. Is your practice location available by public transportation?

- |       |                |
|-------|----------------|
| Bus   | Rail           |
| Train | Not applicable |

12. Has the provider or staff completed disability and cultural competency training?

- Yes                  No

13. Does the provider's location offer any of the following?

- |                       |   |
|-----------------------|---|
| Wide entry            | Accessible scales                                   |
| Wheelchair access     | Accessible bathrooms including stalls and grab bars |
| Accessible exam rooms | Other accessible equipment                          |
| Accessible tables     | Not applicable                                      |
| Accessible lifts      |   |

# ADA Survey for South Carolina Healthy Connections Prime

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14. Do you accommodate services, teaching materials and documents for individuals with learning, intellectual and/or cognitive disabilities?

Yes                      No

15. Are printed materials available in alternative formats?

Large print (16- to 18-point font)	Digital versions of commonly used written materials
Braille	Optical recognition software
Taped text	Not applicable

16. Do you provide any of the following accommodations to ensure effective communication with hearing-impaired individuals?

Qualified sign language interpreters	Assisted listening devices or systems
Written notes between the provider and patient	Closed caption decoders
Computer aided real-time transcription (CART)	Access to a TTY/TTD line
Video relay service (VRS)	Not applicable

17. Do you have electronic prescribing capabilities?

Yes                      No

**Please submit completed survey by email to [VIPProviderComm@amerihealthcaritas.com](mailto:VIPProviderComm@amerihealthcaritas.com) or by fax to 855-306-9764.**

**If you have any questions about this survey, please contact Provider Services at 1-888-978-0862.**

**Thank you for providing this valuable information.**