

NorthStar Provider Dashboard Overview

North Country Community Mental Health

Provider Portal Dashboard

Provider Portal Dashboard

Locations

My Locations

Name (ID) ¹	Type ³	Address ³	
Addiction Treatment Services (56)	Vendor	1010 S Garfield Ave. Traverse City, MI 49686-3434	View
Addiction Treatment Services - Dakoske Hall (418) ATS Dakoske Hall	SA Treatment Agency	116 E. Eighth Street Traverse City, MI 49684-2524	View

Document Requests

Missing and Expired Licenses / Qualifications / Insurances

Group By: ¹ Provider Item

Showing 3 of 3 Items

Provider ²	Item ³	Expiration ¹	Due in ¹	Status ³	
Addiction Treatment Services - Dakoske Hall (418)	SUD License	07/31/2020	-80 days	Expired	Enter / Renew View
Addiction Treatment Services - Detox (511)	SUD License	07/31/2020	-80 days	Returned to Provider	View Change

Document Submission Portal

Document Submissions

Group By: ¹ Provider Category Document

Showing 5 of 5 Documents

Provider ²	Document ³	Period Covered ³	Due ³	Due in ¹	Submission Date ³	Status ³	
Addiction Treatment Services - Outpatient (13425)	Signed Contract Contract Document	-	10/13/2020	-6 days		Past Due	Add Document View Request
Addiction Treatment Services - Detox (511)	Sentinel Event Submission	07/01/2020 - 09/30/2020	11/30/2020	42 days		Due Soon	Add Document

Provider Portal Dashboard

My Locations

Provider Portal Dashboard

My Locations

Name (ID) ¹	Vendor	Type	Address	View	view
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Locations/Facilities

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Provider Portal Dashboard

My Locations

Provider			
Name Katy Test 5	Date Activated	Organization Type Contracted Service Provider	ID 1025
Abbreviated / Common Name		Provider Type Licensed Residential	
<input type="checkbox"/> Include in Provider Directory ⓘ	<input type="checkbox"/> Board of Directors ⓘ		
<input type="checkbox"/> Single Site Provider ⓘ			
<input type="checkbox"/> Leased / Owned by North Country			
Residential Facility Additional Information			
Specialized Residential Category Minimal to Moderate Need Homes	Capacity 8		
Physical Address		Primary Contact Information	
123 Sayna Petoskey, MI 49770		First Name Amy	Last Name Moore
		Phone 231 222 5141	Fax 231 414 1111
		Email Address	
Main Phone # 231 444 4141	County Emmet	Mailing Address	
Website		P.O. Box 654 Petoskey, MI 49770	
If this provider is a service location/site of a parent organization or vendor, specify that organization below. Staff associated with the parent organization will be able to access this provider. 1028 Katy Test 5			
Languages Spoken			
ENGLISH			
ADA Compliant Accessibility Options Offered			
Wheelchair Ramps			
Federal and State Information and Identifiers			
Federal ID / EIN 98874456	Entity Type Qualifier	NPI Number	
Medicaid Provider Type	Medicaid Provider ID	GL Program ID (Legacy)	GL Vendor ID
Taxonomy Code	State License # (BCAL #) 123456498		
Other Information			
Provider Rights Contact Staff	<input type="checkbox"/> CPI Methods Approved		
CMH Rights Specialist Staff			

Provider Portal Dashboard

My Locations

Sites			
593 ACT North	MIA GL ID:	MIC GL ID:	DD GL ID:
594 ACT South	MIA GL ID:	MIC GL ID:	DD GL ID:

Notes

Provider Requirements
Select requirements for this provider agency needed to be in compliance with PIHP Standards

- Accreditation (Other)
- American Assoc Suicidology
- American Camp Association
- Behavioral Health COE
- CARF
- CHAP
- COA
- Credentialing Corp. Plcy/Proc
- IDDT
- JCAHO
- NCCMH Approved Credentialing App
- TB Test Policy/Results
- Teaching Family

Provider Required Insurances
Check each insurance that is required to be in compliance with PIHP Standards

- Automobile Liability
- Automobile Liability - Waiver
- General Liability
- General Liability - Waiver
- Other
- Professional Liability
- Professional Liability - Waiver
- Staff Fidelity Bonding
- Worker's Compensation
- Worker's Compensation - Waiver

Required Licenses Check each license that is required to be in compliance with CMH Standards

- Hospital
- Licensed Residential
- Other
- Professional
- Respite Camp

0 Provider Accreditations			
Type	Effective Date	Expiration Date	Verified
0 Provider Insurances			
Type	Effective Date	Expiration Date	Verified
0 Provider License Types			
Type	Effective Date	Expiration Date	Verified

Document Submission Portal

Showing 0 of 0 Documents

Category / # Documents	Document	Period Covered	Due	Due in	Submission Date	Status
Showing 0 of 0 Documents						

Requirements

Insurances

Submitted Information

Provider Portal Dashboard

Missing and Expired Licenses/Qualifications/Insurances

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Document Type

Due

Status

Enter/Renew

Provider Portal Dashboard

Missing and Expired Licenses/Qualifications/Insurances

Provider Community Home and Health Services LLC (17) Phone 989-732-6374	Organization Type Vendor Fax 989-732-0325	Address 657 Chestnut Court Gaylord, MI 49735-8094
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Group Home License

Provider Accreditation Type Group Home License ▼	Effective Date <input type="text"/> Use Current Date	Expiration Date <input type="text"/>
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Notes

characters left: 8000

Attachments / Uploaded Documentation

[Choose files](#) OR [Drag and drop files here](#)

✓ Spell Check

Record Added LBRUNMEIER 04/27/2023 03:14:23 PM	Record Changed LBRUNMEIER 04/27/2023 03:14:23 PM
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Record ID: 82

Provider Portal Dashboard

Missing and Expired Licenses/Qualifications/Insurances

Provider Katy Test 3 (1022) Phone 231 541 1141	Organization Type Contracted Service Provider Fax 231 858 8888	Address 654 Smith Lane Petoskey, MI 49770
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Provider Insurance Type		
Provider Insurance Type General Liability - Waiver	Effective Date <input type="text"/>	Expiration Date <input type="text"/>
Use Current Date		
<p>* Select Provider Insurance Type</p> <ul style="list-style-type: none">Automobile LiabilityAutomobile Liability - WaiverGeneral LiabilityGeneral Liability - WaiverOtherProfessional LiabilityProfessional Liability - WaiverStaff Fidelity BondingWorker's CompensationWorker's Compensation - Waiver		
<p>ation R Waiver</p>		
<p>Choose files OR Drag and drop files here</p>		
<p>✓ Spell Check</p>		

Record Added LBRUNMEIER 04/27/2023 03:22:14 PM	Record Changed LBRUNMEIER 04/27/2023 03:22:14 PM
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Record ID: 87

Save Cancel

Provider Portal Dashboard

Document Submission Portal

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Requested Documents

Due

Status


Add Document

Provider Portal Dashboard

Document Submission Portal

Provider Document


Please submit ASAP

Document Date*
10/19/2020 
[Use Current Date](#)


Document Type
Contract Document: Signed Contract

Provider
Addiction Treatment Services - Outpatient

Notes

characters left: 4000 

Attachments / Uploaded Documentation

 [Choose files](#) OR Drag and drop files here

✓ Spell Check

Record Added
pce_kttest 10/19/2020 04:29:48 PM

Record Changed
pce_kttest 10/19/2020 04:29:48 PM

Provider Portal Dashboard

- ▶ Will be released in the next month or so
- ▶ Rollout will be a few providers at a time
- ▶ Training will be provided
- ▶ Other features may be available in the future
- ▶ Any Questions??