

Ancillary Practitioner Data Form

Behavioral Health

Please note: A credentialing application must also be submitted at proview.caqh.org.

Please select applicable plans for which you would like to be credentialed:

Harvard Pilgrim Health Care

Please email to ppc@point32health.org or fax to 866-884-3843.

Harvard Pilgrim Health Care Commercial products

Tufts Health Plan

Please email to Provider_Information_Dept@point32health.org or fax to 617-972-9591.

Tufts Health Plan Commercial products

Tufts Health Public Plans Massachusetts products

Tufts Health RITogether

Senior Products (Tufts Medicare Preferred, Tufts Health Plan Senior Care Options [SCO])

General Information Missing information will delay your application

Name *Last Name* *First Name* *M.I.* *Degree Per License*

Individual NPI Date of birth / / SS# - -

Provider's email

DBA, Group or Practice Name (if applicable)

Are we adding you to a group practice? YES NO

License # License State DEA # Gender

Is the provider accepting new patients? YES NO Primary Hospital Affiliation

Does the provider practice exclusively in an inpatient setting (i.e. hospitalist)? YES NO

Participating in Medicare? YES ; Medicare ID NO

Participating in MassHealth/Medicaid? YES ; MassHealth ID NO

Participating in Rhode Island Medical Assistance Program (Medicaid)? YES ; ID NO

CAQH Information:

CAQH ID#

Is your CAQH application updated and reattested to within the last 3 months? YES NO

Did you include 5-year work history in CAQH in month/year format? YES NO

Have you granted Harvard Pilgrim Health Plan/Tufts Health Plan access to your CAQH account? YES NO

Payment & Mailing Information

Payee NPI Tax ID# -

To whom should checks be made payable?

Payment address (should match W-9 & CAQH)

Street City, State ZIP Phone Fax

Mailing address Phone

Street City, State ZIP Fax

Practice Information

Practice address Phone

Street City, State ZIP Fax

Service hours: Mon Tue Wed Thu Fri Sat Sun

Handicap access? YES NO

Are telehealth services available? YES NO If YES, do you provide telehealth services exclusively? YES NO

Are translation services available? YES NO Languages other than English at this location

Check here for additional addresses and attach a separate sheet. Please include all practice addresses for directories and update all addresses with www.CAQH.org.

Whom may we contact if we have any questions? Name

Phone Fax Email

Type of practitioner *Check all that apply*

- | | |
|--|--|
| Psychologist | Psychiatrist - Consultation/Liaison |
| Licensed Marriage and Family Therapist | Psychiatrist - Addiction |
| Psychiatric Nurse | Licensed Pastoral Counselor |
| Psychiatric Physician Assistant | Licensed Independent Clinical Social Worker |
| Psychiatrist - General | Licensed Mental Health Counselor |
| Psychiatrist - Child/Adolescent | Alcohol and Drug Counselor |
| Psychiatrist - Geriatric | Board Certified Behavioral Analyst/Licensed Applied Behavioral Analyst |
| Psychiatrist - Forensic | Other: |

State of Rhode Island Psychologists only. Do you provide Applied Behavioral Analysis services: YES NO

Race *Check all that apply*

- | | | |
|-------------------------------|---|----------------------|
| American Indian/Alaska Native | Hispanic or Latino | Other race |
| Asian | Native Hawaiian or other Pacific Islander | Don't know |
| Black/African-American | White | Choose not to answer |

Ethnicity *Check all that apply*

- | | | |
|--|------------------|--|
| African | European | Middle Eastern or North African |
| African-American | Filipino | Puerto Rican |
| Asian Indian | Guatemalan | Salvadoran |
| Cambodian | Haitian | South American (not otherwise specified) |
| Central American (not otherwise specified) | Honduran | South American Indian |
| Central American Indian | Japanese | Vietnamese |
| Chinese | Korean | Don't know |
| Colombian | Laotian | Choose not to answer |
| Cuban | Mexican | Other: |
| Dominican | Mexican-American | |

Special populations served *Check all that apply*

Patients who are:

- | | |
|---|--|
| Adolescents | Geriatrics |
| Adults | Homelessness |
| Child welfare | Lesbian, Gay, Bisexual, Transgender, Questioning (LGBTQ) |
| Children | Military and veterans |
| Children or child in care of or custody of DCF
(Department of Children and Families) | Youth affiliated with DYS (Department of Youth Services)
either detained or committed |

Attributes and Modalities of Care *Check all that apply*

Treatment options:

- | | |
|--|---|
| Cognitive Behavioral Therapy (CBT) | Neuropsychological Testing (Children) |
| Dialectical Behavioral Therapy (DBT) | Play Therapy |
| Group Therapy | Postpartum Depression and/or Psychosis |
| Marriage and Family Therapy | Prolonged Exposure |
| Medical Illness Therapy | Psychological Testing (Adults) |
| Medication Management and Therapy | Psychological Testing (Adolescents) |
| Neuropsychological Testing (Adults) | Psychological Testing (Children) |
| Neuropsychological Testing (Adolescents) | Transcranial Magnetic Stimulation (TMS) |

Physical conditions:

- Blindness or visual impairment
- Deafness or hard of hearing
- People with disabilities
- Physical disabilities

Areas of Expertise *Check all that apply*

- | | |
|---|---------------------------------------|
| Adoption | Infertility |
| Anger management | Learning disabilities |
| Anxiety | Methadone maintenance |
| Attention-deficit/hyperactivity disorder (ADHD) | Mood disorders |
| Autism spectrum disorders | Obsessive-compulsive disorder (OCD) |
| Bipolar disorder | Personality disorders |
| Brain injury | Phobic disorders |
| Chronic illness | Post-traumatic stress disorder (PTSD) |
| Compulsive gambling | Race based trauma |
| Co-occurring disorders | Schizophrenia |
| Crisis intervention | Serious mental illness |
| Depression | Sexual abuse/rape trauma |
| Developmental disabilities | Sexual dysfunction |
| Eating disorders | Sexual offenders |
| Fire setting | Sleep disorders |
| Foster care | Substance use |
| Gender identity disorder | Suicide prevention |
| Geriatric behavioral health | Transgender |
| Grief counseling | Trauma |
| HIV/AIDs | |

Americans with Disabilities Act compliance *Check all that apply*

- Staff receives ADA-compliance training
- Practice can accommodate people who are physically disabled (e.g. accessible parking, wheelchair access to building)
- Practice allows wheelchair access to exam rooms
- Practice can accommodate people who are intellectually/cognitively disabled (e.g. on-site staff to explain instructions)
- Practice can accommodate people who are blind/visually impaired (e.g. service animals allowed, Braille directions available)
- Practice can accommodate people who are deaf/hard of hearing (e.g. American Sign Language or written instruction available)
- Practice is accessible by public transportation (e.g. bus, subway or commuter rail)

REQUIRED CREDENTIALING/CONTRACTING DOCUMENTS – Please attach/complete

Documentation of current professional liability insurance (\$1 million per incident/\$3 million aggregate). Must show the individual provider's name on the certificate, roster or a letter from the insurance company unless the professional liability information in CAQH is current and attested to. **(required)**

Form W-9 for payments (payment address should match CAQH and above) **(required)**

Copy of board certification (LICSW and prescribing nurses only) **(if applicable)** **Please note:** this is **not** your state license nor is it membership alone in an association such as the NASW. Board certification is an additional, voluntary certification process whereby a person is tested and approved to practice in a specialty field after successful completion of the requirements of a board of specialists in that field (for example, The American Nurses Credentialing Center or The National Association of Social Workers).