Ancillary Practitioner Data Form Behavioral Health

Point32Health

Harvard Pilgrim Health Care TUFTS Health Plan

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

Email this completed document to Provider_Information_Dept@point32health.org.

Providers expressing an interest in joining our network will be credentialed and enrolled in all of our plans. For further information on our plans, visit the Our Plans page on the provider website at www.point32health.org/provider/network-plans/our-plans.

Federal regulations require that providers who render services to Medicaid members are screened by and enrolled with the appropriate state Medicaid agency. This requirement applies to providers who participate in Tufts Health RITogether or Tufts Health Together.

- **RI providers:** Complete this screening and enrollment process via the Rhode Island Executive Office of Health and Human Services (EOHHS) provider portal.
- **MA providers:** Complete this screening and enrollment process via the MassHealth website. For more information, refer to this FAQ.

By submitting this form, I hereby attest I have completed the screening and enrollment process.

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: F ____ M ____

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 ____

Are you currently utilizing interoperable Electronic Health Records? ____ YES ____ NO
(*certified by Office of the National Coordinator, 2015 Edition Cures Update*)

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*) _____ Phone _____

Street _____ City, State ZIP _____ Fax _____

Mailing address _____ Phone _____

Street _____ City, State ZIP _____ Fax _____

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

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

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** (prescribing nurses only) **(if applicable)** ***Please note:*** this is **not** your state license nor is it membership alone in an association. 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 Academy of Nurse Practitioners Certification Board and the American Nurses Credentialing Center).

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