

# Ancillary Practitioner Data Form

## Behavioral Health

Point32Health



Please note: A credentialing application must also be submitted at [proview.caqh.org](http://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](mailto: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](mailto:Provider_Information_Dept@point32health.org) or fax to 617-972-9591.

Tufts Health Public Plans: Tufts Health Direct Tufts Health RITogether Tufts Health Together Tufts Health One Care

Tufts Health Senior Products: Tufts Medicare Preferred Tufts Health Plan Senior Care Options (SCO)

Please note that, consistent with state requirements, Rhode Island providers requesting to join our commercial network must also become participating providers in our Rhode Island Medicaid network for the Tufts Health RITogether product.

### 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

#### 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

## Practice Information

### Practice address

Street \_\_\_\_\_ City, State ZIP \_\_\_\_\_ Phone \_\_\_\_\_ 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](http://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 \_\_\_\_\_

### 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).