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.

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 Public Plans Massachusetts products
- ☐ Tufts Health RITogether
- ☐ 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

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 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
- 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

Race *Check all that apply*

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

Ethnicity *Check all that apply*

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

Special populations served *Check all that apply*

Patients who are:

- Adolescents
- Adults
- Child welfare
- Children
- Children or child in care of or custody of DCF (Department of Children and Families)
- Geriatrics
- Homelessness
- Lesbian, Gay, Bisexual, Transgender, Questioning (LGBTQ)
- Military and veterans
- 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)
- Dialectical Behavioral Therapy (DBT)
- Group Therapy
- Marriage and Family Therapy
- Medical Illness Therapy
- Medication Management and Therapy
- Neuropsychological Testing (Adults)
- Neuropsychological Testing (Adolescents)
- Neuropsychological Testing (Children)
- Play Therapy
- Postpartum Depression and/or Psychosis
- Prolonged Exposure
- Psychological Testing (Adults)
- Psychological Testing (Adolescents)
- Psychological Testing (Children)
- 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
Anger management
Anxiety
Attention-deficit/hyperactivity disorder (ADHD)
Autism spectrum disorders
Bipolar disorder
Brain injury
Chronic illness
Compulsive gambling
Co-occurring disorders
Crisis intervention
Depression
Developmental disabilities
Eating disorders
Fire setting
Foster care
Gender identity disorder
Geriatric behavioral health
Grief counseling
HIV/AIDs
Infertility
Learning disabilities
Methadone maintenance
Mood disorders
Obsessive-compulsive disorder (OCD)
Personality disorders
Phobic disorders
Post-traumatic stress disorder (PTSD)
Race based trauma
Schizophrenia
Serious mental illness
Sexual abuse/rape trauma
Sexual dysfunction
Sexual offenders
Sleep disorders
Substance use
Suicide prevention
Transgender
Trauma

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).