

Ancillary Practitioner Data Form

Behavioral Health

Point32Health



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

For providers in states other than Rhode Island, please email to TUfts_Health_Plan_Credentialing_Department@point32health.org or fax to 617-673-0909. For Rhode Island providers, please email to RIProviderEnrollment@point32health.org.

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)

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	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).