



Request for Application-Part I

New Avenues, Inc/Midwest Behavioral Health Network

• PO Box 360 • South Bend, IN 46624

Phone 574-271-5177 • Toll Free 866-925-5730 • Fax 574-271-5980

Website: www.NewAvenuesOnline.com Email: ProviderInfo@NewAvenuesOnline.com

Network Applying For: New Avenues Employee Assistance Program, EAP
 Midwest Behavioral Health Network, HMO & PPO

Provider Last Name: _____ First Name: _____ M: _____

Licensure #: _____ Type: _____ State: _____

Have you completed a CAQH Provider online Application? Yes No If yes, CAQH provider ID # _____

If no, please provide your DOB: _____ SSN: _____

Provider email Address: _____ Please print legibly

Have you ever applied to either of these networks in the past? Yes No

Office/Practice Demographic Information
Please complete a Part I for each practice site, if services are rendered under a different tax id.

Solo Practice Group Practice Community Mental Health Hospital Multi-Specialty Group Home Office

Agency/Group, DBA Name _____ Department _____

Primary Clinical Address _____

Clinical City/State/Zip _____

Clinical Phone Number _____ Fax _____

Email address _____ Website _____

Credentialing Contact Person _____ Email address _____

Credentialing Phone Number _____ Fax _____

Credentialing Address: _____

Credentialing City/State/Zip _____

Do you have more than one outpatient practice site? Yes No

Is your clinical site located in your home? Yes No

Do you practice a *minimum* of 15 hours per week in an outpatient setting? Yes No

What is your availability to accept new referrals per month? 0-3 3-5 6-8 9-12

Do you speak any foreign language(s)? Yes No _____

Insurance Information: Do you carry malpractice insurance in the amounts of \$1,000,000 per occurrence \$3,000,000 aggregate and/or participate in the Indiana, or (applicable state) Patient Compensation Fund? Yes No

Clinical Population & Services, please check all that apply

- | | | | | |
|---|---|---|------------------------------------|--|
| <input type="checkbox"/> Child <5 | <input type="checkbox"/> Child 6-12 | <input type="checkbox"/> Adolescent 13-17 | <input type="checkbox"/> Adult 18> | <input type="checkbox"/> Geriatric 65> |
| <input type="checkbox"/> Individual Therapy | <input type="checkbox"/> Family Therapy | <input type="checkbox"/> Group | <input type="checkbox"/> Marital | <input type="checkbox"/> Assessment Only |
| <input type="checkbox"/> Inpatient Only | | | | |

Therapeutic Modalities

- | | | | | |
|--|---|---|------------------------------|---|
| <input type="checkbox"/> Applied Behavioral Analysis | <input type="checkbox"/> Brief Solution Focused | <input type="checkbox"/> Cognitive Behavioral | <input type="checkbox"/> DBT | <input type="checkbox"/> Family Systems |
| | <input type="checkbox"/> Psychodynamic | Other | | |

Treatment Specialties, please check no more than 8

As documented by your professional work experience or specialized training.

- | | |
|--|---|
| <input type="checkbox"/> ADHD | <input type="checkbox"/> Grief and Loss |
| <input type="checkbox"/> Addictions, Non Chemical | <input type="checkbox"/> Head Trauma |
| <input type="checkbox"/> Adoption | <input type="checkbox"/> Marital/Separation/Divorce |
| <input type="checkbox"/> Alcohol, Chemical Dependency | <input type="checkbox"/> Men's Issues |
| <input type="checkbox"/> Anger Management, | <input type="checkbox"/> Mood Disorders |
| <input type="checkbox"/> Anorexia, Bulimia | <input type="checkbox"/> Obsessive Compulsive Disorder |
| <input type="checkbox"/> Anxiety Disorders | <input type="checkbox"/> Panic/Phobias |
| <input type="checkbox"/> Autism/Asperger's | <input type="checkbox"/> Pastoral Counseling Issues |
| <input type="checkbox"/> Bi-Polar | <input type="checkbox"/> Personality Disorders |
| <input type="checkbox"/> Childhood Behavioral Problems | <input type="checkbox"/> Physical Abuse Perpetrators |
| <input type="checkbox"/> Chronic Pain | <input type="checkbox"/> Physical Abuse Victims |
| <input type="checkbox"/> Co-Occurring Disorders | <input type="checkbox"/> Post Partum Depression |
| <input type="checkbox"/> Death & Dying/Terminal Illness | <input type="checkbox"/> Post Traumatic Stress Disorder |
| <input type="checkbox"/> Dissociative Identity Disorders | <input type="checkbox"/> Severe & Persistent Mental Illness |
| <input type="checkbox"/> Domestic Violence | <input type="checkbox"/> Sex Abuse Perpetrators |
| <input type="checkbox"/> Eating Disorders, Obesity | <input type="checkbox"/> Sex Abuse Victims |
| <input type="checkbox"/> Forensics | <input type="checkbox"/> Trichotillomania |
| <input type="checkbox"/> Gambling | <input type="checkbox"/> Women's Issues |
| <input type="checkbox"/> Gay/Lesbian/Bisexual Issues | First Responders |

Extended Services:

- Workshops & Presentations*
- Critical Incident Stress Debriefing
- EAP Supervisory Referrals
- Crisis Intervention ER Assessments**
- Home Visits
- Telephonic Counseling
Virtual Counseling

*Please include documentation of workshops and presentation you've presented.

**Requires contacting patient by telephone immediately and appointment within 24/48 hours.

Are there types of cases you prefer not to treat

Assessment Specialties

- | | | |
|--|---|---|
| <input type="checkbox"/> ADD/ADHD PM | <input type="checkbox"/> Disability Assessments PM | <input type="checkbox"/> Psychological Testing, Child/Adol. PM |
| <input type="checkbox"/> Autism/Development Disorders PM | <input type="checkbox"/> Eating Disorders | <input type="checkbox"/> Risk Assessment for Violence |
| <input type="checkbox"/> Bariatric Assessments PM | <input type="checkbox"/> Fitness for Duty PM | <input type="checkbox"/> Urgent/Crisis Intervention* |
| <input type="checkbox"/> Chemical Dependency Assessment | <input type="checkbox"/> Neuropsychological PM | <input type="checkbox"/> SAP Substance Abuse Assessment |
| <input type="checkbox"/> Dementia/Alzheimer's Assessment PM | <input type="checkbox"/> Psychological Testing, Adult PM | <input type="checkbox"/> Worker's Comp. Evaluations PM |

***Requires contacting patient by telephone immediately and appointment within 24/48 hours.**

PM-Authorizations for this level of care to Ph.D or MD only.



Please attach a copy of certification. Certifications Please attach a copy of certification

Are you certified in any of the follow areas? Please attach certificate.

<input type="checkbox"/> Addictions <input type="checkbox"/> BCBA (Behavioral analysis) <input type="checkbox"/> CEAP <input type="checkbox"/> CISD <input type="checkbox"/> Department of Transportation, SAP <input type="checkbox"/> Dialectical Behavior Therapy, DBT	<input type="checkbox"/> EAS-C (EAP) <input type="checkbox"/> EMDR Basic Training <input type="checkbox"/> EMDR Certified <input type="checkbox"/> Gambling <input type="checkbox"/> Hypnotherapy <input type="checkbox"/> Suboxone Treatment	<input type="checkbox"/> Pastoral Counseling, requires formal education in Theology, Chaplaincy, Divinity, or Pastoral Counseling <input type="checkbox"/> Play Therapy <input type="checkbox"/> Other _____
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Network Affiliations

New Avenues attempts to coordinate EAP referrals with providers participating in the member’s health plan or PPO, please indicate all Managed Care, Preferred Provider Organizations, or EAP Panels you are currently providing services for.

- | | | |
|--|---|---|
| <input type="checkbox"/> Aetna
<input type="checkbox"/> BHMI-MDWise
<input type="checkbox"/> Anthem-Elevance
<input type="checkbox"/> CHA, Community Health Alliance
<input type="checkbox"/> Cenpatico
<input type="checkbox"/> Cigna-Evernorth
<input type="checkbox"/> EMO
<input type="checkbox"/> Encore | <input type="checkbox"/> Highmark
<input type="checkbox"/> Lutheran/Three Rivers Magellan
<input type="checkbox"/> Medicaid
<input type="checkbox"/> Medicare
<input type="checkbox"/> MHN
<input type="checkbox"/> PHCS
<input type="checkbox"/> PHP | <input type="checkbox"/> PPOM
<input type="checkbox"/> Sagamore
<input type="checkbox"/> Signature Care
<input type="checkbox"/> Unicare
<input type="checkbox"/> United Behavioral Health
<input type="checkbox"/> United Healthcare Options
<input type="checkbox"/> Value Options
<input type="checkbox"/> VA/Tricare |
|--|---|---|

24 Hour Coverage During Non-Business Hours

Standards for Availability to Members in Event of Emergency: The following are various acceptable procedures for response to psychiatric emergencies during non-business hours. Provider must have at least one policy in place. Please indicate which policies you have in place.

- Provider has an answering service that will notify the provider and direct calls to the practitioner or designated substitute in event of emergency.
- Provider has a system for sharing “on-call” coverage for their practice.
- Provider has some form of telephonic system that can alert them to a member’s emergency need.
- Provider has an answering machine with a message that directs a patient to an appropriate level of care, specifically, such as another provider, or an access center of an agency or hospital.
- Provider is part of an agency, hospital or facility that provides 24 hour emergency access; or

If provider is in a private practice setting, and does not have one of the above services, the provider will show documentation in the patient’s record that an Emergency Response Policy has been given to the patient. This will outline what procedure to follow in event of an emergency, document patient has received this information by their signing.

Do you offer evening hours? Yes No List hours _____

Do you offer weekend hours? Yes No List hours: _____

Do you have 24-hour telephonic accessibility? Yes No

Type of after hours or emergency coverage: (Please check all that apply)

- Answering Service Answering Machine Voice Mail Pager Share Call Agency Coverage

Please give a brief description of your 24-hour phone accessibility, listing any additional contact numbers.



EAP Experience

EAP Experience: The following questions will assist New Avenues in obtaining an understanding of your current experience providing EAP services.

- 1. I have experience providing EAP counseling? Yes No
- 2. How many years EAP experience do you have? _____
- 3. I am trained and prepared to provide general assessments and short-term, solution-focused counseling?
Yes No
- 4. I have experience and understanding of dual client relationship for management/supervisory referrals where one is simultaneously treating the client, recipient of the sessions in the context of the work setting and performance expectations of the employer? Yes No
- 5. I am experienced in identifying and resolving workplace issues that may be caused or exacerbated by the employee’s personal or work-life? Yes No
- 6. I am experienced in helping employees understand and resolve conflict at work? Yes No
- 7. I have knowledge and experience with assessing and managing high-risk situations (e.g. suicidal, homicidal, or self-injury)? Yes No

Voluntary Information

Voluntary Information: To meet the needs of New Avenues, Inc. members, voluntary information is maintained about providers for referral and statistical purposes only. This information is released to members only upon specific request.

- African-American Asian Caucasian Jewish Muslim
- American Indian Biracial Hispanic Christian Other_____

Attestation and Application Process and Fees

Submission of the Provider Inquiry Part I is not a complete provider application. Upon review of Part I, New Avenues will add your name to our CAQH provider database and download your completed CAQH application. Please be sure that you’ve authorized New Avenues to have access to your application. If you have *not* completed a CAQH application (Part II) a provider packet issuing your CAQH provider ID will be mailed to you with instructions for completing the web-based application.

You have the right to correct any erroneous information. New Avenues will notify you in within 30 days concerning any deficiencies with the application information we receive, or upon receipt of any information obtained during the processing of Part I and your CAQH application that varies substantially from the information you have supplied to us. You have the right to review information obtained by New Avenues, Inc. in the evaluation of your credentials. This includes information obtained from any outside primary source, malpractice insurance carriers, and state licensing boards.

All information received will be kept confidential. New Avenues Inc. shall notify the provider concerning the status of the provider’s completed credentialing application, Parts I and CAQH application no later than sixty (60) days after receipt the completed credentialing application forms; and every thirty (30) days after the first notice, until New Avenue’s Credentialing Committee makes their determination concerning the provider application. Your signature below acknowledges that you have reviewed and will accept schedules of payment for services rendered for applicable networks.



- **Please send a copy of your resume along with this Part I form to New Avenues, Inc. be sure to explain any gaps in employment of 6 months or more and document a 5 year work history using a month and year format mm/yyyy.**

Print Name _____

*Provider Signature _____ Date _____

***A Signature Stamp will not be accepted**