



Re-Credentialing Practice Specialty Form
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

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

Licensure #: _____ Type: _____ State: _____

Agency/Group, DBA Name _____ CAQH provider ID # _____

Primary Clinical Address _____

Clinical City/State/Zip _____

Clinical Phone Number _____ Fax _____

Provider's Email Address: _____

Do you have more than one outpatient practice site? Yes No **Complete Practice Specialty Form for each practice site if Services rendered under a different tax id.*

Is your clinical site located in your home? 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)? _____

Clinical Population & Services, please check all that apply

Child<5 Individual Therapy Inpatient Only	Child 6-12 Family Therapy	Adolescent 13-17 Group	Adult 18> Marital	Geriatric 65> Assessment Only
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Therapeutic Modalities

Applied Behavioral Analysis	Solution Focused	CBT	DBT	Family Systems
Psychodynamic	Other:			

Assessment Specialties

ADD/ADHD PM	Disability Assessments PM	Psychological Testing, Child/Adol. PM
Autism/Development Disorders PM	Eating Disorders	Risk Assessment for Violence
Bariatric Assessments PM	Fitness for Duty PM	Urgent/Crisis Intervention*
Chemical Dependency Assessment	Neuropsychological PM	SAP Substance Abuse Assessment
Dementia/Alzheimer's Assessment PM	Psychological Testing, Adlt PM	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.

Addictions BCBA (Behavioral analysis) BCABA (Behavioral Analysis) CEAP CISM Department of Transportation, SAP	EAS-C (EAP) Dialectical Behavior Therapy, DBT EMDR Certified Gambling Hypnotherapy Suboxone Treatment	Pastoral Counseling, requires formal education in Theology, Chaplaincy, Divinity, or Pastoral Counseling Play Therapy Other
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Treatment Specialties, please check no more than 8

As documented by your professional work experience or specialized training.

Addictions, Non Chemical	Grief and Loss	Extended Services: Workshops & Presentations* Critical Incident Stress Debriefing EAP Supervisory Referrals Crisis Intervention ER Assessments** Home Visits Telephonic-Counseling Video Counseling <i>*Please include documentation of workshops and presentation you've presented.</i> <i>**Requires contacting patient by telephone immediately and appointment within 24/48 hours.</i>
Adoption	Head Trauma	
Alcohol, Chemical Dependency	Marital/Separation/Divorce	
Anger Management,	Men's Issues	
Anorexia, Bulimia	Mood Disorders	
Anxiety Disorders	Obsessive Compulsive Disorder	
Autism/Aspergers	Panic/Phobias	
Bi-Polar	Pastoral Counseling Issues	
Childhood Behavioral Problems	Personality Disorders	
Chronic Pain	Physical Abuse Perpetrators	
Co-Occurring Disorders	Physical Abuse Victims	
Death & Dying/Terminal Illness	Post Partum Depression	
Dissociative Identity Disorders	Post Traumatic Stress Disorder	
Eating Disorders, Obesity	Severe & Persistent Mental Illness	
Forensics	Sex Abuse Perpetrators	
Gambling	Sex Abuse Victims	
Gay/Lesbian/Bisexual Issues	Trichotillomania	
	Women's Issues	

Are there types of cases you prefer not to treat?

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.

Aetna	Cigna	PHCS
Anthem	Encore	PHP
BHMI-MDWise	Lutheran/Three Rivers	Sagamore
BC/BS, Blue Access PPO	Magellan	Signature Care
Beacon Health Options	Medicaid	Tricare
CHA, Community Health Alliance	Medicare	United Healthcare, UMR
Cenpatico	MHN	Others

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.



Midwest Behavioral Health Network

- Provider has a system for sharing “on-call” coverage for their practice.
- Provider carries a pager or has some 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

Please complete and fax this form to Provider Relations at New Avenues fax number 574-271-5980. Submission of the Practice Specialty Form is not a complete reapplication. The CAQH application is required for reapplication for ongoing network privileges. New Avenues will notify you in within 30 days concerning any deficiencies with the reapplication information we receive, or upon receipt of any information obtained during the processing of the 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 shall notify the provider concerning the status of the provider’s completed re-credentialing application no later than sixty (60) days after receipt the CAQH re-credentialing application forms; and every thirty (30) days after the first notice, until New Avenue’s Credentialing Committee makes their determination concerning the provider reapplication.

If Provider fails to re-credential privileges every 36 Months and wishes to re-apply to the networks will be charges a \$25.00 Initial Credentialing application Fee.

*Signature _____ Date _____ (A Signature Stamp will not be accepted)