



Midwest Behavioral Health Network

Provider Inquiry Response Part I-Request for Application

New Avenues, Inc. • P. O. Box 360 • South Bend, IN 46624

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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, please provide your CAQH provider ID # _____

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

Office/Practice Demographic Information Primary Clinical Site with Credentialing Contact Information

Solo Practice Group Practice Agency Community Mental Health

Hospital Multi-Specialty Group Not for Profit Home Office

Agency/Group, DBA Name _____ Department _____

Primary Clinical Address _____

Clinical City/State/Zip _____

Clinical Phone Number _____ Fax _____

Confidential fax required

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



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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

Do you speak a foreign language(s)? Please list _____

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

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

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

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

Standard 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 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

Clinical Population & Services, please check all that apply

- Child <6 Child 6-12 Adolescent Adult Geriatric
- Individual Therapy Family Therapy Psychological Testing Marital Group

Therapeutic Modalities

- Brief Solution Focused Biological Cognitive Behavioral Dynamic Family Systems
- Psychoanalytical Religiously Oriented, Specify _____
- Other _____



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Treatment Specialties, please check no more than 8

- Addictions, Non Chemical, (ANC)
- Adoption, (ADP)
- Affective Disorders, (AFF)
- Anger Management, (ANG)
- Anxiety Disorders, (ANX)
- Alcohol, Chemical Dependency, (ACD)
- Autism /Aspergers, (PDD)
- Childhood Behavioral Problems, (CBP)
- Chronic Pain, (CRP)
- Co-occurring Disorders, (COD)
- Death & Dying/Terminal Illness, (DDT)
- Dissociative Identity Disorders, (MPD)
- Eating Disorders, Obesity, (EAO)
- Anorexia, Bulimia, (EAT)
- Forensics, (FOR)
- Gay/Lesbian/Bisexual Issues, (GLS)
- Head Trauma, (HTR)
- Marital/Separation/Divorce, (MAR)
- Men's Issues, (MEN)
- Obsessive Compulsive Disorder, (OCD)
- Panic/Phobias, (PHO)
- Personality Disorders, (PER)
- Physical Abuse Perpetrators, (PAP)
- Physical Abuse Victims, (PAV)
- Post Traumatic Stress Disorder, (PSD)
- Schizophrenia, (SCH)
- Severe & Persistent Mental Illness, (SPM)
- Sex Abuse Perpetrators, (SPM)
- Sex Abuse Victims, (SAV)
- Trichotillomania, (TRM)
- Women's Issues, (WMN)

Extended Services:

- Workshops & Presentations
 - Critical Incident Stress Debriefing
 - EAP Disciplinary Referrals
 - Crisis Intervention ER Assessments*
- *Requires contacting patient by telephone immediately and appointment within 24/48 hours.

Assessment Specialties

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

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

Are there types of cases you prefer not to treat?

Certifications

Are you certified in any of the follow areas? *Please attach a copy of certification.*

- Addictions
- CEAP
- CISD
- Gambling
- Hypnotherapy
- EMDR Level I or II
- Play Therapy
- SAP
- Other _____

Network Affiliations

New Avenues attempts to coordinate EAP referrals to 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.

- BC/BS, Blue Access PPO
- BC/BS, Anthem
- CHA, Community Health Alliance
- Cigna
- Encore
- IHN, Indiana Health Network
- Magellan
- MHN
- PHCS
- PPOM
- Sagamore
- Signature Care
- Others _____



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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 _____

Submission of the Provider Inquiry Part I is not a complete provider application. Upon review of Part I you will be sent a CAQH provider application packet, Part II. 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 or II 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 Inc. shall notify the provider concerning the status of the provider's completed credentialing application, Parts I & II 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

Additional Documentation to include: → *Current* copy of resume (**explain any gaps in employment of 6 months or more**).

Print Name _____

*Signature _____ Date _____

*A Signature Stamp will not be accepted

For Internal Use Only:

Part I Received Date _____ Reviewed Date _____ Submitted to CAQH Date _____

Status of CAQH Application _____ Date _____

Outreach Attempts _____