



Midwest Behavioral Health Network

Request for Application-Part I

New Avenues, Inc./Midwest Behavioral Health Network

• 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, CAQH provider ID # _____

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

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 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

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 any foreign language(s)? _____



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Clinical Population & Services, please check all that apply

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

Therapeutic Modalities

- Applied Behavioral Analysis, Brief Solution Focused, Cognitive Behavioral, DBT, Family Systems, Psychodynamic, Other

Treatment Specialties, please check no more than 8

As documented by your professional work experience or specialized training.

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

Extended Services:

- Workshops & Presentations*, Critical Incident Stress Debriefing, EAP Supervisory Referrals, Crisis Intervention ER Assessments**

*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

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

Table with 3 columns of certification areas: Addictions, BCBA, BCABA, CEAP, CISD, Department of Transportation, SAP; Dialectical Behavior Therapy, DBT, EMDR Basic Training, EMDR Certified, Gambling, Hypnotherapy, Other; Pastoral Counseling, requires formal education in Theology, Chaplaincy, Divinity, or Pastoral Counseling; Play Therapy



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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.

- Aetna
- BHMI-MDwise
- BC/BS, Blue Access PPO
- BC/BS, Anthem, Wellpoint
- CHA, Community Health Alliance
- Cenpatico
- Cigna
- EMO
- Encore
- Highmark
- IHN, Indiana Health Network
- Magellan
- MHN
- Medicaid
- Medicare
- PHCS
- PHP
- PPOM
- Sagamore
- Signature Care
- Unicare
- United Behavioral Health
- United Healthcare Options
- Value Options
- 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.
- 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



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- 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

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 _____

*Signature _____ Date _____

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