New Avenues
Midwest Behavioral Health Network

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_____
*****Confidential fax required*****

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 ❑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_____

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, Adult ***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.

New Avenues
Midwest Behavioral Health Network

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 ❑CISD ❑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_____

Treatment Specialties, please check no more than 8

As documented by your professional work experience or specialized training.

❑ADHD
❑Addictions, Non Chemical
❑Adoption
❑Alcohol, Chemical Dependency
❑Anger Management,
❑Anorexia, Bulimia
❑Anxiety Disorders
❑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 Partum Depression
❑Post Traumatic Stress Disorder
❑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**
❑Home Visits
❑Tele-Counseling
❑Skype 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?
_____

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
❑Medicaid
❑Medicare
❑MHN
❑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
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)**