

New Provider Enrollment Form



Please attach a W9 and return by email to OhioContracting@Centene.com.

Buckeye Health Plan (BHP) requires all providers to utilize CAQH for credentials. If you do not utilize the Global Authorization option in CAQH, it is critical that you grant BHP authorization to access your data.

NOTE:

- Only one group NPI and only one rendering provider NPI may be included on this form.
 - A separate form is required for each group NPI to which the rendering provider is being added; and
 - A separate form is required for each rendering provider being added to this group NPI.
- If more than 5 providers are being added to the group, please submit the information using the standard roster template on the website.
- If your contract has been approved as an Individual Provider or Solo Practitioner, enter your Individual NPI and Individual Medicaid ID in the Group Information section, as well as in the Provider Information section.

| Credentialing Contact Information | | |
|---|--------------------------------|-------------------------|
| Name _____ | Email _____ | |
| Phone Number _____ | Fax Number _____ | |
| Group Information | | |
| Name _____ | Tax ID _____ | |
| Group NPI _____ | Group Medicaid ID _____ | |
| Billing Office Phone Number _____ | Billing Office Fax _____ | |
| Billing Office Address _____ | | |
| Provider Information | | |
| First Name _____ | Middle _____ | Last Name _____ |
| Date of birth _____ | Social Security Number _____ | CAQH ID _____ |
| Ohio Medicaid Number _____ | DEA Number _____ | Primary Specialty _____ |
| State License Number _____ | License State _____ | _____ |
| Individual NPI Number _____ | Provider Type _____ | Other Specialties _____ |
| Applying as: | | |
| Primary Care Provider (PCP) | Medical Specialist | |
| Behavioural Health Specialist | Behavioural Health and Medical | |
| Home and Community-Based Services (HCBS) Waiver | | |
| Location Information | | |
| Settings in which provider will work under this group NPI: | | |
| Group practice | Yes | No |
| Federally Qualified Health Center | Yes | No |
| Inpatient settings only, such as hospital, nursing facility, etc. | Yes | No |

Please provide the location name(s)/address(es) for each location under the group NPI specified above at which this provider will be working. Up to 5 locations may be displayed in the directory if enrolled with Buckeye. If not enrolled, please complete the "Provider Location Data Form."

| | |
|-------------------------------------|-------------------------------------|
| Location 1 Name: _____ | Location 4 Name: _____ |
| Street Address: _____ | Street Address: _____ |
| City: _____ State: _____ Zip: _____ | City: _____ State: _____ Zip: _____ |
| Location 2 Name: _____ | Location 5 Name: _____ |
| Street Address: _____ | Street Address: _____ |
| City: _____ State: _____ Zip: _____ | City: _____ State: _____ Zip: _____ |
| Location 3 Name: _____ | |
| Street Address: _____ | |
| City: _____ State: _____ Zip: _____ | |

Patient Panel Information

*Only complete this section if a primary care provider

| | | | |
|---|-----|----|---|
| Is provider accepting new patients | Yes | No | Patient Capacity _____ |
| Does the provider have any gender limitation on patients? | Yes | No | Gender limits: Male ___ Female ___ Both ___ |
| Does the provider have any age limitations on patients? | Yes | No | Age limits: 0-18 ___ 18-99 ___ 0-99 ___ |

Is this provider affiliated with a PHO? Yes No

Please list any languages, other than English, spoken by this provider _____

Has the provider received any cultural competency training in any of the following:

| | | | | | | | | |
|------------------|-----|----|-----------------|-----|----|------------------|-----|----|
| African-American | Yes | No | American Indian | Yes | No | Hispanic/Latino | Yes | No |
| Alaskan Native | Yes | No | Asian | Yes | No | Pacific Islander | Yes | No |
| LGBTQ | Yes | No | | | | | | |

Has the provider completed specialized training in any of the following:

| | | | | | | | | |
|-----------------------------|-----|----|----------------------------|-----|----|--------------|----|--|
| Deafness/Hearing Impairment | Yes | No | Chronic Illness | Yes | No | HIV/AIDS | | |
| Blindness/Vision Impairment | Yes | No | Physical Disabilities | Yes | No | Yes | No | |
| Serious Mental Illness | Yes | No | Substance Abuse | Yes | No | Homelessness | | |
| Co-occurring Disorders | Yes | No | Developmental Disabilities | Yes | No | Yes | No | |

Behavioral Health Provider Specialty Profile

Please complete this section only if you are a behavioural health provider

Please select the types of services you offer, including the disorders you treat and the modalities you practice. (Check those that apply)

NOTE: Please submit evidence of certificates or transcripts that account for the associated trainings in the treatment modalities and/or disorders selected below.

Certification

| | |
|---|---|
| <ul style="list-style-type: none"> Art Therapy Center of Excellence Emergency Services Provider Lead Behaviour Analysis Therapist | <ul style="list-style-type: none"> Positive Behaviour Support SBIRT Targeted Case Management (TCM) Certificate Trauma Informed Care |
|---|---|

| Settings/Populations Treated | |
|--|--|
| <ul style="list-style-type: none"> Adolescents Adults Blind/Visually Impaired Children Community Based Deaf/Hearing Impaired Developmental Disability Emotionally Disturbed Gay/Lesbian Geriatric Hospital Based Home Based | <ul style="list-style-type: none"> Homelessness Men Mobile Crisis Nursing Home Physical Disability Serious Emotional Disturbance Serious Mental Illness Severe Persistent Mentally Ill School Based Telemedicine Women Young Children |
| Treatment Modalities/Approaches | |
| <ul style="list-style-type: none"> Applied Behavioural Analysis (ABA) Addictive Disorders Adolescent Psychotherapy Adolescent Sex Offender Adolescent Psychiatry Adoption Issues Alcohol/SA Treatment Anger Management Art Therapy Attachment Therapy Behavioural Therapy Brief Therapy Biofeedback Chemical Dependency Assessment Child Parent Psychotherapy (CCP) Child Psychological Testing Child Psychiatry Christian Counselling Client Centred Therapy Cognitive Rehab Therapy Cognitive Therapy Community Support Program Couples Therapy Crisis Intervention/Stabilization Critical Incident Debriefing Dialectical Behavioural Therapy Developmental Evaluation Domestic Violence ECT EMDR Evaluation/Assessment Family Therapy Family Systems Gay/Lesbian/Bisexual Group Therapy | <ul style="list-style-type: none"> Geriatric Psychiatry Gestalt Hypnosis Intensive Family Intervention Individual Therapy Intensive Outpatient Intake Assessment Medication Management Methadone/Suboxone Mood Disorders Neuropsychological Testing Neuro-Linguistic Programming (NLP) Outcomes Oriented Therapy Parent Child Interaction Therapy (PCIT) Play Therapy Psychological Testing Psychoanalytic Therapy Psychodynamic Therapy Psychopharmacology Pain Management Rationale Emotive Therapy Relapse Prevention Relationship Disorders Sensory Processing/Integration Sexual Compulsions/Addictions Sex Therapy Solution Empowerment Therapy Stress Management Tobacco Tobacco Cessation Trauma Focused Cognitive Behavioural Therapy Trauma Informed Care (TIC) Trust Based Relational Intervention (TBRI) Weight Management |

| Disorders/Issues | |
|--------------------------------|-----------------------------------|
| Addictive Medicine | Impulse disorders |
| ADD/ADHD | Infertility |
| Addictive Disorders | Inpatient Attending |
| Adjustment Disorder | Inpatient Consult MD |
| Adolescent Behaviour Disorders | Learning Disability |
| Adoption Issues | Medical Evaluation |
| Adult ADD | Medical Illness/Chronic Illness |
| AIDS/HIV | Men Issues |
| Anger Management | Mood Disorders |
| Anxiety/Panic Disorder | Marital Issues |
| Attachment Disorder | Mental Retardation |
| Autism/Asperger's | Obsessive Compulsive Disorder |
| Bipolar Disorders | Oppositional Defiant Disorder |
| Chemical Dependency | Organic Mental Disorder |
| Christian/Spiritual | Parenting Issues |
| Chronic Pain/Pain Management | Personality Disorders |
| Crisis Stabilization | Post-Partum Disorder |
| Cultural Issues | PTSD |
| Child/Parent Bonding | Panic Disorder |
| Co-occurring Disorders | Phobias |
| Cognitive Disorder | Physical Abuse |
| Concussion | Reactive Attachment Disorder |
| Criminal Offenders | Relapse Prevention |
| Dementia Disorders | Sexual/Physical Abuse (Adults) |
| Development Disorders | Sexual/Physical Abuse (Children) |
| Disruptive Behaviour | Schizophrenia |
| Dissociative Disorder | Serious/Persistent Mental Illness |
| Separation/Divorce | Sexual Disorders |
| Domestic Violence | Sexual Dysfunction |
| Dual Diagnosis | Sexual Abuse/Incest |
| Depression | Sleep Disorder |
| Disabled | Step/Blended Families |
| Eating Disorders | Stress Management |
| Equine Assisted Therapies | Self-Injury |
| Family Dysfunction | Sexual Offender |
| Feeding Disorders | Substance Abuse |
| Gay/Lesbian/Bisexual | Suicide |
| Gender Identity Issues | Tobacco Cessation |
| Grief/Loss/Bereavement | Women Issues |
| Head Trauma | Work Related Problems |
| Home Visits | |

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